



Welcome!



LGBT Elders: Thriving in a Challenging World



Jerry Mallicoat

Board Chair, Rainbow Elder Care of Greater Dayton

lgbteldercare@yahoo.com

LGBTQ Health Initiatives Manager

Public Health – Dayton & Montgomery County

jmallicoat@phdmc.org

**Tristate Association for Professionals in Aging
October 2020**



Today's Objectives

Understand the concept
of intersectionality &
intersectional identities

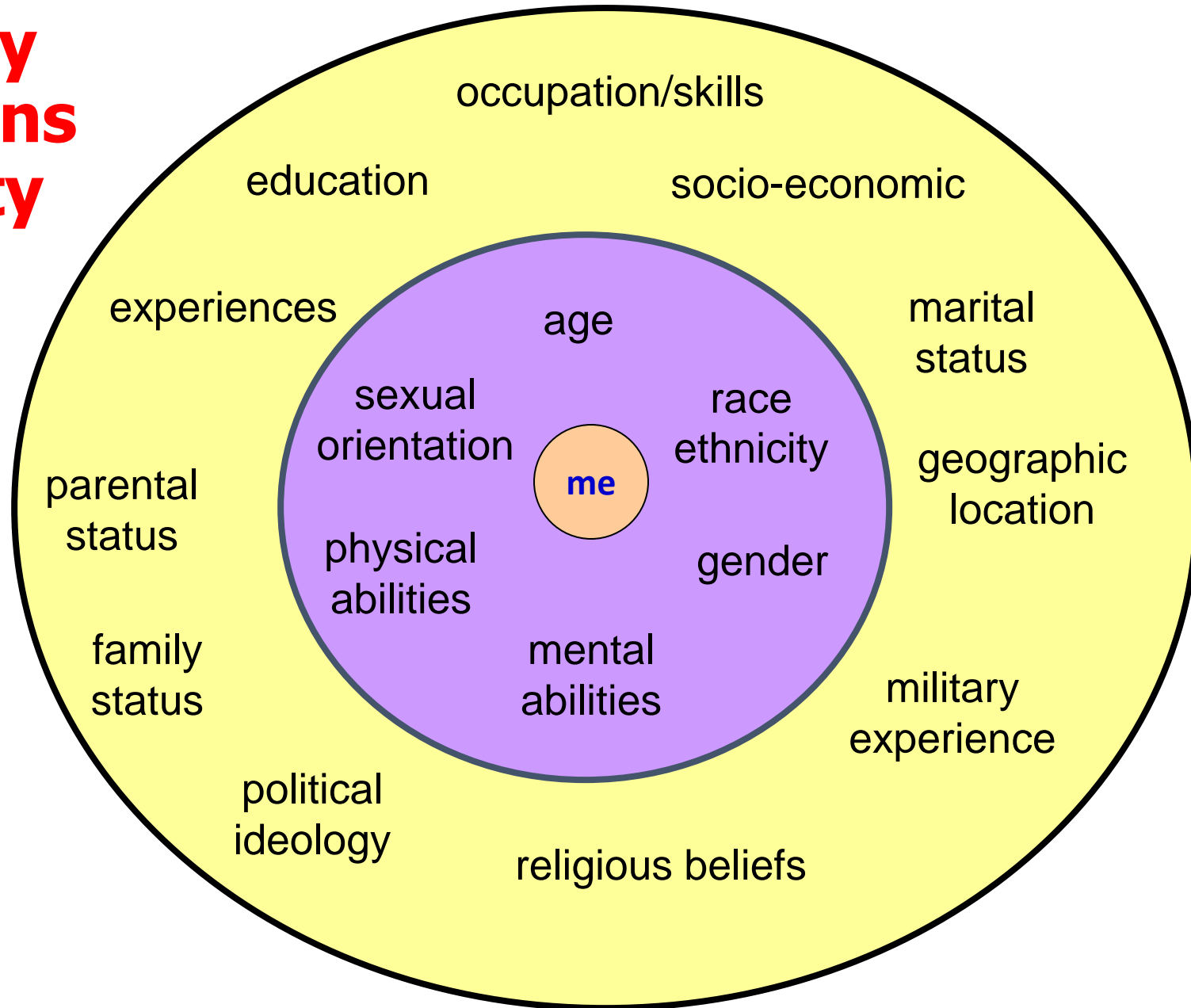
Learn basic sexual and
gender minority
terminology

Learn about impact of
social determinants
of health, minority stress
and cultural
relational theory

Learn about health
disparities among
LGBTQ people

Learn some basic
practices to help provide
more affirming care

Primary and Secondary Dimensions of Identity



Do You Know Me Like That?

Gender Expression



**Head = gender identity
(Who you are)**

**Heart = sexual orientation
(Who you love)**

**Sex = biological genitalia
(Assigned at birth)**



Rainbow Elder Care
of Greater Dayton

What's the "T" On These Terms:



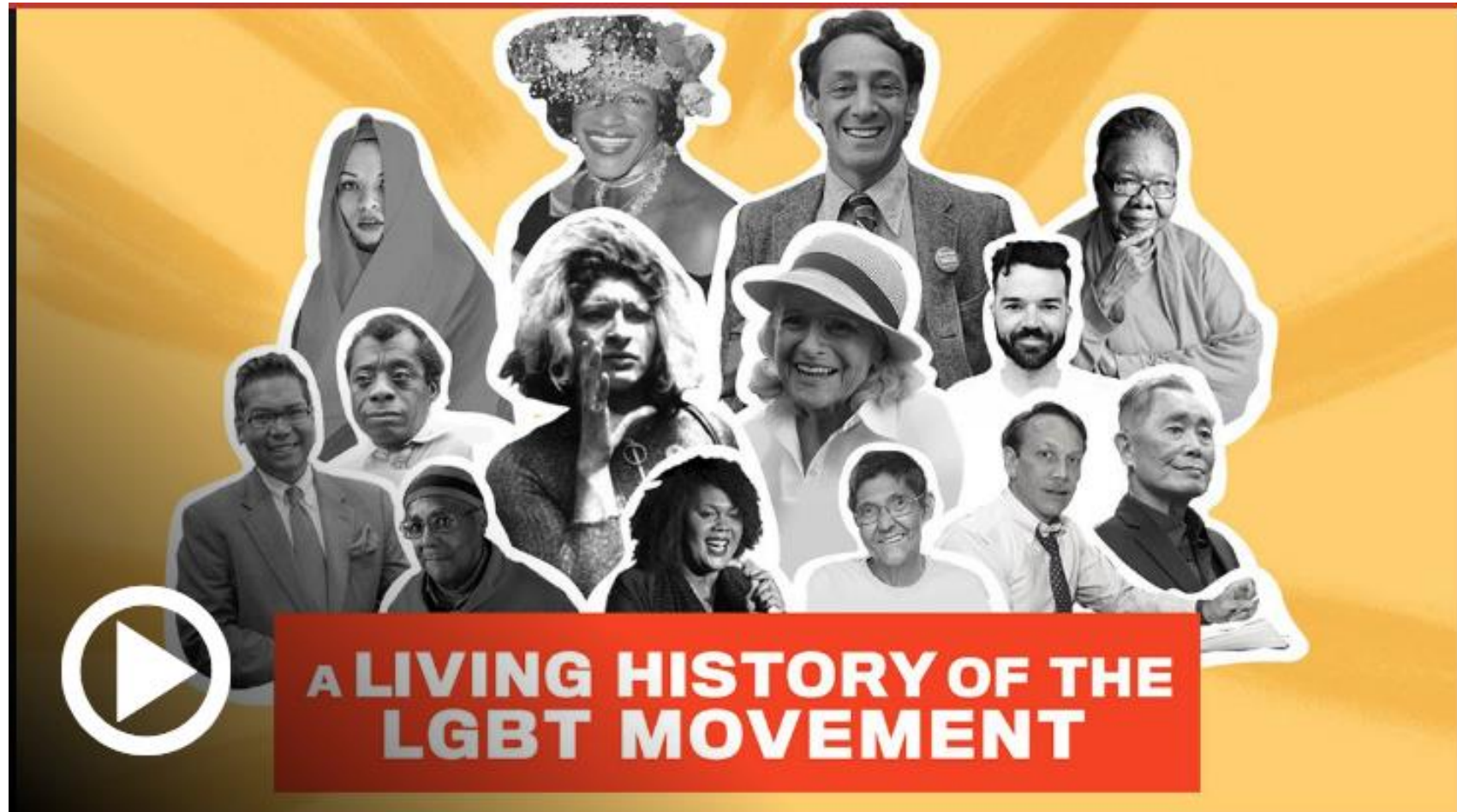
- **Transgender** – No "ed"; Not transsexual; Not drag queen or cross-dresser
- **Cisgender** - self-identity matches the sex or gender assigned at birth; not transgender. "Cis" and "Trans" from Latin meaning on the same side (Cis) or across from (Trans)
- **Gender dysphoria** – medical diagnosis for the stress that some trans people experience when their identity doesn't align with the sex or gender assigned at birth. Not all trans people experience this.
- **Q** - Can equal Queer or Questioning; Older LGBT generally don't like it due to prior pejorative use
- **Bisexual/Pansexual** – Related terms but not always same. Bi = attraction to more than one gender; Pan = attraction to multiple genders and orientations
- **Lifestyle** – there is no ONE "gay lifestyle" It's not a choice like brand loyalty or geographic regionality
- **Homosexual** – Don't use it; Not only about sex; not a disease; can be homosexual without being gay or lesbian



Want to Better Serve Us? Understand Our History and Our Journey

[#LivingHistory of the LGBT Movement](#)

Want to Better Serve Us? Understand Our History and Our Journey



[#LivingHistory of the LGBT Movement](#)

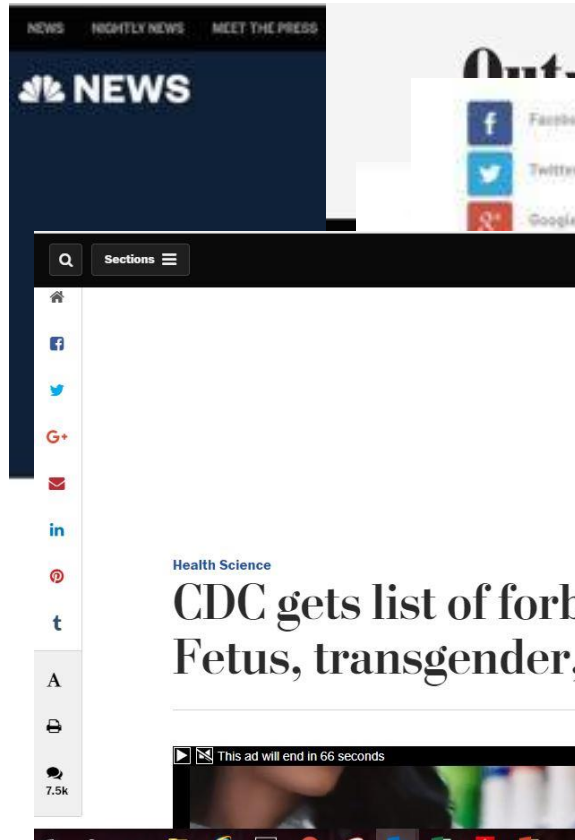
Why?

- Tortured healthcare history
- Prevalent health disparities
- General lack of medical training/knowledge
- >111,283 LGBT+ Ohioans age 55+
 - ~30k in SW Ohio
- Today's headlines?



Sources: Meyer, I.H. (2003). Prejudice, social stress, and mental health in lesbian, gay and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 674-697.; Khalili, J., Leung, L., Diamant, A.L., (2015). Finding the Perfect Doctor: Identifying Lesbian, Gay, Bisexual and Transgender Competent Physicians. *American Journal of Public Health*.

Why?



Transgender health care targeted in crusade to undo ACA

However, the Sunlight Foundation

<
Left: Solorah Singleton, 36, (right) of Philadelphia, speaks with nurse practitioner Caroline Cylkowski about her medical history during an exam at Mazzoni Center, a care facility for LGBTQ health and well-being in Philadelphia. Singleton was born male but identifies as female. She has been undergoing hormone therapy for six to seven years and is hoping for breast augmentation surgery soon. Photo by Eileen Blass/Kaiser Health News

Go Deeper

affordable care act

kaiser health news



Rainbow Elder Care
of Greater Dayton

Married on Saturday - ~~Fired on Monday!~~

LGBTQ Americans Aren't Fully Protected From Discrimination in 30 States

Verizon 9:57 PM

AARP Ohio
Yesterday at 8:07 PM · 🌐

The Miami Valley LGBT Horizons of Aging Summit is February 11-12. Join us for this inaugural event to learn about lesbian, gay, bisexual and transgender older adults and their journey for equality and dignity. Learn how to help ensure affirmed abundant aging for this underserved community. REGISTER BY FEBRUARY 4. For more details and to register go to: <http://spr.ly/6183EudOH>

REGISTER BY FEBRUARY 4!

AARP Ohio's Post

Robert Ravenscroft
This must be the AIDS Festival. No thank you !!
5h Like Reply

Stu Maddux
Many of these comments are why this conference is so important. Thank you **AARP Ohio!**
11h Like Reply 🙄👍3

Mary E Newlin Crago
This is so ridiculous
14h Like Reply 🙄1

Roy Welsch
Umm.. thanks, but NO thanks!

AARP Ohio's Post

Tim Watts
This is exactly why i will not join communist aarp
10h Like Reply 👍1

Charo Araoz
Disgusted,euhhh!..stay in the closet please!..dikes!!
18h Like Reply

John F. Sullivan
I liked it better when you resided in the closet. I find all of you offensive.
22h Like Reply 👍3

Charles Borger
WHO CARES ABOUT LEARNING

AARP Ohio's Post

Kenneth Lay
Gods word says its wrong . Case closed .
1h Like Reply

John F. Sullivan
That's why I wouldn't join .
1h Like Reply 👍1

Larry Fogle
Iam so glad I don't belong to AARP.
2h Like Reply 👍1

Sue Blankenship
YOU KNOW YOUR MONEYYOU SPEND EVERY YEAR OR TWO.....TO BELONG....TO AARP.....

Employment Protection – Finally in 2020



FIRST DEBATE PLAN YOUR VOTE CORONAVIRUS U.S. NEWS OPINION BUSINESS WORLD PODCASTS

SUPREME COURT

In landmark case, Supreme Court rules LGBTQ workers are protected from job discrimination

The decision said Title VII of the Civil Rights Act of 1964, which makes it illegal for employers to discriminate because of a person's sex, also covers sexual orientation and transgender status.

Supreme Court rules existing federal law forbids discrimination based on sexual orientation

JUNE 15, 2020 / 04:45

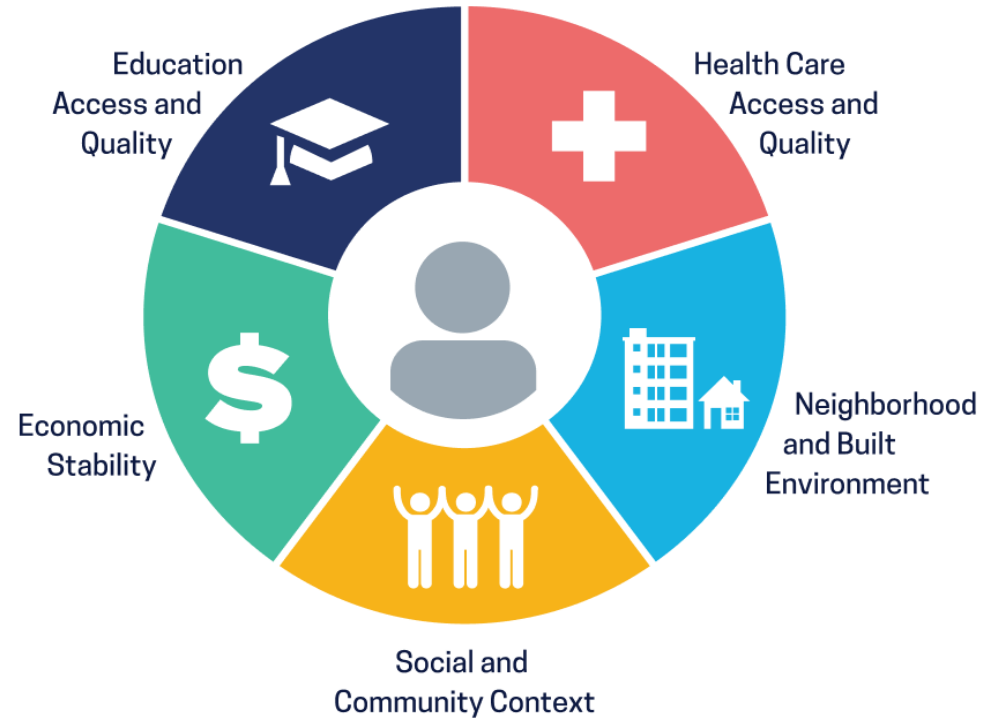


Social Determinants of Health (SDoH)



Rainbow Elder Care
of Greater Dayton

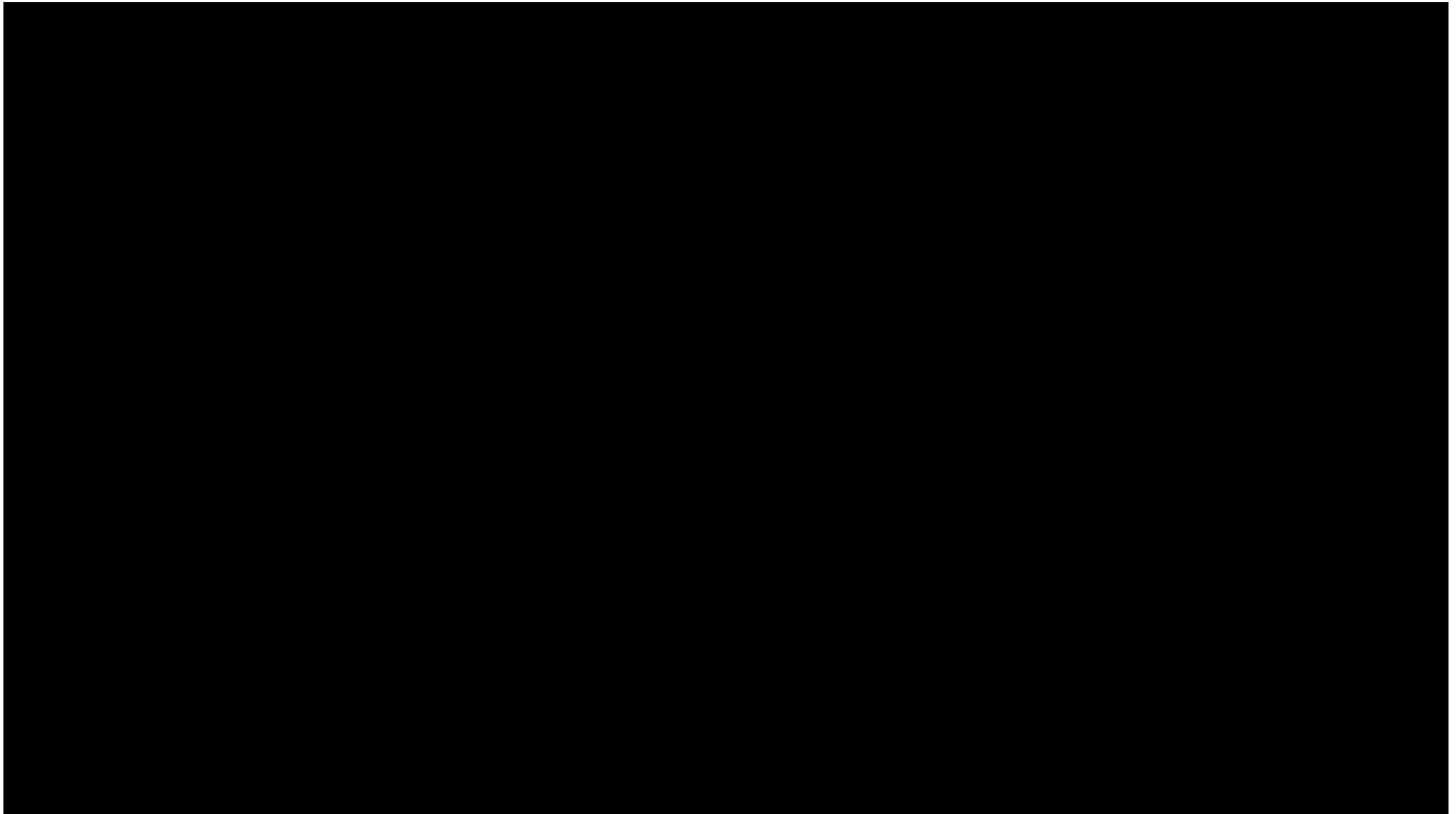
Social Determinants of Health



Social Determinants of Health
Copyright-free

 Healthy People 2030

Marsha Wetzel: Discrimination is Real





Rainbow Elder Care
of Greater Dayton

Mary Walsh & Bev Nance (together 40 yrs) Denied Housing

“All this stuff just keeps coming at you and then you’re in your 70s, and you think it’s going to be easy from now on and then you face this kind of prejudice. In my mind, the time has come for this to be corrected.”

- **Bev Nance**



Marsha Wetzel



FREEDOM
FOR ALL AMERICANS



ABOUT PROGRAMS NEWS HOW WE'RE WINNING STATES RES

Seventh Circuit Becomes First Federal Appellate Court to Rule That Discrimination Based on Sexual Orientation Violates Fair Housing Act

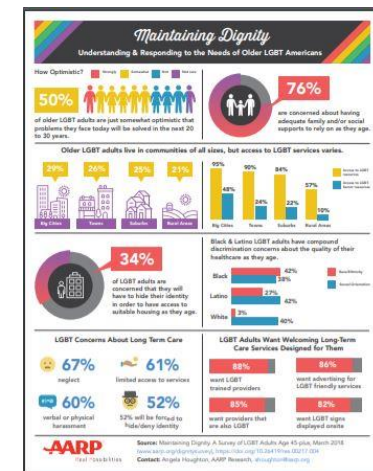
By Shane Stahl • August 27, 2018 • 6:38 pm

A three-judge panel for the Seventh Circuit Court of Appeals ruled unanimously today that an Illinois nursing home can be held liable for the harassment and discrimination experienced by a tenant, allowing her to move forward with her case and building further momentum for the growing legal consensus that federal laws prohibiting discrimination based on “sex” also cover discrimination based on sexual orientation and gender identity.

Wins Discrimination Lawsuit

SDoH: Social/Community & Housing

- 200 secret-shopper tests across 10 states to measure discrimination
- **48%** with a same-sex couples experienced at least one type of discrimination
 - 12.5% experienced multiple forms of discrimination
 - Ohio = 9 of 20 tests (45%) experienced discrimination
- Discrimination subtle, not blatant
 - No one BR apts., emphasize fees vs. amenities, etc.
- Fear drives need to go back into the closet
 - **34%** concerned about need to hide identity to access suitable housing
 - **52%** afraid will be forced to hide for long-term care
- **>60%** fear they will experience neglect, harassment or limited access



AARP: Fears and Desires

LGBT Concerns About Long Term Care



67%

neglect



61%

limited access to services



60%

verbal or physical
harassment



52%

52% will be forced to
hide/deny identity

LGBT Adults Want Welcoming Long-Term Care Services Designed for Them

88%

want LGBT
trained providers

86%

want advertising for
LGBT friendly services

85%

want providers that
are also LGBT

82%

want LGBT signs
displayed onsite

Types of Discrimination & Mistreatment

- Refused admission
- Denial of visitors
- Denial of services
- Involuntary “outing” or threats of outing (financial exploitation)
- Refusal to allow same-sex/gender couples to share rooms
- Refusal to place trans elders in rooms/area/units that match their gender identity
 - Gender expression restrictions
- Physical abuse
- Psychological abuse
- Religious conversion and shaming



Justice in Aging Project: What Respondents Experienced

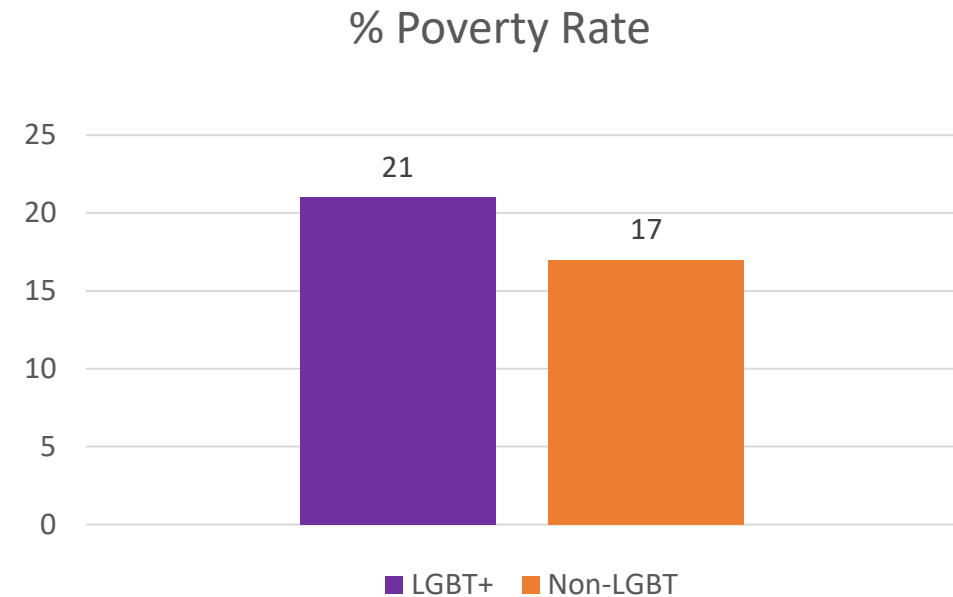
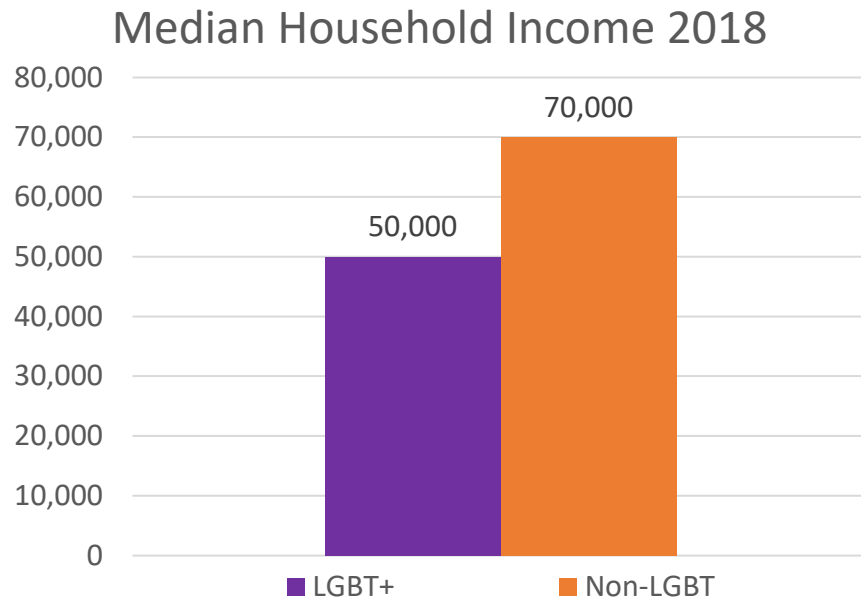


Experience Related to Resident's Real or Perceived Sexual Orientation and/or Gender Identity	Number of Instances	Percent of All Instances
Verbal or Physical Harassment From Other Residents	200	23%
Refused Admission or Re-Admission, Attempted or Abrupt Discharge	169	20%
Verbal or Physical Harassment From Staff	116	14%
Staff Refused to Accept Medical Power of Attorney From Resident's Spouse or Partner	97	11%
Restriction of Visitors	93	11%
Staff Refused to Refer to Transgender Resident by Preferred Name or Pronoun	80	9%

Experience Related to Resident's Real or Perceived Sexual Orientation and/or Gender Identity	Number of Instances	Percent of All Instances
Staff Refused to Provide Basic Services or Care	51	6%
Staff Denied Medical Treatment	47	6%
Total	853	100%

SDoH: Economic Instability

- Real and lasting effects on financial security, particularly in retirement years



- **LGBT+ women:** 40% < \$30k vs. 24% (non-lgbt+)
- Transgender poverty and unemployment higher than the general population:
 - 17% household income of \$10,000 or less vs. 4% of the general population
 - 17% were unemployed vs. 7% in the nation (at time of survey)

SDoH: Economic Instability & Social/Community Context



Rainbow Elder Care
of Greater Dayton

VICTORY! Same-Sex Spouses Nationwide Gain Access to Social Security Survivor's Benefits

Victory! Court Rules for Same-Sex Partners Denied Access to Social Security Survivor's Benefits

By Lambda Legal
SEPTEMBER 11, 2020

A federal district judge today adopted the recommendation of a magistrate judge and struck down as unconstitutional the U.S. Social Security Administration's (SSA's) categorical denial of survivor's benefits to surviving same-sex partners who were barred from marrying due to discriminatory state marriage bans. While the number of states that allowed same-sex couples to marry gradually increased from 2004 until the U.S. Supreme Court struck down all remaining state bans in 2015, that freedom came too late for many couples. The court certified the case as a nationwide class action.

"We are delighted for Helen and similarly situated same-sex partners nationwide who can no longer be treated as strangers in death to their loved ones," said Lambda Legal Counsel Peter Renn. "Many of these couples built enduring relationships with each other that spanned decades, and they would have been honored to assume the mantle of marriage, thereby qualifying for survivor's benefits. Today,



today ruled that the U.S. Social Security Administration's (SSA's) refusal to consider the benefits by same-sex spouses who were married for nine months because of unconstitutional.

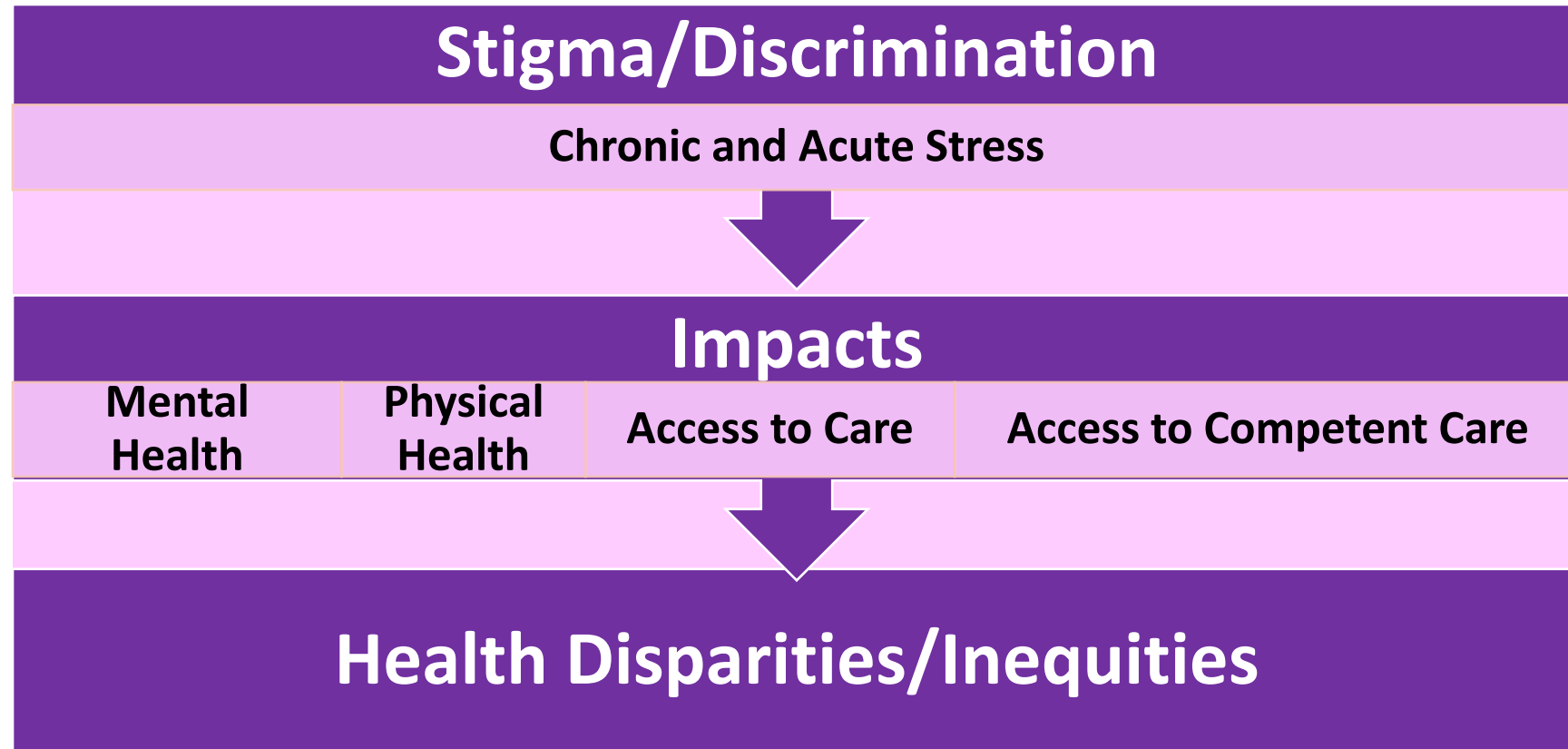
states that allowed same-sex couples to marry were eased from 2004 until 2015, when the Supreme Court struck down all remaining state bans. It was too late for many couples. Even if they had married as soon as they could, many were still barred for nine months before one spouse died. As a result, many were denied survivor's benefits for not being married.

"This is a victory for many surviving same-sex couples who have been locked out of critical benefits. They were unlawfully barred from receiving survivor's benefits for their relationships," said Lambda Legal.

because They Couldn't Marry

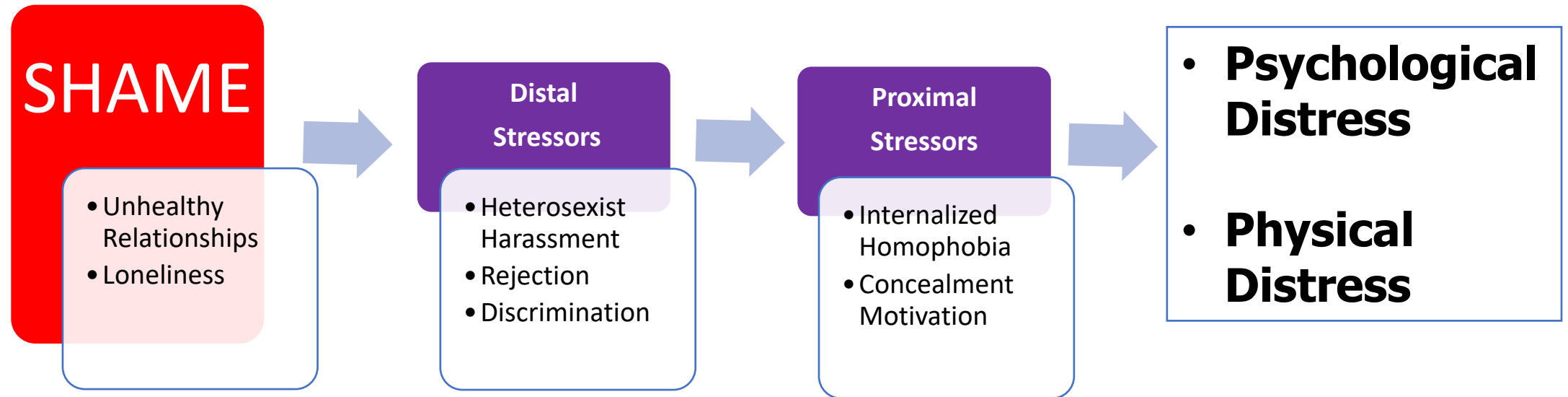


Stigma, Discrimination, and Health



Minority Stress Model

Relational Cultural Theory & Shame



Relational Cultural Theory Recommendations:

- **Address/advocate against societal forces contributing to discrimination**
- **Intervene/combat heterosexism and sexual prejudice at all societal levels**

Major Healthcare Issues/Fears

- Fear and **discrimination** are real and are a barrier to care
 - Nearly **63%** with HIV experienced discrimination in health care
- Availability of **culturally competent care** is a big issue
 - Most medical schools lack education
- **Laws that threaten equality** undermine health care
- **Geographic access** to culturally competent care is an issue
- **Transgender care** is fraught with gaps, discrimination and hostility
 - **70%** of transgender or gender-expansive people had negative experiences

Health Disparities



- Less preventive care
- Lesbians at higher risk of some cancers and diabetes
- Transgender care challenging and political
 - SOGIE not captured jeopardizing care
- Gay men at higher risk of HIV, some communicable diseases and other STDs, especially among communities of color
- Exponentially higher rates of smoking (2 – 3x rate)
- Much higher rates of substance abuse/addiction (2 – 3x rate)
- Greater prevalence of **some** mental health issues
- Greater risk for isolation and depression
- Bisexual health care basically ignored
- People with HIV age on average 8 – 10 years faster with pronounced conditions
 - Hyper immune system causes inflammation

Major LGBTQ Dementia Considerations

1. Higher rate of self-reported cognitive decline, memory loss or confusion (14 % vs 10%)
2. More likely to give up activities of daily living or need help with household tasks
 - 39% vs. 29% and 44% vs. 35%
 - <50% talked to a healthcare provider about it
3. More likely to live alone
4. Less likely to be married
5. Less likely to have children or a caregiver
6. Chosen family vs. biological family
7. HAND – HIV-Associated Neurocognitive Disorder
 - Mostly gay men
8. Transgender adults
 - Short vs long-term memory; effects of hormone therapy
9. Mental health
10. Social stigma and associated stress



Di explains: "As a same-sex couple, we have met and conquered many challenges over the years, and today we face dementia together with a sense of resolve."

Sources: Flatt JD, Johnson JK, Karpiak SE, Seidel L, Larson B, Brennan-Ing M. Correlates of Subjective Cognitive Decline in Lesbian, Gay, Bisexual, and Transgender Older Adults. *J Alzheimers Dis.* 2018;64(1):91-102. doi:10.3233/JAD-171061; Fredriksen-Goldsen KI, Jen S, Bryan AEB, Goldsen J. Cognitive Impairment, Alzheimer's Disease, and Other Dementias in the Lives of Lesbian, Gay, Bisexual and Transgender (LGBT) Older Adults and Their Caregivers: Needs and Competencies. *J Appl Gerontol.* 2018;37(5):545-569. doi:10.1177/0733464816672047; Nookala, A. R., Mitra, J., Chaudhari, N. S., Hegde, M. L., & Kumar, A. (2017). An Overview of Human Immunodeficiency Virus Type 1-Associated Common Neurological Complications: Does Aging Pose a Challenge?. *Journal of Alzheimer's disease : JAD*, 60(s1), S169–S193. <https://doi.org/10.3233/JAD-170473>; Nguyen, H. B., Loughhead, J., Lipner, E., Hantsoo, L., Kornfield, S. L., & Epperson, C. N. (2019). What has sex got to do with it? The role of hormones in the transgender brain. *Neuropsychopharmacology : official publication of the American College of Neuropsychopharmacology*, 44(1), 22–37. <https://doi.org/10.1038/s41386-018-014>

Major Dementia Considerations



- Dementia prevention practices may be less – FINGER, CHAP and POINTER Studies on healthy behaviors.
 - Healthy lifestyle factors/behaviors can maintain brain health and reduce incidence of dementia
 - 37% - 60% reduction in Alzheimer's (Chicago Health & Aging Study – CHAP)
 - Factors/Behaviors: Diet, moderate – vigorous aerobic exercise, not smoking, light-moderate alcohol use, engage in cognitively stimulating activities; improved diet
- **LGBTQ Community:**
 - Alcohol use: 64.7% vs. 55.3%; Alcohol disorder = 11.2% vs. 5.1%
 - Smoking: 150 – 200% higher
 - Drug use: ~ 2x higher – Marijuana – 20.8% vs. 8.6% ; psychotherapeutic – 14.8% vs 6.3%
 - Depressive episodes: 12.5% vs. 4.5%



Jimmy Lee Thurman My husband has dementia. It's been very difficult, much of a fight and a journey. You can't plan anything it is very isolating.

Like · Reply · 1w



Sources: Alzheimer's Association (2019); Dhana K, Evans DA, Rajan KB, Bennett DA, Morris MC. Healthy lifestyle and the risk of Alzheimer dementia: Findings from 2 longitudinal studies [published online ahead of print, 2020 Jun 17]. *Neurology*. 2020;10.1212/WNL.00000000000009816. doi:10.1212/WNL.00000000000009816

SAMHSA (2018) <https://www.samhsa.gov/data/report/2018-nsduh-lesbian-gay-bisexual-lgb-adults>

Healthy Activities: LGBTQ



Rainbow Elder Care
of Greater Dayton

Community Marketing & Insights | 12th Annual LGBTQ Community Survey®

USA Report 2018

Exercise Activities in Past 30 Days by Gender and Generation

In which sports/exercise did you participate in the past 30 days? (Please mark all that apply)	Gender			Generation		
	Gay & Bisexual Men	Lesbians & Bisexual Women	Transgender and Non-Binary Participants	Millennials	Generation X	Baby Boomers
Walking	69%	75%	69%	71%	72%	73%
Using cardiovascular equipment	34%	28%	22%	33%	32%	27%
Weightlifting	31%	20%	19%	29%	26%	20%
Hiking	22%	25%	24%	28%	23%	18%
Yoga	14%	24%	19%	25%	19%	13%
Running	20%	16%	15%	31%	16%	6%
Cycling	16%	16%	15%	17%	16%	14%
Swimming	14%	12%	11%	11%	14%	13%
Basketball	1%	3%	3%	3%	3%	1%
Golfing	2%	3%	2%	1%	3%	3%
Tennis	3%	2%	1%	2%	3%	2%
Aerobics classes (of any kind)	7%	9%	4%	9%	7%	6%
Crossfit classes or routine	8%	7%	4%	8%	8%	6%
Other	6%	12%	12%	12%	8%	8%
None of the above	14%	11%	15%	10%	13%	15%



Rainbow Elder Care
of Greater Dayton

N = 8,308 = Baby Boomers

Health Concerns: LGBTQ



Rainbow Elder Care
of Greater Dayton

Community Marketing & Insights | 12th Annual LGBTQ Community Survey®

USA Report 2018

Understanding LGBTQ Health Concerns by Generation: Among LGBTQ Millennials (of all genders), depression and mental health is by far the biggest health concern. For Generation X and Baby Boomers, body weight is the top concern. The top concerns (over 20%) for each generation are shaded in pink.

Which of the following health and injury issues are you most concerned about for yourself, personally? Please limit your choices to those that are of most concern to you.	LGBTQ Millennials	LGBTQ Generation X	LGBTQ Baby Boomers
Depression / mental health concerns	62%	43%	31%
Body weight	42%	49%	43%
Losing or not having access to health insurance	38%	40%	39%
Cancer	29%	32%	32%
Sexually transmitted diseases	23%	14%	8%
Death or injury from gun violence	19%	14%	13%
HIV/AIDS	18%	16%	14%
Death or injury from car accident	18%	13%	10%
Heart disease	17%	26%	30%
Diabetes	16%	19%	23%
Alcohol use	15%	10%	7%
Alzheimer's disease	13%	18%	28%
Asthma or respiratory diseases	9%	10%	12%
Tobacco use / smoking	9%	10%	6%
Stroke	6%	12%	21%



Rainbow Elder Care
of Greater Dayton

N = 8,308 = Baby Boomers

Trauma-Informed Care



Trauma-informed care = treating a **whole person**, taking into account **past trauma and culture** as well as the resulting **cop**ing **mechanisms** to understand behaviors and treat the patient in a **humble culturally competent manner**.

Adapted from: Withers, M. (2017). Trauma-Informed Care and Why It Matters: How we're falling short in treating trauma victims and what we can do to fix it. *Psychology Today*, (July 2016), <https://www.psychologytoday.com/us/blog/modern-day-slavery/201707/trauma-informed-care-and-why-it-matters>

Competencies & Needs for Proper Care



1. Consider historical and cultural context
 - Cultural cohort differences (pre/post: Stonewall, AIDS crisis, DADT, marriage equality)
2. Conduct physical, psychological and societal/social issues assessment
3. Capture SOGI data (sexual orientation and full gender identity data) just like other demographic data
4. Analyze personal & professional attitudes in particular toward transgender people
5. Understand and appreciate intersectionality of identities and potential for compounded risk
 - Sexual orientation and gender identity cut across all other demographics
 - Multiple demographic health disparities may predispose to certain illness – e.g. COVID-19
6. Provide person-centered, trauma-informed care that remains culturally competent and humble
7. Respect personal and caregiver relationships
8. Be an advocate for health equity and social change that fosters affirmation
9. Connect with local resources for support and knowledge
10. Be intentional about it !

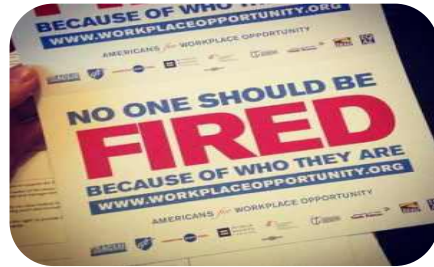
Cultural Competence and Humility

Cultural Competence and Cultural Humility

- Learned practices and concepts
 - Knowledge, skills
 - Standards and guidelines
 - Policies, procedures, laws
 - “I am expert”
 - All about **YOU** and **WHAT** you do
- Comfort with ignorance
 - Empathy
 - Self-evaluation and critique
 - Mitigate power imbalances
 - Culture, privilege, education vs. experience
 - “They are the expert”
 - All about **THEM** and **HOW** you do it

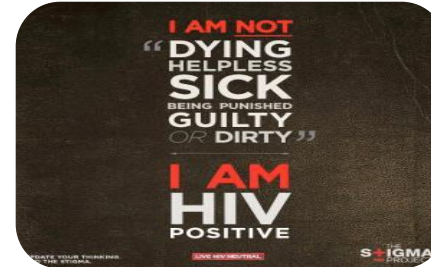


Strategies for Proper Care



POLICIES

Organizational, legal,
policies/procedures, accreditation



TRAINING/CULTURE

What sort of diversity, sensitivity or cultural
competence training is done with staff,
clients/residents, etc.?



PEOPLE

Recruit and hire people who will
make LGBT people feel safe
and affirmed



FORMS

How do you collect and utilize
demographic, gender, relationship
information?



IMAGERY/ENVIRONMENT

Is environment and marketing material inclusive and
reflective of your goals, policies & procedures?

Inclusive Forms

National Center for LGBT Health Education: Fenway Institute

- All forms (e.g. intake/admitting, employment applications, etc.) are **NON-binary**.
 - **Use gender neutral terms** – use “What is your gender?” instead of Sex?
 - Use “spouse” or “domestic partner” **not** “husband/wife”
 - Parent **not** mother/father
 - Avoid Mr., Mrs., Ms.
 - **Two-stage gender questions**: sex at birth + current identity
- Allow clients/patients to enter their preferred name and personal pronouns
- Info should also be included in medical records
- A patient’s pronouns and preferred name should be used consistently by all staff

1. What is your current gender identity?

- ☐ Male/Man
- ☐ Female/Woman
- ☐ Transmale/Transman
- ☐ Transfemale/Transwoman
- ☐ Genderqueer/Gender non-conforming
- ☐ Another way: _____

2. What sex were you assigned at birth?

- ☐ Male
- ☐ Female

3. How do you identify?

- ☐ Bisexual
- ☐ Gay
- ☐ Heterosexual/straight
- ☐ Lesbian
- ☐ Another way: _____

Why Names and Pronouns are Culturally Competent Care

- Personal **NOT** preferred
- Conveys cultural sensitivity and safety
- Respect for the individual
- Gender expression is NOT the same as gender identity.
 - You can't always tell by looking!
- Electronic communication de-personalizes people
- Gender-neutral names

Cameron Tristyn Coyote Chris Jude



If you accidentally use the wrong term or pronoun:
"I'm sorry. I didn't mean to be disrespectful" Then MOVE ON!

Policies/People: Include SOGIE in Client, Employee and Vendor Policies

- SOGIE = sexual orientation, gender identity or expression
- Actively recruit LGBT+ people
- Include LGBT+ people in development of training related to SOGIE
- Influence vendors
- Get certified
- Don't just invite LGBT+ to the party, ask them to dance!



Dayton &
Montgomery
County

Subject: **EQUAL EMPLOYMENT OPPORTUNITY (EEO)**

Issue Date: 01/07/2015

Section No. 803

Revised/Reviewed: 02/01/2017

Page 1 of 1

POLICY:

Public Health – Dayton & Montgomery County (PHDMC) is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, national origin, disability, military status, veteran status, genetic testing, or other unlawful bias except when such a factor constitutes a bona fide occupational qualification ("BFOQ").

SCOPE:

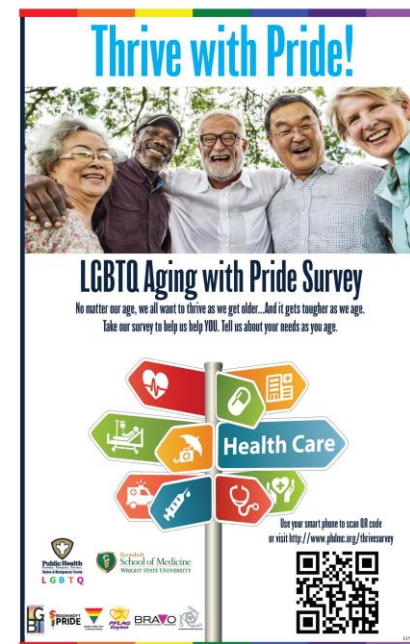
All PHDMC employees



Training/Culture: Make it Real!

You Can Make a Difference

- Educate employees, residents and other clients
- Engage with the LGBT+ community
 - Ask what they need/want
- Recognize important celebrations/dates in the LGBT community
 - LGBT Pride month - **June**
 - **LGBT History Month – October**
 - **Many don't realize important historical figures were LGBT**
 - Transgender Awareness Month/Week – **November**
 - World AIDS Day – remember those lost or those living with HIV or AIDS - **December**
 - Bisexual Health Month = **March**



Good resource: **GLSEN.ORG SCHOOL CALENDAR**

Imagery: You Can Make a Difference



- Display community symbols to connote affirmation, inclusion and safety



- Ensure wall photographs/décor, reading material, marketing collateral, etc. reflect inclusion and diversity



 **REGISTER NOW**
for this VIRTUAL EVENT

Presented by
 **RUTH FROST PARKER
CENTER FOR
ABUNDANT AGING**
 **Rainbow Elder Care
of Greater Dayton**



**November
16-18**

CEUs Available

www.eventleaf.com/Horizons2020

This three-day conference is designed to affirm the lives of older LGBTQ people and to educate senior service providers and others about the unique needs of this community.

Featuring **Arykah Carter**, from TransOhio and creator of the Black Trans Project discussing the joys and perils of aging as an older black trans woman in the face of bigotry, hatred and violence.

REGISTER NOW for this can't-miss summit!
www.eventleaf.com/Horizons2020



Questions? Email us at: lgbteldercare@yahoo.com
or call 937-623-7024



MERRILL
A BANK OF AMERICA COMPANY

The Olson Vincent Sharma Group
Merrill Lynch Wealth Management

Hospice
OHIO'S

**WRIGHT STATE
UNIVERSITY**
School of
Professional Psychology



Public Health
Dayton & Montgomery County
LGBTQ

MetLife



Area Agency on Aging

MIAMI UNIVERSITY

**THE DENNIS L. CARLSON
Sexuality Education
Studies Center**

AARP
Real Possibilities
Ohio

aetna | **MyCareOhio**
Connecting Medicare + Medicaid

We do not discriminate based upon race, color, creed, national origin, religion, gender, sexual orientation, gender identity and/or expression, age, disability, genetic information or ancestry.

Register to Attend

www.eventleaf.com/Horizons2020



**Rainbow Elder Care
of Greater Dayton**

The Future is Bright: John & Jerry



Rainbow Elder Care
of Greater Dayton





Rainbow Elder Care
of Greater Dayton

"I KNOW YOU CAN'T LIVE ON HOPE ALONE;
BUT WITHOUT HOPE, LIFE IS NOT WORTH LIVING.
SO YOU, AND YOU, AND YOU: YOU GOT TO GIVE
THEM HOPE; YOU GOT TO GIVE THEM HOPE."
-HARVEY MILK

Thank You!

Sources

Agénor M, Peitzmeier S, Gordon AR, Haneuse S, Potter JE, Austin SB. Sexual Orientation Identity Disparities in Awareness and Initiation of the Human Papillomavirus Vaccine Among U.S. Women and Girls: A National Survey. *Ann Intern Med*. 2015;163:99–106.doi: 10.7326/M14-2108

Corliss HL, VanKim HA, Jun HJ, Austin SB, Hong B, Wang M, Hu FB. Risk of Type 2 Diabetes Among Lesbian, Bisexual, and Heterosexual Women: Findings From the Nurses' Health Study II, *Diabetes Care* May 2018, dc172656; DOI: 10.2337/dc17-2656

Daniel H, Butkus R, for the Health and Public Policy Committee of the American College of Physicians. Lesbian, Gay, Bisexual, and Transgender Health Disparities: Executive Summary of a Policy Position Paper From the American College of Physicians. *Ann Intern Med*. 2015;163:135–137. doi: 10.7326/M14-2482

Eisinger RW, Dieffenbach CW, Fauci AS. HIV viral load and transmissibility of HIV infection: undetectable equals untransmittable. *Journal of the American Medical Association* DOI: 10.1001/jama.2018.21167 (2019).

Fredriksen-Goldsen, K. I., Kim, H.-J., Shiu, C., & Bryan, A. E. B. (2017). [Chronic health conditions and key health indicators among lesbian, gay, and bisexual older US adults, 2013 – 2014](#). *American Journal of Public Health*, 107(8), 1332-1338.

Fruehauf, C.A., Orel, N.A. (2015). The Lives of Older LGBT Adults: Understanding Challenges and Resilience. *The American Psychological Association*, ISBN: 978-1-4338-1763-2

Khalili, J., Leung, L., Diamant, A.L., (2015). Finding the Perfect Doctor: Identifying Lesbian, Gay, Bisexual and Transgender Competent Physicians. *American Journal of Public Health*.

Meyer, I.H. (2003). Prejudice, social stress, and mental health in lesbian, gay and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129, 674-69

Mereish, E. H., & Poteat, V. P. (2015). A relational model of sexual minority mental and physical health: The negative effects of shame on relationships, loneliness, and health. *Journal of Counseling Psychology*, 62(3), 425-437.

<http://dx.doi.org/10.1037/cou0000088>

Sources

Nguyen, H. B., Loughhead, J., Lipner, E., Hantsoo, L., Kornfield, S. L., & Epperson, C. N. (2019). What has sex got to do with it? The role of hormones in the transgender brain. *Neuropsychopharmacology : official publication of the American College of Neuropsychopharmacology*, 44(1), 22–37. <https://doi.org/10.1038/s41386-018-0140-7>

Nookala, A. R., Mitra, J., Chaudhari, N. S., Hegde, M. L., & Kumar, A. (2017). An Overview of Human Immunodeficiency Virus Type 1-Associated Common Neurological Complications: Does Aging Pose a Challenge?. *Journal of Alzheimer's disease : JAD*, 60(s1), S169–S193. <https://doi.org/10.3233/JAD-170473>

Withers, M. (2017). Trauma-Informed Care and Why It Matters: How we're falling short in treating trauma victims and what we can do to fix it. *Psychology Today*, (July 2016), <https://www.psychologytoday.com/us/blog/modern-day-slavery/201707/trauma-informed-care-and-why-it-matters>

Bulletin of the World Health Organization 2018;96:42-50. doi: <http://dx.doi.org/10.2471/BLT.17.198358>