

March 13, 2018: Plan Your Way to Better Inclusion of LGBT Elders

>>> Good afternoon everybody, my name is Damon Terzaghi here at NASUAD and we are pleased to welcome you to today's webinar. Today we are going to talk a little bit about ways to plan for better inclusion of LGBT elders in services and supports, that we all administer. Before we get started I have a couple of housekeeping items for everyone. The first is that all participants, phone lines, are on mute to eliminate background noise during the conference call. We ask that you submit any questions you may have to the chat box on the right-hand side of your screen. If you go to the right-hand side of your screen there is an option for chat and an option for Q&A, you can submit any questions you have to the Q&A box there on the right-hand side of your screen. We will collect the questions throughout the presentation but we are going to wait until the end after all the presenters are finished before we get into answering any of the specific questions that come in.

The next item is that we do have closed captioning services available for those who may require them. There is an option again on the right-hand side of your screen for a multimedia viewer. You can click on that to pull up the closed captioning service. You may have to enter a little bit of information but it should be readily available to you if you so require. The last item is that all of the webinars are recorded and posted online to the NASUAD website and the information and referral support center, that will be posted there along with all of the other monthly webinars that we do.

With that brief introduction, I do want to turn to today's presentation in the interest of time. We are very pleased to have a wonderful panel of speakers join us today. Joining us includes Mr. Greg Link from the administration for community living at the United States Department of Health and Human Services. Mr. Dean Fujimoto who is with the California Department on aging. Miss Lisa Krinsky who is the director of the LGBT aging project in Massachusetts, and Ms. Mary DeRoo who is with the Massachusetts executive office of Elder affairs and Ms. Sherrill Wayland who is with SAGE, the national resource Center on LGBT aging.

I do want to give a specific thank you to our participants from Massachusetts who have braved the blizzard conditions to join our webinar today but unfortunately due to the blizzard conditions they are having to present out of their home offices. We do offer apologies in advance if you hear any background noise from animals or other sources but we do ask that you give them forgiveness, especially since they are so willing to donate their time during whiteout conditions.

With that introduction I'm going to handed over to Mr. Greg link, -- Mr. Greg link.

Thanks Damon and good afternoon everyone, I want to thank NASUAD and SAGE for giving ACL an opportunity to welcome everyone to this webinar. The topic under discussion today, which is planning for better LGBT inclusion, has been a conversation that the national resource

Center for LGBT aging and ACL have been having for the past couple of years. In my role as the federal program officer for the resource center I got to work very closely with SAGE to identify the training and technical assistance needs of the aging network and to brainstorm around some of the better ways to try to meet those needs. I am so pleased with the work that has been done and with the resources and examples that were going to be presented today.

For those of you that work on state units on aging, and I have a feeling a good deal of our audience is, particularly those working on the -- the state planning development processes and for ensuring that your programs and services are designed and delivered in an inclusive and culturally appropriate and sensitive ways. One of the first steps to ensure that your processes are inclusive of those populations of older adults, and family caregivers most in need, is an open and inclusive invitation to that process. We also know that there are some unique challenges to outreaching and serving LGBT older adults. Often times our LGBT service recipients have endured a past life of discrimination, exclusion or even just downright hostility. For providers and purveyors of many types of goods and services, including health and social services, and when that is the case it often times makes these individuals reluctant to reach out for help for fear of similar reactions. As a result they often become very difficult to identify and to serve. Over the past 7 to 8 years, ACL through its grant to SAGE has made real progress in number one training the mainstream services network to more effectively reach and serve older LGBT adults. SAGE has also done remarkable work in sensitizing to the unique concerns of older adults. SAGE has also been developing a focus and providing training and resources to LGBT older adults themselves to help them better plan for their later years.

One of SAGE's most recent accomplishments is their guide to inclusive planning that we are going to be talking about today. Its contents are grassroots oriented, based on input from across the aging services network and it provides a number of really great resources and links and real-life examples to where LGBT planning is alive, and you'll be hearing some examples of that today. For someone who started at the community level, I know firsthand of the challenges often associated with appropriately reaching observing older adults from diverse backgrounds. I also learned very early on the value of accessible, easy to use information. The presentation of tools and resources that are practical and that helped me to do my work more effectively. That is why I believe the guide we are going to be talking about, it has been out on the streets for about seven or eight months, it is such a re--- great resource. Without further ado I'm going to turn the webinar over to our presenters and thank them for sharing their time and expertise and passion for this work.

Thank you so much Greg, this is Sherrill Wayland with SAGE and I manage the national resource Center on aging and I just want to thank everyone that took part in this presentation today and that is bringing this information to you through this webinar. SAGE is the country's largest and oldest organization dedicated to improving the lives of

LGBT older adults. We are headquartered in New York City and we have programs across the United States, including the national resource Center on LGBT aging and the network of SAGE affiliates. Many of you may have a SAGE affiliate in your state or local community and we encourage you to reach out to them to see how you can work with them as you develop your inclusive plans. >>> As we started doing this work, we really wanted to highlight our path forward that got us to this stage with this resource guide.

The national resource Center on LGBT aging was funded in 2010 by the administration on community living and during this time the national resource Center has worked closely with the aging network to assist with education and resources that increase outreach and services to LGBT older adults. Over the past couple of years we have strengthened this focus by seeking input directly from our aging network, from our state units on aging, our area agencies on aging at our aging and disability resource centers. It is through that input that this guide was developed. I think that is one of the things that makes this guide so impactful is that the best practices that you see these came from your peers. And from the organizations that are doing this work all ready to better serve LGBT older adults.

>>> On this salt -- slide you will see the link to the resource guide, strengthen your state and local aging plan, a practical guide for expanding the inclusion of LGBT older adults. The guide includes stories from peer organizations such as state units on aging and area agencies on aging and many of the things you will be hearing today later on in the presentation are included as a part of this guide. >>> The aging network plays a critical role in delivering services to older adults across the country. Yet LGBT older adults often remain an invisible and may not seek services due to fear of and actual experiences with discrimination. Those who seek services may not be out as LGBT older adults. The estimates today indicate that we have nearly 3 million people over the age of 55 who identify as LGBT and this number is expected to almost double by 2030. This shows that LGBT couples are residing in 93% of the counties across the country. Which means that in communities large and small, they are more than likely all ready being served or will be being served. As we look to the research that was done and some of this is highlighted on the next slide, SAGE did research in 2014, if we could go ahead and move to the next slide. Some of our key findings from this research included that when we compare rates of older adults who are living alone in our communities, LGBT individuals have higher rates of living alone and being isolated.

We also found that 25% of transgender older adults face discrimination when seeking housing and housing supports. Additionally, 40% of LGBT older adults are not out to their healthcare providers. All of these findings point to

LGBT older adults continuing to be vulnerable as they age. And increases why the need for supports from state units on aging and area agencies on aging is so critical as we look to serve the needs of LGBT older adults. >>> As we started developing this guide we felt like it was important to really know what our baseline was. Where were states including LGBT older adults in their state plans and what does this look like. One of our partners, James Moorehead, who is with the state of

Georgia and I believe is on this call today, he actually helped us do this research and was our lead writer for the guy that you are learning about. As he started researching the state plans, these were some of the terms that he used to identify the state plans that were inclusive of LGBT older adults. On this slide you will see the results that he found. This was done in 2016 and at that time he found that 20 state plans included at least one key search terms related to LGBT elders. Often times this inclusion came from the local level, from area agencies on aging and aging resource and disability centers who were including LGBT older adult outreach and services in their area plans. This really does become a symbol of how important the local and the state were orbit comes in and making these inclusive plans for LGBT older adults. >>> I now want to turn this over to the other presenters with us today, Dean, Mary and Lisa, as they really represent the work that is happening on the ground. We will share real-life examples of how they are being inclusive of LGBT older adults. With that I will turn it over to Dean.

Thank you Cheryl. Again this is Dean Fujimoto with the California Department of aging and I just wanted to thank all that are participating and also thank the panel members as well. This is very valuable information that we are hearing today and what I would like to do is just give a quick overview of California's perspective and kind of talk about our AAA structure, talk about the legislation, and then talk about some activities based on some key stakeholder input. First what I would like to do is understanding that each state unit on aging possibly has different service delivery models. In California we have 33 AAA's, and they are comprised of 19 county governments and typically in the county governments they tend to be part of the social services or human services agency, so for example some of the AAA's also provide adult protective services, or in-home supportive services or other types of senior services. We also have five nonprofit models, we have one city government model, we have seven joint powers and for us in California the joint powers model typically is across multiple counties or regional areas. Lastly we do have a university model of a AAA. In addition

our 33 AAA's throughout California we do have six client data systems statewide and really for each of the AAA's, what they are doing is collecting the data, submitting it to the state of California via our state system which is called the California aging report system or cars and as many of you know this is part of the state program report or the SPR process.

>>> From a legislative perspective, California passed AB 959, the LGBT disparities reduction act of 2016. Really and essence what this requires is for California State departments to begin collecting sexual orientation and gender identity or Esso G.I. data by July 1 of 2018. As part of this process in California and the early part of 2017 our four departments met

very early to coordinate our activities and begin discussing each of our departments service delivery model, the types of consumers we serve as well as the requirements for the services that we provide and I will note that really, our initial intention was to ideally have the same questions for all four departments in California. After further discussion and understanding the different requirements for each of the

departments, we ended up reasonably kind of varying our questions slightly but they are still consistent across for departments. As an example, the California Department of Public Health, one of their required questions is to ask the consumer the sex on their birth certificate, the reason being that is more related to potential, you know having medical related information based on the birth certificate. But for example, in California for CDA, we are asking sex at birth but not necessarily your birth certificate.

In addition, for California Department of aging we also administered to Medi-Cal programs, one is called the multipurpose senior services program, the other program is the community-based adult services program, and I mention these programs because although they are administered by the California Department of aging, through the agreement with the California Department of healthcare services, CDA will not be collecting the SOGI related data related to these two programs because that data will be collected on the eligibility determination part conducted by the California Department of healthcare services. For us in California stakeholders have been really a valuable part of this process so what we did at the California Department of aging is, and early September 2017 we developed a working group with monthly calls comprised of eight of our area agencies on aging and what we tried to do is pick a diverse group of AAA's, some being counsel -- County models, others being nonprofits, others being joint powers etc. We have also included the California Association of area agencies on aging, called C4 A, and then also is a commitment from our departments, the California Department of aging, we have had active participation from our executive team as well.

Again, this feedback has been very valuable. Let me, if we go to the next slide, I will begin to talk about some of our deliverables. Although we are still in the early stages of implementing 8959, a couple of -- AB 959, a couple of our workgroups, after the first three or four meetings, we were able to agree upon three standard questions statewide and the importance of vast is for us we wanted to ensure integrity of data collection but also understanding that we wanted to make sure we were collecting the full data set so as an example when we asked what is your sex at birth we allow the option for mail, email and declined to state so there are opportunities for us to still collect 100% of our population. In addition to the three questions CDA has worked closely with the AAA's and their data collection system providers so again we have systems statewide, we have informed each of the data systems feedback that we've heard from the AAA's as well as the data system providers is that things look good, the programming is either in process or has been completed. Come July 1 it looks like we are going to be able to definitely be able to collect and report the data as well. >>> Are statewide trainings, and this is new and I am very excited about this, and thank you Cheryl and Sage, there has been discussions on our workgroup about the importance, the need for statewide training, what we did to the Department of aging, we submitted a survey for the 33 AAA's and we asked for feedback on the types of training, the number of staff that would potentially be trained, related to collecting the Saudi data and so forth. And we are

excited, we are planning to have training starting in April and May. And we have two separate webinar modules that we are going to , the our partnership with Sage, rolling out. One is going to be an overview of LGBT to issues. And the other is going to be related to how to respectfully ask the SOGI question. We are really excited about that.

Also our intake and assessment forms, for our AAA's, many of our AAA's do also administer other programs and with the three questions they will be updating their own intake and assessment forms. However to provide additional technical assistance at CDA, we went ahead and updated our forms and are providing them to the network. This will benefit a handful of our smaller AAA's who are going to be able to share, now share, the updated intake and assessment forms in advance with their community members in preparation for the July one implementation.

>>> So that concludes my brief overview of our activities and although in California we are in the early stages of implementing AB 959, we believe we are heading in the right direction and we really appreciate all of our stakeholder input and we are laying a strong foundation for California moving forward. This slide provides the contact information of our executive team members who are actively participating in our AB 959 workgroup with the AAA's, the C4 A, so please feel free to contact myself or any of us at any time. With that I would like to pass it over to either Mary or Lisa.

>>> Thank you, to Dean, for sharing that with us about California and also to our other host for giving us this opportunity to share with you some of the work that we have been doing on LGBT inclusive aging in Massachusetts. So we have been working in a number of areas of collaboration to really assure that we are going to be providing affirming aging services and we've been doing this work for over 15 years here in Massachusetts. One of the things that really has been at the center of our ability to work so well together has been sort of a long history of connection between the LGBT aging project and the Massachusetts executive office of Elder affairs. The system here in Massachusetts is that there are a number of area agencies on aging, 22 of them around the state and they are delivering obviously all of the title three and older adult programs, so the federal side. Also there are state services that are provided by the 26 aging service access points. Many of those are one and the same and in some areas they are's distinct organizations. The LGBT aging project was founded in 2001, and in Massachusetts doing LGBT cultural competency for elder service providers and creating community for LGBT adults, and policy and moving things forward in that way. >>> First up I will say this was not an overnight step. We are proud of the many collaborations and accomplishments that we had but we have spent 17 years working together around issues of advocacy, and just even to set the stage , when we started to do this work in 2001, marriage equality was very big and highly visible as a topic here in the state of Massachusetts. It was becoming Lexus as it is becoming across the country. -- As it was becoming across the country. We had opportunities to work with elder couples, and so for many this was a topic that was suddenly what we call a lightbulb moment when they suddenly thought oh, old people, LGBT people can be one and the same. >>> Since 2001 the project has met with every new sitting secretary of Elder affairs. We have brought to

them our questions and concerns as well as appreciation for how the executive office of Elder affairs has been mindful of the LGBT older adults that they are providing services for. We have had a number of incremental successes over that time. The first would be that in 2004 we actually launched what we believe is the first Title IIIc nutrition community Café that was aimed for LGBT older adults and their friends. And again building on the idea that there aren't any mail sites in this area that are built out of acidity -- affinity group, so there may be issues around language, and without that creating a space that was safe, welcoming for LGBT older adults would help them to build that sense of community and connection, decrease their concerns about nutrition and make some connections to some of the LGBT, to some of the mainstream organizations that could be a support for them as well.

Additionally, in 2006, we were very fortunate to receive funding in the state budget for LGBT cultural competency training and technical assistance. I should say that this effort was really supported by a legislative ally to the community and they were the ones who made sure that there was language in the state budget which has remained for all these years. 2012, we were the first state unit to designate LGBTQ elders as a population of greatest need. That had a number -- and impact on a number of AAA's who then thought about how to do some outreach and host community needs assessments for

SOGI five adults. In many cases they partnered with us and leveraged our capabilities in the community, and might have done some of those community needs assessments and their own geographic areas. The other things that those AAA folks did is that they came to some of the LGBT community groups into the mail sites, in order to sort of come to a place where our folks felt most welcome and had that dialogue there with him as well. I should also add that there are 18 LGBT meal sites across the state of Massachusetts and a thriving network supported by a number of AAA's and councils on aging for creating that space for LGBT older adults to come together. >>> Additionally, what has helped us to move and work together, in the year 2014 we established the first special legislative commission on LGBT aging. This is the first statewide commission in the country and it gave us an opportunity to really sort of scan estate and take a look at what was happening and where there was good and positive growth and where we found places that we could continue to do more of that. When we looked at our recommendations we really broke that out again as you can see, looking at long-term services and supports, looking at housing, senior centers and community, legislative issues, and public health.

And one of the most significant messages that really came from our commission report was that there was a consistent need for LGBT cultural competency training and to make sure that was happening really across the board in the many places that could be, to assure that those places were providing their service in a way that was inclusive for LGBT older adults. I'm going to pass this over to my colleague Mary DeRoo and she will talk about how we move forward from there. Mary?

Thank you Lisa. So this is Mary DeRoo, the way that we made this happen and made it real was we oversee the agencies, the ASAP's and also 22 of them are AAA's. We oversee them and we are in the midst of redesigning our functional assessments. What we did was we added the

sexual orientation question and the gender identity question to every assessment. At this point we are at over 60,000 older adults being served across the home care programs. That means that is elder service, case managers are registered nurses, they are going out 2 to 4 times a year, for the minimum price and asking these questions and working with our LGBT older adults. So we decided that it was not enough to just put the questions in, we had to really do some type of training. We partnered with Lisa's group to develop the training and we delivered it to the 1400 plus care managers and nurses and I and our staff within these elder service agencies. We did this in the form of a webinar and we also recorded it so that when these ASAP agencies had new employees come on board they could just tap into it and the training would be consistently there in the same message. So one thing to say about what the commission did for us was

these recommendations actually gave us a roadmap for action. It wasn't enough to just talk about it, but it basically said you must do this, you must do that. And we decided that, okay here we go. Let's start with what was the easiest and at that point it was the assessments because we were in the middle of remembering that. We also decided to put it into our nutrition assessments and then what is happening now is the long-term services and support assessments for other programs, family care for adults and AFC, they are all now incorporating the same questions into their assessments. Did they give us any pushback? No, not at all. Once we did it, it was almost again the roadmap to okay, let's make this consistent throughout Massachusetts. Then the aging project training is just consistently ongoing. We do find that we have, but we'll talk about that a little bit after, but we do have questions, only about how we ask these questions and we can talk about that in a little bit.

The ongoing activities that we have right now, weekly community meal programs across the Council on aging, ASAP's, churches, one of the things that we have heard mostly from our grassroots ASAP is that you need to advertise. Advertise, advertise, advertise and even if you put on a meal and only a few people show up, keep doing it. Consistently have that meal, no matter how many people show up because at some point the elders will come out. Under the thing that we learned is that the less public the place, the better. Some people are still in the closet and don't want to go out to the senior center between 11 and 12 in the afternoon. They are not go out at that time. So we have had some agencies that have done the meal programs at nighttime after hours. They have had better success with that. Our community cafés have been great, they are having their friends, bringing their friends, we have volunteer support, we have friendly companions and LGBT elders that are actually escorting other elders to their doctors appointments. We have healthy ideas which is a targeted outreach, it is an evidence-based program for people who have depression and it is targeted specifically for our LGBT elders. With home care, these 1400 case managers and nurses that have had the initial training, we have a subset of that who have training regularly and they are a cadre of workers as well as direct care workers who are specifically trained, some of the provider agencies, lawmakers and personal-care homemakers and how to be more recognizing and cognizant of the LGBT elders in their specific needs. >>> There is also one of our ASAP switch has developed a LGBT resource

guide and really as I looked at it, the first time I sighed I couldn't believe how comprehensive it was. It is a guide for doctors, and anybody in the community, banks, nutrition sites, dentists and people that are LGBT friendly. So that an elder can go and not feel separated out. The principles of care guide, for case managers and nurses that was developed, and then we have hopes and dreams of developing housing specifically for LGBT elders so that they can kind of just be together if that's what they wish. And we have one agency is in the development of a naturally occurring community in York. >>> So that is a teeny bit that I was going to touch upon, that we have had some challenges with the cultural and linguistic areas where we have had our case managers say I don't know how to translate these questions into Cantonese or into Mandarin or different languages. So we do have to work on this particular part. We also have questions from staff that say I don't want to ask that question. They have no problem asking about bowels and bladder but they have a difficult time with these questions. But we also found out, a lot of times elders have their children with them. And when you have your children, sometimes you don't want your children to know, and we actually had to, if there was a neighbor or somebody in the room, we actually had to enlist a question and answer, but stated we were unable to ask due to company and the rim. I think that is how it is worded, it was real enough that we had to put on the form. And then Lisa you had a little bit of this for you actually heard

Just in terms of the challenges, we have certainly made a lot of -- reached a lot of community problems but just the other week we heard from an organization, the executive director's that I would really like to bring you in and do this training, however when I mentioned it to my board director that person said why do we have to do something for those people? So there are still folks who are not receptive to this and it may be that we have had the opportunity to work with as many of the folks who aren't yet, and that just reinforces for me what I think is so important which is to be able to make sure that we are reaching everybody and not just the selected folks who call and want to have some training done. >>> So how do we evaluate success? We've continued to count our meal sites and our attendance. We are really working hard at increasing the visibility of our older adults, just in mainstream activities. Again, the SOGI data, if we are not counted we don't count. That is something that we need to keep in the forefront at all times when we are developing these policies and programs. Lisa? Anything? You might know I would just say that the opportunity to get the SOGI data and do it in a conference of way, and

introducing elder adults and caregivers into the materials and seeing that they are seen and welcome is really significant and important to them. >>> A little bit of what you said Lisa, better integration into all our systems. We absolutely want to do this, with all the policies that we create at the executive office of Elder affairs. And then this act, Lisa?

Yes I can jump in here, one of the things that we've been working on, is a follow-up piece to the aging commission is promoting a piece of legislation called an act relative to LGBT awareness training and basically what this legislation would do is it would ensure that LGBT

cultural competency was provided to the staff for all of those entities working with the executive office of Elder affairs. So we have Elder affairs on the top level you are saying this important to us, we want to mandate this, we are helping to provide these services. But there is no hammer, nothing that says that people are obligated to do this. And we feel that having this as a fact, this is a requirement in order to do business in the state and to represent and provide this care, is really significant because we don't want LGBT older adults to feel like it is just a gamble depending on which community they live and whether they will encounter providers who are able to be open and welcoming or whether they live in a community that has not made that a priority. >>> So that is working through the legislature at this point and we are hoping that it will be moved forward in a positive way.

>>> Some of our lessons learned, that we share with you, one is the importance of the advocate, that we have been really fortunate to engage allies in the legislature, they helped us with funding, they have seen this as an important inch issue and that we have really strong allies in our state and in our aging EO EA. Some of these are LGBT folks and others are straight sis gender allies but that we have a fabric in a network of people who say that this is important and we want to move it forward. As I said before, the visibility. That there are real people who are being impact in a positive way, and this is meaningful to them and that those voices and stories get back to the Council, get back to the ASAP's and the AAA's, that they hear that they are having a positive impact. And Mary I think I offer this to you, why did you folks do this? What is there to gain and lose by taking these actions and trying to be more inclusive?

Because it is the right thing to do. LGBT older adults count as much as anybody else and why would we not look to make them feel included and love them. We can't serve the Commonwealth residence and unless we can reach all Commonwealth residence and if we have elders that are afraid to speak up or reach out, or look for a meal or ask for help and services we are not doing what we should be doing for health in the state. It is the right thing to do.

Cheryl we will pass it back to you on that note. >>> Make you so much Mary and Lisa and Dean, we really appreciate the insight that you have as folks on the ground doing this important work. As this next slide shows, our best practices for LGBT inclusive planning, this information again came directly from groups like the Massachusetts elder office of affairs and you know the Department of aging in California. As well as groups in Missouri and Arizona and Michigan. So I really want to call out that this work is happening in places that are progressive and in places that are conservative. The common goal here is that we are really supporting all older adults including our LGBT older adults. I hope that you will refer to these best practices as you move forward in your inclusive planning. Again, I just want to point out the resource guide that has really been the focus of this presentation today. When we developed this guide we also developed a new resource page on the

LGBT aging center, and it is still -- dedicated to planning tool specifically for our aging network. If you go to LGBTaging.org

you'll find another of different items there that can be useful to you, www.lgbtagingcenter.org/planningtools, including the aging report that Lisa spoke about. There are also samples of intake forms and community needs assessments. We really encourage you to look through the resources on this page and download them and use them. And if you have additional resources that you find as benefiting your work that you would like to share, please feel free to email me and we can add those to our resource page.

Also, Dean spoke about the training that we are doing with the Department of aging in California. Because of our funding through the administration on community living, we are able to offer these trainings free of charge to the aging network. So for state units on aging, area agencies on aging, aging and disability resource centers, we provide a free webinar series for you. So that you can help increase the education of your staff and your contract agencies as well. And you can learn more about that training at [SAGE USA.care](http://SAGEUSA.care). So I think that pretty much covers all of the information today. And on the next slide you will see contact information. We can leave that slide up as we take questions and answers from the audience.

Okay great this is Damon and I want to thank everyone for participating, and thank all of our presenters. We do have a couple of questions come in throughout the session. The first one is a question just administratively, we have access to UC slides and the answer is that the slides will be posted up on lines along with the recording of the webinar and that will be at the NASUAD website and navigate to the INR resource Center and there is a page there with all of the monthly webinars posted. That will be posted online there.

The next question, Cheryl, I believe this for you. And they wanted to know what the source is on your estimates that you mentioned at the beginning on slide six which said that you estimated about 3 million older adults in 2015 growing to 7 million in 2030, that identify as LGBT.

Okay thank you Damon for that question. So it is an estimate and that is why starting to collect information on sexual orientation and gender identity is so important. We can't give more detailed information moving forward, but the specific sources for that comes from a couple of reports that can be found at the movement advancement Project and also from the Williams Institute. If anybody has specific questions around that information, feel free to send me an email. I can send those reports to you.

Great, thank you. We had a couple of questions come in for you Dana. People were curious if you could just repeat and remind everyone on the three questions that you are asking statewide now. I think that there is a little bit of confusion as to exactly what those three questions were.

Make sure I get them right here. Okay bear with me. So the three questions we came up with in California, the first one is going to be what is your gender, the second is what was your sex at birth and the

third is how do you describe your sexual orientation or sexual identity? And each of the questions has multiple potential options but we end all of the questions, not necessarily on the forms, but the local AAA's would have the option as part of our data system to declined or not stated. We are trying to ensure that we collect 100% of the population for each of our questions.

Great, thank you so much. I believe at this point that is the end of the questions that have come in. We do have about 10 minutes left in our scheduled call so I want to just remind everyone whether or not you can submit questions, for us, through the toolbar on the right side of your screen, again there is an option for Q&A, you can submit questions there for us at this time. We do have another , we have another question coming in that says if we are not a AAA, with this webinar still be available, yes it is posted publicly. There is no required login information or anything else. To access the webinars on our page.

>>> So the question clarified says wanted to know, the resources Mary that you spoke about whether those are available to individuals even if they are not a AAA.

Yes, and Neil had a question two, about how many of the 50,000 identified as LGBT, I don't have the numbers in front of me but they are very few like two or 3% at this time. So the follow-up question, how many have difficulty answering the SOGI data due to not being out, I don't know how we would know that.

This is Lisa hopping in and one of the things that we found as we've been talking about the trend -- the SOGI questions, we have some Q&A lips as LGBT elder adults say this is exciting that someone is going to -- as LGBT elder adults that say this is exciting the someone is going to ask this. And we have others that are fearful and say I don't know who I am giving this information to or what they're going to do with this information, I don't think I want to disclose this upfront. I think they are all valid responses, but I think it will take some time for the folks who are doing the assessments and the care providers to get comfortable to ask them and it will take some time for LGBT folks to be comfortable answering those questions as well.

Good point Lisa.

Yes thank you for that Lisa, I believe California has addressed some of that concern around confidentiality of the questions. Is that correct?

Yes and thank you for sharing that because we have heard feedback on both ends of the spectrum, and our AAA our AAA's have concerns about how they introduce the question so that they are nonintrusive and that is part of our training and why we want to be able to have training available so that the local AAA's intake and assessment workers can be sensitive and asking the questions but also, reassurance to the seniors that they still can receive services even if they declined to answer. But I'm wondering from Massachusetts perspective, is that still ongoing or since you've been kind of providing these services for a number of

years, do you see that the momentum has changed or is it just something ongoing?

This is Mary speaking. I believe the momentum is picking up. I just think because there are more AAA's and Aesop's that are partaking and I think within each community, the people are talking. One community talking to the next and now they want to have their own dinner and oh look, that Council on aging has it so why don't we do it, so I think it is picking up. And I think it is just like everything else, you just have to get used to it and once people are a little more comfortable with talking about their needs and preferences that hopefully if you build it they will come is the mentality. We will have more LGBT elders out there and more programs for them.

This is Lisa, I think one of the other things that we've seen is that by raising the disability of LGBT issues that we are [indiscernible - static] I'm raising the conversation it is also an opportunity for elder LGBT ANSYS gender -- cis-gender to talk about their own families, their nieces and nephews and their children, so that people can feel comfortable either about themselves, or as I said it may very well be about their families.

Thank you all, we did have another question come in. The question talks about a LGBT aging summit. The participant asked in if our state is planning a LGBT aging summit, did your state ever plan such an event or do you have any suggestions on how to approach that in terms of format and other issues?

This is Lisa, we did have a LGBT aging summit in 2000 and five, it was a one-day gathering with a lot of really inspired and exciting, again we were having this conversation that no one else was having. And we came up with a three-year work plan [indiscernible - static] 13 or 14 years late, my work plan but there was so much more that people wanted to continue to do but I think bringing folks together and that way can be really exciting. It can give people an opportunity to talk about something that they haven't been talking about before.

Great. Any other comments or thoughts on the question?

All right. Hearing none, another question came in about issues related to privacy and stigmatism. The question was what about setting -- in settings like congregant meeting sites, where there might not be a private space, and wondering if there are approaches or strategies giving that individuals may feel stigmatized if they even respond to those questions.

This is Mary speaking. We don't conduct assessments unless they were in private. When I talk about an assessment it really is a fully functional assessment, so it is a medical assessment, it's not quickly asking these questions. So that isn't an issue for us. However I did mention that sometimes you have a daughter or a son or a neighbor that is accompanying the elder during the assessment and when we realize that situation, the case manager or nurse might not ask them at that

particular time and will go back and ask at a different time when they are in private.

This is Dean, and California for example at a congregant site, the local AAA can choose for that day in particular and respecting the privacy to register the person as nonregistered, serve the meal and then schedule a separate time that is convenient for the senior and then go through the full assessment so that the next time the congregant meal would be registered and therefore there wouldn't be any additional question.

Great, thank you. Another question came in asking whether you are aware of anyone who is doing outreach to LGBT elders who may not have come out publicly and who are still in heterosexual marriages and if there are any strategies or information around ways to approach that issue and dynamic.

This is Mary. I have not.

This is Cheryl. There are some support groups that provide outreach to older adults who are still in heterosexual marriages or in heterosexual relationships that aren't out. And my best answer would be for organizations doing outreach,

be open to hearing the stories that the people may need to share. If you are looking for additional resources or you come across an older adult who needs information, please reach out to the national resource Center on LGBT aging or program like the LGBT aging project so that we can help point you in the right direction for additional resources.

This is Lisa. I think it is also an opportunity, and I think that whenever we as providers are meeting with people, that if any of your LGBT programming, sites or support groups or volunteers, if that is incorporated and woven into the basic presentation about who we are as an elder care provider, that then may provide an opening for that person to raise those issues. To know that this is on the horizon. So it is important that as elder care providers that those messages are being conveyed across the board to everybody you encounter. So that they have some choice about how they might come forward or not.

Great, thank you. We did have one other question come in. What types of agencies in California are affected by these new question requirements that were put into place?

Related to AB 959, the four departments initially are the California Department of aging, the California Department of Health care services, the Department of Social Services and the California Department of Public health. Subject to that California has additional legislation that includes additional departments, and those become affected by one of 2000 19. -- 2019. We are the first four departments and in general we tend to be social service type State Department.

Just to clarify Dean for people who might not be as familiar with your structure, the Department of Health care services would include the Medicaid program and all individuals served under that, correct?

Yes, so the department healthcare services would include any of the Medi-Cal,

or programs for California and then the Department of Social Services would include things ranging from Cal works to child welfare services to, it's a range of social services.

Great, thank you for the clarification. So we have reached the end of the hour and it looks like all the questions have been answered at this point. With that I want to thank everyone for joining and participating in today's call. We really do appreciate your attendance and your engagement and your questions. I especially want to thank our panelists and presenters, thank you so much for sharing this great wealth of information with everyone around the country. If anyone has questions that perhaps you were unable to submit or that come to you later on, feel free to reach out to us at NASUAD the website is www.NASUAD.org and you are welcome to send an email and we will work to get an answer from our presenters. That I'm going to close today's webinar and just thanks everyone again, you may now disconnect. [Event Concluded]