Nursing & Assisted Living Facility *Professional*

"NEWS AND VIEWS YOU CAN REALLY USE"

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SENT EACH MONTH TO YOU AS A MEMBER OF THE HEALTHCARE HEROES

THE ADELMAN ADVANTAGE

by Rebecca Adelman

Cultural Competency in Senior Housing – LGBT Older Adults

Our industry is founded on the desire to create a bright aging future for everyone, regardless of identity. As a lawyer, I advocate for equal protection for all older adults. I have witnessed the diversity movement being driven by legal compliance in my employment law and healthcare areas of practice. I also have seen diversity competency emerge because providing safe and accepting workplace and housing environments to people from a variety of orientations, religions and ethnic backgrounds is the right thing to do.

It is estimated that 3 million Lesbian, Gay, Bisexual, and Transgender (LGBT) elders live in the United States, and that number will double by 2030. These estimates signal a demand for LGBTQ-friendly senior housing. This article provides an overview of some long-term care consideration for LGBT adults, concrete strategies you can implement now to make your facility more welcoming, and ideas for further learning and resources.

Long-Term Care Considerations for the LGBT Adult

The U.S. Department of Health and Human Services offers excellent resources for LGBT adults at LongTermCare.gov. Later in this article are citations to various additional sources of information. There are a multitude of special considerations to take into account for LGBT adults to an increase understanding of unique needs when planning for future care needs. State and federal laws and regulations programs and services that may also impact LGBT individuals and couples and their planning process and I advise in these various areas.

Health Disparities Impacting Long-Term Care

Many LGBT individuals experience health disparities throughout their lives. While health issues in anyone's younger years may lead to the need for long-term care. Services and supports necessary to meet health or personal care needs over an extended period of time. Later in life, limited research shows that health disparities can have a major impact on some LGBT individuals, and this should be taken into account in planning for future long-term care needs. Below are categories of disparities and our current understanding of how they impact LGBT individuals.

Barriers to Health Care Access

LGBT Adults are:

- Less likely to have health insurance coverage
- More likely to delay or not seek medical care
- Facing barriers to access as older adults due to isolation and a lack of culturally competent providers. One study found 13% of older LGBT adults were denied or provided inferior health care.
- More likely to delay or not get needed prescription medications
- More likely to receive health care services in emergency rooms
- Fail to receive screenings, diagnoses and treatment for important medical problems. 22% of LGBT older adults do not reveal sexual orientation to physicians. In some states health care providers can decline to treat or provide certain necessary treatments to individuals based on their sexual orientation or gender identity.
- Particularly distressed in nursing homes. One study indicates elderly LGBT adults face distress from potentially hostile staff and fellow residents, denial of visits from partners and family of choice,

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and refusal to allow same-sex partners to room together.

Negative Impact on Physical and Mental Health and Well-Being

Societal biases are taking a toll on LGBT adults. They are:

- Less likely to report having good health than their heterosexual counterparts
- More likely to have cancer
- More likely to suffer psychological distress
- More likely to require medication for emotional health issues
- Lesbian and bisexual women are less likely to receive mammograms and are more likely to be overweight or obese.
- 41% of LGBT adults age 50 + have a disability
- Transgender adults are much more likely to have suicide ideation

More Likely to Engage in Risky Behavior

- LGBT adults are more likely to have problems with alcoholism
- Older lesbians are significantly more likely to engage in heavy drinking
- LGBT adults are more likely to smoke cigarettes
- Gay men are at higher risk of HIV and other STDs, especially among communities of color

Caregivers

Among LGBT elders, many singles and couples are estranged from their families of birth, normally the largest source of support when long-term care is needed. Many in the LGBT community are reliant on "families of choice" for their support. As defined by the National Resource Center on LGBT Aging, these are diverse family structures that:

- Are usually created by LGBT people, immigrants, and racial or ethnic minorities
- Include but are not limited to, life partners, close friends, and other loved ones not biologically related or legally recognized
- Are the source of social and caregiving support
- Provided a tremendous amount of support to gay men during the early years of the AIDS epidemic
- Tend to be from the same age cohort
- For the aging LGBT population, this may mean that many in their "families of choice" are also in need of support and services and therefore may not be available to provide the level of support needed.

Building Respect for LGBT Older Adults

The National Resource Center on LGBT Aging offers an online learning tool *Building Respect for LGBT Older Adults.* For communities offering safe, welcoming and inclusive services for all older adults, including LGBT elders, this tool is a great introduction. In it, you will find an overview of the barriers that many LGBT older people face as they age, concrete strategies you can implement now to make your facility/community more welcoming, and ideas for further learning and next steps.

An overview of the six modules follows:

Module 1: Introduction

In Module 1, we are introduced to the issues facing LGBT older adults, including lifelong discrimination and prejudice, a greater likelihood of social isolation, and higher incidents of health problems. It also highlights several statistics that explain why many LGBT older people might hesitate to enter a nursing home or other long-term care facility. Fear of accessing services is not limited to long-term care facilities, however. Consider:

• After years of fighting for LGBT rights, greater openness, and protections from harassment and violence, LGBT older adults often find they are fearful of discrimination in the continuum of care and social services and therefore hide their sexual orientation and gender identity.

• LGBT people are only 20% as likely as their heterosexual counterparts to access services like senior centers and meal programs. Surveys show that older gay men or lesbians would not be welcome at 46% of local senior centers if their sexual orientation were known.

• More than one in ten (13%) of LGBT older adults report being denied healthcare or provided inferior care because they are LGBT. Overall, 15% of LGBT older adults fear accessing healthcare services outside the LGBT community.

• In one study, 82% of LGBT older adult participants report having been victimized at least once, and 64% report experiencing victimization at least three times in their lives. One-quarter (23%) have been threatened with disclosure of their sexual orientation or gender identity. More than half of LGBT older adults have been discriminated against in employment and housing.

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Module 2: Little Things That Make a Big Difference

This module presents some simple steps and ideas a community can implement right away to create a more welcoming environment for LGBT older adults. Here are a few tips and ideas.

• Do not assume LGBT older adults are open about sexuality and gender identities in every aspect of their lives. Do not refer to an individual as LGBT in a public setting without first getting permission. This is particularly important in group settings such as senior centers, day programs or support groups.

• Prominently post the community's non-discrimination policy on your website, all paper or print materials, and in the lobby and website of the community. The policy should specifically state your commitment to inclusion and protection of all people, as well as their caregivers, family members, and friends, regardless of sexual orientation and gender identity. This should be done regardless of whether your state specifically protects against sexual orientation and/or gender identity and expression discrimination.

• Develop LGBT-specific programming for clients, which is one of the best ways to demonstrate your commitment to inclusion and to attract LGBT older adults to your agency. You might modify current programming for LGBT clients. For example, when bringing in volunteer attorneys or financial advisors to help clients, be sure that they are using inclusive language and presenting information about particular issues that arise out of legal inequalities, such as different tax implications for same-sex couples, or the latest information on the tax deductibility of transgender-related surgery. You can also create groups specifically for LGBT clients, such as an LGBT caregivers group or transgender discussion group.

Module 3: Dos and Don'ts

In Module 3, there are a variety of scenarios that staff in long-term care facilities might encounter when working with LGBT residents, some of which may also arise in non-residential settings.

Module 4: Rights and Resources

Module 4 reviews the Federal Nursing Home Reform Act (FNHRA) that details the rights of all long-term care residents and protects them from discrimination. Your community can create and implement policies and resources that echo the rights laid out in FNHRA or the role played by Ombudsmen. For example:

• Review your policies and definitions for "family" and make sure that they include a client's "family of choice"—friends, partners and other people close to the client—and their "family of origin"—biological family members or those related by marriage or kinship.

• Consider selecting at least one person to be responsible for ensuring your community is continually improving services and care geared toward LGBT and other diverse older adults. This individual could also serve as a direct liaison between residents and their loved ones, taking input and suggestions on improving care for LGBT residents.

• Create ongoing monitoring mechanisms for residents to report and address biased behavior from fellow residents or staff or for staff to report discriminatory behavior.

• Have a designated staff person, preferably a Human Resources manager, handle complaints quickly and confidentially. Avoid creating a confrontational environment that places one person's account against another person's account.

Module 5: Training Video

This module offers a glimpse at an in-person cultural competency training offered through SAGE's National Resource Center on LGBT Aging. If you would like to explore more training options, visit SAGE's National Resource Center on LGBT Aging at lgbtagingcenter.org/training.

Module 6: Making a Difference

I've seen the impact that creating an inclusive and welcoming environment for all older adults, including LGBT elders, can have on your community. The ideas presented throughout the modules include many changes or actions that seem simple, but can mean a world of difference to LGBT older people.

Resources

Listed below are a number of useful resources, as well as the reports where information in this article was obtained.

- Lambda Legal – www.lambdalegal.org
- The National Resource Center on LGBT Aging – www.lgbtagingcenter.org
- Center for American Progress, "*How to Close the LGBT Health Disparities Gap*" – http://www.americanprogress.org/issues/2009/12/lgbt_health_disparities.html
- *LGBT Older Adults in LTC Facilities: Stories from the Field* – http://www.lgbtlongtermcare.org/
- SAGE Advocacy and Services for LGBT Elders – www.sageusa.org

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- The Center on Veterans Health and Human Services website on Veterans LGBT Health Policies: http://www.youarestrong.org/category/resources/sexual-minority-veterans-lgbqqti/
- Servicemembers Legal Defense Network – http://www.sldn.org
- National Center for Transgender Equality – http://transequality.org/
- National Center for Lesbian Rights – www.nclrights.org
- *The Aging and Health Report* – http://caringandaging.org/
- American Society on Aging – www.asaging.org

Creating a safe and non-discriminatory environment for LGBT seniors is what the industry should be looking to do now and well into the future. Developing cultural competency in your communities through training and inclusive policies and procedures will position your community for the providing the needed senior housing and aging services to this growing group of elders. For more information or assistance with these issues or comments, please reach out to me.

As a final note, I am thrilled to relaunch Adelman Law Firm which I founded nearly 17 years ago. Having withdrawn as a founder of Hagwood Adelman Tipton, I'll resume operations my woman-owned firm serving the tri-states of Arkansas, Mississippi and Tennessee along with our national counsel services. Joined by several lawyers and other legal professionals, I'll look forward to continuing to provide our gold standard services and expanded practice areas. Adelman Law Firm's address and phone number will remain the same at the beautiful, historic Central Station in Memphis, Tennessee. Contact me at rebecca@adelmanfirm.com.

Rebecca Adelman is an entrepreneur, influencer, thought leader and founder of Adelman Law Firm, established in 2001. For nearly 30 years, Rebecca has concentrated her practice in insurance defense and business litigation. The firm's practice extends through the Tri-States of Arkansas, Mississippi and Tennessee.

Rebecca's insurance defense practice includes representation of insurance companies and long-term care providers and their insurers, both regionally and nationally. She also provides consulting services and educational programming to healthcare professionals and business associates. She has active practices in the areas of general liability, professional liability, premises, and employment law. She is a listed mediator serving all areas of business and healthcare litigation.

KESSLER'S CORNER

by Chip Kessler

Let's discuss a key element in your census building/marketing process in the year 2018- your website. There's no doubt that in this day and age, more and more people are going on-line to research and educate themselves when the time comes to select a nursing or assisted living facility. Indeed, you want to do everything possible to get folks to come to your facility to take a tour in order to see first-hand what you have to offer residents. Your website provides a wonderful means to sell your building's care and services, and produce a great first impression.

That said, there's a misconception (at least in some peoples' minds) about the breath and scope of what a website should and shouldn't have on it. Let me be very clear about where I stand on this, and what I recommend for my consulting clients. First and foremost: you very much want your website to be a place where visitors can go and discover more about who you are and what you do.

Conversely, those who opt for a website that's "esthetically appealing" rather than provides insight and information, in my opinion, are sadly missing the mark. Let others gaze at a website and think how it should win first place in a beauty contest because of its "pleasing" graphics and spacing. This isn't going to bring you more new residents, which as in all your marketing pieces, is the objective of a website.

Think of it this way, a public library at first glance, appears cluttered. That's what happens when you have all of those books stacked sideways one after another on a bunch of shelves. Clutter; however clutter born out of a whole lot of information for people who seek it out.

Have you ever been to the St. Jude's Children's Hospital website? First chance you get, go there. On the homepage, there's a bunch of things going on. It might be called clutter, at least in the esthetic website crowds' mind. I'd disagree. It's called providing information. Likewise for websites of some other well-respected healthcare entities such as The Mayo Clinic and Johns Hopkins.

Here's what it boils down to: WHEN PEOPLE ARE LOOKING TO MAKE AN IMPORTANT DECISION IN THEIR LIVES, THEY WANT MORE INFORMATION NOT LESS. It can be selecting a new car; deciding on where to go on vacation; or making up their minds about nursing or assisted living facility care- people automatically become information oriented. Because of this, a website must give them what they need.

A caveat: one thing you don't want is for people to feel like they're trapped in a maze on your website. Don't have them go from one section to another with no way to get back to your homepage. I've experienced this on some websites. Yes you want information; however provide access to navigate around cleanly.

Your website should be the crown jewel in your marketing process. Testimonials (with peoples' first and last name, plus city or town); photos of smiling residents and staff; a list of the care and services you provide, and other relevant details is a must. What isn't needed is a lot of open space and over-the-top design work at the expense of what matters most to the people who visit you on-line: information that motivates folks to come in for a tour.

Visit ExtendedCareProducts.com to discover more about Chip's consultation services for nursing and assisted living facilities.

Getting on the Same Page by Paige Hector, LMSW

Your Life Your Choices

Advance care planning ("ACP"), the process of making and communicating decisions about one's health care wishes has received a great deal of attention recently. In addition to numerous books, there are websites that offer "how to's" and guidance on navigating the sometimes complex array of decisions about how a person wants to live and to die. From years ago, when there was very little on this topic, we now have several choices of documents, worksheets and planning toolkits.

With the recent revision of the State Operations Manual, the regulation that addresses advance care planning (F578) was strengthened to emphasize more responsibility for facilities to engage in ACP with residents or responsible parties. If you haven't yet, take a look at the Guidance to Surveyors for F578 which addresses the importance of the health care team assessing and re-assessing a person's goals and wishes as their condition changes as well as helpful steps for operationalizing ACP, procedures and key elements of non-compliance. And remember that while advance directives (the actual documents that outline decisions) are important, they are but one part of the ACP communication process.

Is there a perfect document for every person and situation? Nope. A person might like the flow of one tool, the wording of another and a singular section for a specific area of ACP in yet another document. It reminds me of when I'm cooking, I like to pull together ingredients from different recipes – add a touch more of this spice, less of that one and definitely more lemon!

I would like to share one toolkit that I have used for years and still really like called *Your Life Your Choices*.

Your Life Your Choices is an amalgamation of the basics of making and communicating decisions interspersed with thought-provoking scenarios and worksheets. For example, on page 7 the question of what it means to be a "vegetable" is posed. Many clinicians have had a resident or patient say they don't want to be a "vegetable" but that statement means different things to different people. The same is true of declarations like "I only want comfort care" or "Pull the plug." We must explore what people actually mean by those statements, their values and beliefs and how to honor their wishes.

While most of the scenarios in the workbook involve older adults, there is an example of a young man (29 years old) who is in a coma following a bike accident. His parents must decide whether to keep him alive on life support. At the end of the scenario, one of the discussion questions asks whether the choices would be different if the individual were 69 years old instead of 29.

There are also a series of worksheets that include exercises about values and beliefs, the meaning of hope within the context of severe illness, weighing the pros and cons of treatment for different chances of recovery, how to spend one's last days, organ donation, autopsy and burial arrangements. Phew! Just completing these few pages would provide more specificity and information than most people have currently shared with their family members and health care team.

Whenever I give presentations on end-of-life care, I incorporate sections of this workbook, specifically page 21 titled "Your Beliefs and Values." Down the left side of the page is a list of factors to consider and on the right side, selections to indicate whether life would be difficult but acceptable, worth living but just barely, not worth living or unable to answer. For example, if an individual had to have someone help provide care all the time, would life be difficult but acceptable, worth living but barely or not worth living? How about in the event of severe pain, loss of bladder control, bowel control, inability to recognize family, being a severe emotional or financial burden for the family, or no longer being able to contribute to the family's well-being? Tough questions. Important questions. What about the scenario where a person selects 'worth living but barely' for multiple factors? Is there a combination where they would decide that life is no longer worth living? The richness of the dialogue around these issues is invaluable to the individual, the family and clinicians that will be charged with responsibility of providing care according to the individual's values and beliefs.

In the second half of the workbook, there is another series of worksheets that allow the individual to indicate the type of treatment they would and would not want in certain situations. This is another reason I really like this workbook; it interplays common diagnoses such as dementia, stroke, terminal illness and coma with common treatment decisions like CPR, artificial feeding, mechanical ventilation, dialysis and antibiotics. For example, if an individual has severe dementia (as defined by specific parameters in the workbook), would he or she want to receive treatment, to die naturally without the treatment or are they unable to answer. As applicable, the treatment choices further specify for a short time and/or the rest of one's life.

An individual may feel strongly about receiving treatment *or* foregoing treatment in different scenarios. Or, they might want to engage in a trial of a treatment and if it doesn't work, discontinue it. These are the discussions and decisions where traditional advance directives have failed; they are not specific enough.

It's also simple to print a couple pages of this workbook and ask a person to complete them. Then, review the documents at the next visit. Here's a link to download the *Your Life, Your Choices* workbook – http://paigeahead.com/endoflifeworkshops.html. (NOTE: it's copyright free!) By the way, print a copy for yourself and all your family members too. I presented one to each of my family members in a three-ring binder and assigned it as their homework!

While not perfect, *Your Life Your Choices* delves deeper into the decision-making complexities and helps explore those delicate grey areas. If anything, it gives providers and family members more comfort knowing they are making decisions in line with what the individual would have wanted.

Contact Paige at 520-955-3387 or at paige@paigeahead.com
Discover more about her at www.paigeahead.com

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