



Ensuring Equity in Aging Webinar Series
Culturally Informed Policy & Programs: The Culture of LGBTQ Older Adults
Captioners Transcript
January 6, 2020

1

00:00:06.180 --> 00:00:19.200

Amanda Lawrence: Hello. Good morning, welcome everybody to our third ensuring equity and aging webinar today. We're focusing on culturally informed policies, programs, the culture of LGBTQ older adults.

2

00:00:19.740 --> 00:00:28.500

Amanda Lawrence: I do want to share that we have live stream captioning available through zoom on the bottom of your screen just hit the CC button you can access that closed captioning.

3

00:00:28.950 --> 00:00:40.860

Amanda Lawrence: The recording from today the slides and our transcripts will all be posted on CDAs equity and aging Resource Center and will also follow this webinar up with an email with links to everything that you could need including resources.

4

00:00:41.250 --> 00:00:46.350

Amanda Lawrence: And registration for next month's webinar. You can also watch the video on our YouTube channel.

5

00:00:47.400 --> 00:00:53.280

Amanda Lawrence: On throughout the presentation. Feel free to enter any questions or comments you have into the zoom chat box.

6

00:00:53.640 --> 00:00:57.540

Amanda Lawrence: And if you're accessing audio only through the phone and you only have access to the phone.

7

00:00:57.870 --> 00:01:05.400

Amanda Lawrence: And you'd like to ask a question at the end of the presentation. Go ahead, press star nine on your dial pad and it'll raise your hand in our chat box.

8

00:01:05.850 --> 00:01:18.120

Amanda Lawrence: And for anytime you'd like to reach out regarding these webinars CDA or master plan for aging. You can send us emails at engage@aging.ca.gov. Next slide.

9

00:01:19.080 --> 00:01:34.440

Amanda Lawrence: And every first Wednesday will be offering these webinars and at least through June 2021 always featuring state and local

speakers with expertise in cultural competency equity program and service delivery Planning and Policy as well and. Next slide.

10

00:01:34.950 --> 00:01:42.780

Amanda Lawrence: And so next month, February 3 we have our fourth webinar culturally responsive services and care within for black elders.

11

00:01:43.290 --> 00:01:55.950

Amanda Lawrence: You can register for that on our website and it will also be included in the follow up email to all today's participants. I am going to go ahead and hand this over to Kim. McCoy Wade the director for the California Department of Aging for welcome and introductions.

12

00:01:57.240 --> 00:02:04.740

Kim McCoy Wade: Good morning and welcome and I flagging for our team, the captioning question in our chat looking for some help with captioning. So, if we can jump on that, please.

13

00:02:05.340 --> 00:02:13.440

Kim McCoy Wade: Welcome everyone to our new year where we are starting where we should always start with equity and inclusion and I am delighted to be joined.

14

00:02:14.160 --> 00:02:23.160

Kim McCoy Wade: By such incredible leaders and champions and a Trail Blazers in this field of LGBTQ+ and aging. I

15

00:02:23.670 --> 00:02:34.020

Kim McCoy Wade: Want to say, I just, we have to all acknowledge the moment we're in right now with coven one of incredible, incredible suffering and challenge.

16

00:02:34.680 --> 00:02:44.730

Kim McCoy Wade: Yes, we have the hope of the vaccines on the horizon on the horizon and arriving for our elders in nursing homes and assisted living as we speak, but it is such a tough time and just

17

00:02:45.750 --> 00:02:54.450

Kim McCoy Wade: Well, it makes it hard to do anything but do that. We also know all of this has to be driven by equity and we have to come out of this more committed

18

00:02:55.530 --> 00:03:04.230

Kim McCoy Wade: More accelerating this work of equity and aging and so I actually think it's right on time that we start the year we get through this coven

19

00:03:05.430 --> 00:03:10.230

Kim McCoy Wade: Terrible time focused on equity and focused on inclusion. I also have to say.

20

00:03:11.220 --> 00:03:17.220

Kim McCoy Wade: It's also ending up being the day where we're launching the master plan for aging, where we have very much strived to include

21

00:03:17.550 --> 00:03:24.210

Kim McCoy Wade: And not include equity bake it in is the watchword that our equity work group charged us with not sprinkle on top.

22

00:03:24.480 --> 00:03:33.780

Kim McCoy Wade: Bake it in. And so that's what we are trying to do and everything we do our day-to-day work or coven work and our strategic planning. So really this morning is bringing it all together.

23

00:03:34.260 --> 00:03:42.690

Kim McCoy Wade: Before we do the master plan launch at noon. So, after you finish this webinar, please come back and join the secretary galley at noon.

24

00:03:43.230 --> 00:03:52.650

Kim McCoy Wade: For a broad 10-year plan for really transforming aging and so speaking of transforming aging. Look at this great panel we have here with us.

25

00:03:52.920 --> 00:04:04.830

Kim McCoy Wade: I will do a brief introduction of their long careers and get out of the way so the discussion can really begin Jenny per Dini is a community education advocate with legal assistance for seniors and a Medicare expert, among other things.

26

00:04:05.430 --> 00:04:12.630

Kim McCoy Wade: Is part of our high cap program health insurance counseling and advocate. Thank you, Jenny, for your service. I hope you survived open enrollment. The last quarter.

27

00:04:13.890 --> 00:04:14.820

Kim McCoy Wade: Came through that.

28

00:04:15.900 --> 00:04:20.850

Kim McCoy Wade: Karen Anderson is no. Well, to me, I used to live in Oakland and very familiar with her work.

29

00:04:21.300 --> 00:04:30.810

Kim McCoy Wade: With the United seniors of Oakland Alameda County Senior Services coalition and Alameda County and Oakland commissions on aging and also of course

30

00:04:31.290 --> 00:04:36.360

Kim McCoy Wade: Coordinates the lavender seniors friendly Visitor Program with so many of us know and are so inspired by

31

00:04:37.020 --> 00:04:47.070

Kim McCoy Wade: And last but not least, and actually I think first today will be Karen skull Teddy, who is the executive director of open house and an expert in specialist in geriatrics psychology

32

00:04:47.250 --> 00:04:56.070

Kim McCoy Wade: So, we really do have a terrific panel and I really do well at the conversation began, and I will stay with you as long as I can to hear and to learn and I'm thrilled to see

33

00:04:56.340 --> 00:05:08.670

Kim McCoy Wade: The Count rising up to crossing 300 a record number and the captioning coming into play as well. I see it now on my button as well. So, we are good to go. And with that, I will hand it over to Karen, thank you.

34

00:05:10.440 --> 00:05:21.360

Karyn Skultety: Good morning, everyone. Thank you so much to CDA and Kim and Amanda and everyone for inviting and including me on this webinar today.

35

00:05:22.500 --> 00:05:33.060

Karyn Skultety: Shout out to my fellow panelists, Jennifer. And what I'm sure you will learn is the, the more high quality, Karen. Karen Anderson. The two of us.

36

00:05:33.960 --> 00:05:38.520

Karyn Skultety: You guys have been a pleasure to work with and just appreciate coming together to get to talk about

37

00:05:39.120 --> 00:05:44.820

Karyn Skultety: Something so important. And lastly, a big thank you to all of you waited to set the record. We have over

38

00:05:45.330 --> 00:05:50.610

Karyn Skultety: 300 people. And this is part of what's really important about this topic, right, is that

39

00:05:50.970 --> 00:06:01.170

Karyn Skultety: People can start to think of equity issues for specific communities as just thinking about a small group of people. And if those people aren't me, they don't matter.

40

00:06:01.560 --> 00:06:09.060

Karyn Skultety: And all of us if we're really going to embrace an equity lens if we're going to fight for a more equal just world.

41

00:06:09.480 --> 00:06:17.640

Karyn Skultety: We have to think about who's getting left out who's not being included and whose voices are often the most resilient most amazing leaders.

42

00:06:18.360 --> 00:06:31.320

Karyn Skultety: That can take all of us forward. And so, you showing up sends that message. And so, for me, from the fellow panelists. Thank you so much for showing up. Thank you for saying LGBT Q seniors matter.

43

00:06:31.950 --> 00:06:43.920

Karyn Skultety: And open house. You can go to the next slide. Open House is a nonprofit that was founded in 1998 we were founded really with the goal of let's build LGBT Q welcoming senior housing.

44

00:06:44.790 --> 00:06:52.710

Karyn Skultety: But we knew that housing alone would never work because housing is incredibly important access to housing is incredibly important.

45

00:06:53.010 --> 00:07:06.840

Karyn Skultety: But without services without changing the community around you without training and influencing our aging service providers housing alone won't work housing can become another closet is the only place that people feel safe.

46

00:07:07.200 --> 00:07:15.450

Karyn Skultety: So quickly our mission became services community building and housing and because housing projects just, you know, move quickly in San Francisco.

47

00:07:16.260 --> 00:07:26.820

Karyn Skultety: In 2017 for 1998 to 2017 and I was fortunate to become the executive director right around the time that the founding dream became a reality.

48

00:07:27.120 --> 00:07:40.830

Karyn Skultety: Open House co developed an open to building project with Mercy housing that now includes 119 units of LGBT Q welcoming affordable senior housing. The first units in the Bay Area.

49

00:07:41.160 --> 00:07:48.690

Karyn Skultety: That are LGBT few welcoming affordable senior housing our services include a really wide range

50

00:07:49.200 --> 00:07:58.020

Karyn Skultety: Of things that center the lives of LGBT Q seniors community engagement wellness and support resource and housing navigation.

51

00:07:58.770 --> 00:08:11.640

Karyn Skultety: AND WE'RE KNOWN AS THE HOUSING ORGANIZATION. And certainly, we're incredibly proud and fortunate of our 150 plus residence, but we actually serve about 3500 and LGBT Q seniors ACROSS SAN FRANCISCO in the Bay Area every year.

52

00:08:12.630 --> 00:08:23.700

Karyn Skultety: We also knew again that just thinking about what happens at Open House wouldn't change the community and the culture. So, we've been doing cultural humility training for providers for over 20 years we can go to next slide.

53

00:08:25.020 --> 00:08:27.300

Karyn Skultety: So sometimes the question people ask is,

54

00:08:27.660 --> 00:08:38.070

Karyn Skultety: Is it really LGBT Q people, how in the world do you do that and housing. You can't discriminate based on sexual orientation and gender identity and that's right. We don't want to be able to let people discriminate or choose

55

00:08:38.310 --> 00:08:42.060

Karyn Skultety: Who gets into housing based on their sexual orientation or other gender identity.

56

00:08:43.110 --> 00:08:49.740

Karyn Skultety: But in our building. We have about 68% are LGBT Q in our first building and over 55%

57

00:08:50.040 --> 00:09:01.080

Karyn Skultety: In our second and the key to this is really doing things like we're doing today, right, talking about LGBT Q welcoming focusing centering the lives and experience of LGBT Q seniors.

58

00:09:01.380 --> 00:09:10.500

Karyn Skultety: Working all year around for many, many years around housing access, whether it's in our building or not. All of those things made the difference in our key. Next slide.

59

00:09:12.150 --> 00:09:20.310

Karyn Skultety: And so, you're going to hear me talk a little later about policy and about change. I certainly want to see a lot more LGBT Q welcoming housing across the state.

60

00:09:21.060 --> 00:09:29.280

Karyn Skultety: But I want all of us to commit to having intergenerational communities where we center seniors in our lives and in our fight for social justice.

61

00:09:29.550 --> 00:09:45.570

Karyn Skultety: And we have to think about how we're going to transform existing Aging Services to ensure that people can stay in those homes as they age more to come from me later. And with that, I'll hand it to the more high quality and charming Karen of the bunch. Karen Anderson. You're on.

62

00:09:57.600 --> 00:09:58.680

Amanda Lawrence: Karen you're muted.

63

00:10:02.280 --> 00:10:02.850

Karen Anderson: There we go.

64

00:10:04.200 --> 00:10:26.040

Karen Anderson: Lavender seniors of the East Bay just celebrated its 25th anniversary of being a community support organization and we are a group that reached our maturity during the days of Stonewall, and in the 60s.

65

00:10:27.060 --> 00:10:33.960

Karen Anderson: We began identifying ourselves to the outer world as gay

66

00:10:35.970 --> 00:10:51.180

Karen Anderson: lesbian, transgender, bisexual, and that is who we see ourselves as the thing about our generation is that the pressure

67

00:10:51.960 --> 00:11:09.450

Karen Anderson: At that time, this was a time of HIV and AIDS and the pressure at that time was to either defiantly come out as LGBT we just said gay in those days or remain in the closet.

68

00:11:11.880 --> 00:11:22.110

Karen Anderson: Our mission at lavender seniors was to collectively support each other in our own identities to feel safe.

69

00:11:23.250 --> 00:11:29.490

Karen Anderson: And without the fear of the penalty of arrest.

70

00:11:30.990 --> 00:11:33.690

Karen Anderson: Having our children taken from us.

71

00:11:34.890 --> 00:11:36.030

Karen Anderson: Even jailed.

72

00:11:37.560 --> 00:12:08.010

Karen Anderson: And of course, now things are so much more open, we go into an alphabet. My friend calls it of LGBT Q i two s and the difference between the generations is a difference which has taken many of our seniors back into the closet.

73

00:12:10.890 --> 00:12:17.370

Karen Anderson: Our sensitivity and our identity for many of our seniors is

74

00:12:18.450 --> 00:12:34.170

Karen Anderson: A little confused at times. And it's hard to begin to fit in when you're 75-80 years old. So, we have challenges without leaving our room.

75

00:12:35.490 --> 00:12:53.460

Karen Anderson: But the mission of lavender seniors is to be able to fully complement each other to strengthen each other to help us and our identities to listen to each other's stories and to be a support network to

76

00:12:54.600 --> 00:12:57.690

Karen Anderson: reinforce our own identity.

77

00:12:58.710 --> 00:12:59.400

Karen Anderson: Next slide.

78

00:13:04.050 --> 00:13:09.720

Karen Anderson: Now lavender seniors does this through a series of programs.

79

00:13:10.770 --> 00:13:11.190

Karen Anderson: And

80

00:13:12.240 --> 00:13:22.680

Karen Anderson: During the period that we're going through now with the pandemic. Many of our programs are on hold, or being redefined

81

00:13:24.870 --> 00:13:25.380

Karen Anderson: Our

82

00:13:26.460 --> 00:13:41.370

Karen Anderson: Mission to collectively support each other in daily life is based upon face-to-face assemblies and being there for each other. And of course, with the pandemic.

83

00:13:42.210 --> 00:14:10.320

Karen Anderson: It's necessary for us to shelter in place. We've been defined as one of the most vulnerable communities during this pandemic and so we encourage our members to shelter in place whenever possible. And we are beginning just beginning to put many of our programs online to a virtual community.

84

00:14:12.540 --> 00:14:27.000

Karen Anderson: As you can see the Congregate meal program is now online and those two meetings take place on the third Friday and the second Saturday of the month.

85

00:14:28.080 --> 00:14:44.130

Karen Anderson: And we encourage our participants to bring your own lunch and we meet at that time and talk about things that are have an importance and significance to our community.

86

00:14:45.930 --> 00:14:46.440

Karen Anderson: The

87

00:14:47.850 --> 00:14:49.260

Karen Anderson: Lavender newsletter.

88

00:14:50.340 --> 00:15:03.030

Karen Anderson: has hit the ground running without any bumps or stumps, the newsletter. You can be accessed through our website online or

89

00:15:04.680 --> 00:15:16.770

Karen Anderson: We will mail a hard copy. If we have an individual's request. And number three, the friendly Visitor Program. This is what I'm going to talk about today.

90

00:15:18.360 --> 00:15:18.960

Karen Anderson: We

91

00:15:20.070 --> 00:15:33.960

Karen Anderson: Have as a goal to reduce isolation of our seniors by actually visiting them with them in our home. We have a core group of volunteers.

92

00:15:35.070 --> 00:16:00.750

Karen Anderson: Who will spend time with our seniors, both in their home and in residential facilities, of course, the cove. It has changed the possibility of all that and we'll get into that later. We also have the movie series which we are in the process of re instituting on online.

93

00:16:01.770 --> 00:16:04.530

Karen Anderson: And the speaker's panel which

94

00:16:05.730 --> 00:16:10.020

Karen Anderson: Also, has been affected by the coven

95

00:16:11.340 --> 00:16:22.770

Karen Anderson: Our scrolls, we are again we're adapting ourselves to the covert in terms of personal appearance. Next slide.

96

00:16:26.610 --> 00:16:29.550

Karen Anderson: And I'm going to pass it on to Jennifer

97

00:16:30.420 --> 00:16:38.940

Jennifer Pardini: Thank you Karen AND KAREN So I'm from legal assistance for seniors and LLS is a nonprofit that serves older adults in Alameda County.

98

00:16:39.300 --> 00:16:44.100

Jennifer Pardini: We do offer legal services community education and individual Medicare counseling.

99

00:16:44.580 --> 00:16:51.870

Jennifer Pardini: If someone's interested in more information about the legal services, we offer you can check out our website or give us a call to ask questions about what we can do.

100

00:16:52.320 --> 00:17:03.510

Jennifer Pardini: But I will focus on the health insurance counseling and advocacy program that we run because that's actually available statewide. So, while we run it for Alameda County. It is available in every part of California.

101

00:17:04.440 --> 00:17:11.910

Jennifer Pardini: The high cap program provides assistance with Medicare and any other insurance that someone may have that works with their Medicare. We also

102

00:17:12.540 --> 00:17:17.340

Jennifer Pardini: So, we can provide information about benefits and options. We also help people who are

103

00:17:18.060 --> 00:17:26.310

Jennifer Pardini: becoming available becoming eligible for Medicare. And so, if you are working with an older adult who has questions about their Medicare

104

00:17:26.610 --> 00:17:38.700

Jennifer Pardini: You can refer them to the high cap program if you call the one 800 number listed here it will actually take you to the high cap for your county. So in in California anywhere you are you can call the 800 number and get connected with high cap.

105

00:17:40.620 --> 00:17:41.370

Jennifer Pardini: And. Next slide please.

106

00:17:42.900 --> 00:17:50.640

Jennifer Pardini: So, I'm going to dive into some more of the meat of today's topic and talk about LGBT adults as a vulnerable population and

107

00:17:51.480 --> 00:17:58.560

Jennifer Pardini: The important thing here is that members of vulnerable populations often have health conditions that are exacerbated by unnecessarily inadequate health care.

108

00:17:58.950 --> 00:18:05.580

Jennifer Pardini: There are many listed there. But I think today we're focusing on refusals of service and reluctance to seek care.

109

00:18:06.060 --> 00:18:14.640

Jennifer Pardini: Unfortunately, refusal of services a thing that still exists in the world we live in, and reluctance to seek care can often be related to experiences of having

110

00:18:15.120 --> 00:18:24.390

Jennifer Pardini: Even in the past, had some sort of refusal or fear around service. And so, we'll talk more about how that puts older adults back into the closet now that they're aging. Next slide please.

111

00:18:28.560 --> 00:18:36.120

Jennifer Pardini: One piece of legislation that came out fairly recently is AB 959 which is the LGBT disparities Reduction Act.

112

00:18:36.780 --> 00:18:48.660

Jennifer Pardini: And that act requires for specific state departments to collect voluntary self-identified information pertaining to sexual orientation and gender identity. So that's how it got the sodium

113

00:18:49.260 --> 00:18:56.070

Jennifer Pardini: And that's whenever any other kind of demographic data is collected so just like other demographic data. People can choose not to answer the questions.

114

00:18:56.520 --> 00:19:07.800

Jennifer Pardini: But agencies that fall under the Department of Health Care Services Department of Public Health Department of Social Services or CDA are required to ask for this information when doing intakes

115

00:19:09.210 --> 00:19:19.620

Jennifer Pardini: The department needed to be in compliance by July of 2018, so it is one thing that we high cap added to our intake information when we're meeting with clients. We know ask them questions about

116

00:19:20.790 --> 00:19:27.480

Jennifer Pardini: Sex identify that birth gender identity and if that sounds confusing. I'm going to define a lot of these terms in just a moment.

117

00:19:27.960 --> 00:19:36.390

Jennifer Pardini: So, stick with me. And then what this does is it collects data necessary to understand the extent of disparities in health and well being.

118

00:19:36.870 --> 00:19:50.160

Jennifer Pardini: And whether these government programs are actually reaching LGBT people who are in need of Karen assistance. Next slide. Thank you. So, defining a few things for everyone just to make sure that we're not saying things that are confusing or nebulous.

119

00:19:51.450 --> 00:19:58.800

Jennifer Pardini: sex at birth is the sex assigned by a doctor at birth, based on the physical characteristics that they observe at the time of birth.

120

00:19:59.340 --> 00:20:08.430

Jennifer Pardini: So, you know, imagine the cigar, it's a boy, it's a girl. These are traditional things that we've done, but that may not align with someone's gender identity.

121

00:20:08.910 --> 00:20:21.870

Jennifer Pardini: Which is a person's internal deeply held sense of their gender. It has a lot to do with societal constructions around gender how people see themselves functioning in the world. So, gender is different than sex at birth.

122

00:20:22.740 --> 00:20:37.200

Jennifer Pardini: I will admit that one thing that drives me crazy is the name, gender reveal parties, because you can't know babies' gender. If it doesn't exist in the world yet so we're having sex reveal parties, which is fine if y'all want to rename it that it would make me feel better. Next slide please.

123

00:20:38.370 --> 00:20:47.490

Jennifer Pardini: Okay, some more terms sis gender. Some people have not heard this term before. It's a person whose sex at birth matches their gender identity.

124

00:20:48.300 --> 00:20:58.350

Jennifer Pardini: Transgender is a word that people are probably more familiar with. And that's an umbrella term for people whose gender identity or expression differs from the sex that they were assigned at birth.

125

00:20:59.160 --> 00:21:06.510

Jennifer Pardini: So transgender people may identify as female to male or male to female and those usually have an acronym associated with them.

126

00:21:07.230 --> 00:21:19.200

Jennifer Pardini: Transgender people may or may not decide to alter their bodies hormonally and or surgically. So, don't assume that you'll know someone's gender identity based on the way that they appear to you. You want to be able to

127

00:21:19.920 --> 00:21:25.710

Jennifer Pardini: Take the information that they're giving you and honor the things that they're asking to be called which we'll talk about more in a second.

128

00:21:26.700 --> 00:21:43.140

Jennifer Pardini: gender queer or gender nonbinary are terms that describe people who may not fit into the convince conventional idea of one gender or the other, as binary and so they may feel like they are neither gender both genders, a combination of genders.

129

00:21:44.160 --> 00:21:50.430

Jennifer Pardini: And it can often manifest in gender neutral pronouns, the use of they and them instead of he or she

130

00:21:51.270 --> 00:22:05.160

Jennifer Pardini: It can manifest as gender expression, things like clothing hairstyle and jewelry or in other ways. So, the best thing to do when working with a client is just ask them and talk to them. You don't want to assume that everyone who is this gender will be

131

00:22:06.180 --> 00:22:14.580

Jennifer Pardini: You'll be able to identify that are that they're transgender based on how they appear to you. If a person does identify themselves as transgender, or non-binary

132

00:22:15.300 --> 00:22:21.780

Jennifer Pardini: follow up questions you can ask our. What is your preferred pronoun. You could even just drop the preferred and say, what is the pronoun you use

133

00:22:22.770 --> 00:22:29.250

Jennifer Pardini: Do you have a preferred name that's different from your legal name that's really important if you're a provider and you're having to put people's information on forums.

134

00:22:30.750 --> 00:22:36.720

Jennifer Pardini: They may have a legal name that has to be put on a forum, but you still want to work with them and honor them by the name that they want to be called

135

00:22:38.310 --> 00:22:45.210

Jennifer Pardini: And then a couple of other things related to this, our family of choice, which is that a lot of LGBT people.

136

00:22:46.830 --> 00:22:54.030

Jennifer Pardini: Had to find other ways to develop family if they weren't able to maintain their relationships with their friends and family as they came out of closet.

137

00:22:54.720 --> 00:23:03.690

Jennifer Pardini: And so their family may not be biological or legally recognized. But if they're telling you that those are the people that provide their social support in their care.

138

00:23:04.440 --> 00:23:21.750

Jennifer Pardini: You need to find ways to include that is part of their family and then there's another acronym there which is sofa and that's significant others, sorry, the chat pop up over it, friends, family, our allies and that often is, who makes up a person support system. Next slide.

139

00:23:23.340 --> 00:23:35.790

Jennifer Pardini: And then just last few terms here when we're talking about LGBT there's all these words floating around gay is a you is used to describe anyone but often men who have a primary physical romantic

140

00:23:37.050 --> 00:23:37.500

Jennifer Pardini: Or

141

00:23:38.850 --> 00:23:43.320

Jennifer Pardini: emotional attraction to someone of the same sex. So people often say like gay man or gay people.

142

00:23:44.040 --> 00:23:54.090

Jennifer Pardini: Lesbian is someone a woman whose primary physical romantic or emotional attraction is to other women. So some lesbians may refer to themselves as gay or gay women.

143

00:23:54.660 --> 00:24:04.740

Jennifer Pardini: But again terms can vary so much that if a person just calls themselves something. The most important thing you can do is use the term that they use for themselves, because that's obviously what they're comfortable with.

144

00:24:05.640 --> 00:24:13.470

Jennifer Pardini: Bi or bisexual is someone who may have that attraction to both men and women. Another term that's not on here is pan sexual

145

00:24:14.070 --> 00:24:21.150

Jennifer Pardini: Some people prefer that because they may be attracted to someone who's gender identity doesn't match male or female. And so there's more

146

00:24:21.660 --> 00:24:32.730

Jennifer Pardini: Variety to say I'm attracted to people versus, you know, a sex or gender and then the term queer, which is an umbrella term meant to encompass identities that are not cis gender and or heterosexual

147

00:24:33.390 --> 00:24:42.180

Jennifer Pardini: And queer often comes with political connotations. And if you're working with older adults who came of age, prior to the mid 70s. This is generally not a preferred term.

148

00:24:42.480 --> 00:24:47.730

Jennifer Pardini: So for me, I love this term I use it all the time for my own identity.

149

00:24:48.330 --> 00:24:58.620

Jennifer Pardini: But I've talked to plenty of older adults who you know that word may have been used to tease them are taught them when they were young and it they don't want to be called queer because it has all these negative associations.

150

00:24:58.950 --> 00:25:06.870

Jennifer Pardini: So just be aware of that. And again, what people use for themselves. Try to use that as well because it's their comfort zone and. Next slide.

151

00:25:08.100 --> 00:25:19.710

Jennifer Pardini: And then just a couple of things about Medicare so many transgender people don't have a gender marker on their ID card that matches their gender identity.

152

00:25:20.220 --> 00:25:31.260

Jennifer Pardini: And that's not a barrier to accessing services with Medicare. Medicare providers may not discriminate on the basis of sex. It's in the section of the Affordable Care Act.

153

00:25:32.220 --> 00:25:43.260

Jennifer Pardini: That prohibits discrimination on the basis of gender identity and sex specific procedures and services cannot be denied because

154

00:25:43.590 --> 00:25:58.140

Jennifer Pardini: Your Medicare card or other ID reflects a gender different than your identity. So Medicare does have to approve the coverage of the services that are medically appropriate for the patient. For example, and older adult who now identifies as

155

00:25:59.370 --> 00:26:07.230

Jennifer Pardini: Female to Male So someone who was identified female at birth and identifies themselves as a current currently in the gender of being male

156

00:26:08.040 --> 00:26:17.610

Jennifer Pardini: They may need services for internal female organs that they still have even though they're presented gender identity is male. Well, Medicare has to cover that.

157

00:26:18.270 --> 00:26:28.380

Jennifer Pardini: And so you have to make sure it. If you have problems with your clients or they need any assistance with this kind of stuff. Please send them over to high cap so we can help them. They can also always call Medicare

158

00:26:29.070 --> 00:26:39.210

Jennifer Pardini: But there's a specific code Medicare has to approve that situation. And that's condition code 45 that will tell them, do the services because it matches the person's body parts.

159

00:26:39.810 --> 00:26:50.100

Jennifer Pardini: And Medicare Advantage plans are part C plans and prescription drug plans, can't use that code. So if there's an issue there call high cap so we can help get the person, the services that they need.

160

00:26:50.820 --> 00:27:00.780

Jennifer Pardini: And we can help if there's a denial from Medicare or if someone needs to appeal and if someone is denied coverage, then they can file a complaint with the office.

161

00:27:01.350 --> 00:27:07.290

Jennifer Pardini: The hrs Office of Civil Rights and the email address and phone numbers are there. I'll take this time to also just say

162

00:27:07.710 --> 00:27:15.150

Jennifer Pardini: The slides will be available. So even if we're going through them quickly. Don't worry that you won't be able to access websites or phone numbers later because you can access the slides.

163

00:27:15.630 --> 00:27:24.030

Jennifer Pardini: Next slide please. And the last slide for me since May of 2014 Medicare no longer bands gender reassignment surgery.

164

00:27:25.230 --> 00:27:33.270

Jennifer Pardini: It is still on a case by case approval basis beneficiaries who were denied prior to May of 2014 can appeal or apply again.

165

00:27:33.960 --> 00:27:44.070

Jennifer Pardini: Medical usually approves the same procedures as long as Medicare has approved something first and Medicare does not cover many transition related drugs. So that's something to be aware of.

166

00:27:45.510 --> 00:27:54.630

Jennifer Pardini: Many drugs prescribed for gender transitions are considered off label, which means that they have not been approved for that use by the FDA.

167

00:27:54.930 --> 00:28:00.210

Jennifer Pardini: And Medicare can't cover off label medication. And so that's why those drugs are not covered.

168

00:28:00.990 --> 00:28:14.190

Jennifer Pardini: But if someone has questions about Medicare or any Medicare related things, especially for your older adult LGBT clients, you may be working with. We any high cap is happy to get involved and help your clients. Thank you.

169

00:28:17.220 --> 00:28:18.570

Jennifer Pardini: So back to Karen Anderson.

170

00:28:25.320 --> 00:28:26.790

Jennifer Pardini: And Karen, make sure you unmute yourself.

171

00:28:31.410 --> 00:28:31.950

Karen Anderson: There we go.

172

00:28:33.690 --> 00:28:36.780

Karen Anderson: Speaking of LGBT seniors.

173

00:28:37.800 --> 00:28:41.160

Karen Anderson: And going back into memory.

174

00:28:44.490 --> 00:28:44.970

Karen Anderson: There we go.

175

00:28:46.140 --> 00:28:47.580

Karen Anderson: Going back into our memory.

176

00:28:48.660 --> 00:28:53.310

Karen Anderson: We remember the 70s and the 80s, we remember

177

00:28:55.050 --> 00:29:07.800

Karen Anderson: Going back to a time in which the civil rights movement had gotten the everyday person involved in politics.

178

00:29:08.880 --> 00:29:12.600

Karen Anderson: And those times, collectively,

179

00:29:13.770 --> 00:29:26.670

Karen Anderson: LGBT people would collect in bars and clubs, so they could meet and greet each other, but they could become subject to arrest. I remember myself.

180

00:29:27.720 --> 00:29:35.700

Karen Anderson: In Chicago, which is my hometown. I remember being at a couple of venues.

181

00:29:36.810 --> 00:29:37.800

Karen Anderson: And they were rated

182

00:29:39.210 --> 00:29:45.540

Karen Anderson: For no reason other than the fact it was a collection of LGBT people.

183

00:29:47.130 --> 00:29:55.830

Karen Anderson: Now this was before the 1969 Stonewall action and so

184

00:29:57.180 --> 00:30:02.160

Karen Anderson: Basically what they would do is come in, clear the place out

185

00:30:03.270 --> 00:30:07.860

Karen Anderson: And close the business down for the day or two.

186

00:30:09.450 --> 00:30:20.970

Karen Anderson: Sometimes the proprietor would be ticketed sometimes not. And it was very much left up to the personality of the arresting officers.

187

00:30:22.470 --> 00:30:30.480

Karen Anderson: Sometimes you just get a passed on, let me see you around here again. Sometimes you would actually be taken to the station house.

188

00:30:31.980 --> 00:30:35.820

Karen Anderson: At that time I was employed.

189

00:30:36.870 --> 00:30:46.680

Karen Anderson: In the government. And so I was always fearful of not only arrest, but also of losing my job.

190

00:30:48.660 --> 00:30:53.280

Karen Anderson: Teachers could lose their job children could be taken from them.

191

00:30:54.510 --> 00:31:03.990

Karen Anderson: Besides the fact that LGBT people were shamed and traumatized and very afraid to come out of the closet.

192

00:31:05.190 --> 00:31:21.810

Karen Anderson: So for most of their adult lives. Many of the individuals who we now call senior heaven, one way or another had to deal with their identity and some have had to

193

00:31:23.160 --> 00:31:33.900

Karen Anderson: Experience major clinical depression. Back in the days of the 60s, 70s even early 80s.

194

00:31:35.190 --> 00:31:37.260

Karen Anderson: LGBT people were considered

195

00:31:39.300 --> 00:31:42.060

Karen Anderson: To have a psychological problem.

196

00:31:43.170 --> 00:31:47.610

Karen Anderson: And, of course, that made them crazy that made them.

197

00:31:49.980 --> 00:31:54.240

Karen Anderson: mentally unstable emotionally questionable.

198

00:31:55.260 --> 00:32:00.210

Karen Anderson: And many of our community believed the hype.

199

00:32:01.350 --> 00:32:03.120

Karen Anderson: It did not necessarily

200

00:32:04.590 --> 00:32:09.360

Karen Anderson: lay the foundation for a healthy, healthy senior life.

201

00:32:10.380 --> 00:32:16.650

Karen Anderson: And so self imposed isolation often made things worse.

202

00:32:18.030 --> 00:32:23.670

Karen Anderson: So lonely. Many of our people have tried to commit suicide.

203

00:32:25.680 --> 00:32:32.130

Karen Anderson: They reverted to alcoholism, substance abuse, as well as physical abuse.

204

00:32:34.290 --> 00:32:42.810

Karen Anderson: Some had been fired and this is the history. This is the memory of the individuals that are today senior

205

00:32:44.250 --> 00:32:57.960

Karen Anderson: It's no wonder that our people are suspicious of institutions and the government in terms of acceptance. Next slide.

206

00:33:00.930 --> 00:33:12.660

Karen Anderson: Now as we age, we become more vulnerable and this is true of the entire senior community, regardless of their sexual identity.

207

00:33:13.860 --> 00:33:30.810

Karen Anderson: We're more likely to stay in the closet and what the covert has done is only to exacerbate exactly what we have gone through all of our lives and so

208

00:33:32.220 --> 00:33:44.370

Karen Anderson: The majority community now can understand the feeling of isolation that brings depression, the

209

00:33:45.510 --> 00:33:46.650

Karen Anderson: Discomfort.

210

00:33:47.820 --> 00:33:56.250

Karen Anderson: Of being in a long term care facility and the vulnerability that it brings many of our people.

211

00:33:57.270 --> 00:33:58.650

Karen Anderson: Have a history of

212

00:33:59.790 --> 00:34:02.070

Karen Anderson: Being HIV positive.

213

00:34:03.150 --> 00:34:05.700

Karen Anderson: And they have lived their entire lives.

214

00:34:06.900 --> 00:34:12.660

Karen Anderson: With what was a stigma. Now, which just is just a medical condition.

215

00:34:14.490 --> 00:34:20.790

Karen Anderson: The one thing that everyone has in common is that we are all aging.

216

00:34:21.870 --> 00:34:32.700

Karen Anderson: And that's something that Wendy Peterson of the Senior Services coalition likes to remind us. We are all agent regarding

217

00:34:33.780 --> 00:34:34.200

Karen Anderson: But

218

00:34:35.400 --> 00:34:46.380

Karen Anderson: Speaking about getting older and facilitating taking care of ourselves is not something that we're taught in school.

219

00:34:47.580 --> 00:34:50.100

Karen Anderson: We may be required to learn

220

00:34:51.390 --> 00:34:58.020

Karen Anderson: $A^2 + B^2 = C^2$. But we are not taught how to write a check.

221

00:34:59.730 --> 00:35:00.930

Karen Anderson: We are not taught

222

00:35:01.950 --> 00:35:09.900

Karen Anderson: What is social security and how do I qualify what happens when I don't

223

00:35:11.520 --> 00:35:19.800

Karen Anderson: Know one is easier to talk about death and dying and that period before it.

224

00:35:21.000 --> 00:35:28.110

Karen Anderson: This is a confrontation which our community has to face daily

225

00:35:29.370 --> 00:35:30.000

Karen Anderson: Next slide.

226

00:35:33.420 --> 00:35:35.100

Karen Anderson: In 2017

227

00:35:36.180 --> 00:36:01.680

Karen Anderson: The Social Security Administration said that it would open any decision denying spousal or survival benefits. Now, take that

backwards to the passage of the same sex marriage and understand that this was a time, not too long ago when gay people.

228

00:36:04.080 --> 00:36:12.030

Karen Anderson: For the first time could have legal acknowledgement of their relationship status.

229

00:36:13.800 --> 00:36:14.400

Karen Anderson: I

230

00:36:15.450 --> 00:36:17.190

Karen Anderson: Remember that

231

00:36:19.170 --> 00:36:19.350

In

232

00:36:22.140 --> 00:36:52.080

Karen Anderson: Everyone was so excited by the passage of the legal right to marry, but there were also many LGBT people who felt that they did not want to take advantage of legitimate legal marriage that it was two parallel to a straight quote unquote definition.

233

00:36:53.220 --> 00:36:56.580

Karen Anderson: Of getting along in society.

234

00:36:57.630 --> 00:37:05.760

Karen Anderson: And so there became a reaction to the legal right to marry.

235

00:37:08.400 --> 00:37:17.250

Karen Anderson: The thing that Jennifer was pointing out is that there are many interpretations and many facets of this thing that we call

236

00:37:18.420 --> 00:37:21.270

Karen Anderson: Gay LGBT

237

00:37:23.010 --> 00:37:24.300

Karen Anderson: Relationships.

238

00:37:25.470 --> 00:37:30.690

Karen Anderson: And it brings up a lot of personal history for a lot of people

239

00:37:32.430 --> 00:37:32.820

Karen Anderson: The

240

00:37:34.770 --> 00:37:38.850

Karen Anderson: Excuse me, the high turnover rate within

241

00:37:41.280 --> 00:37:45.990

Karen Anderson: Sniffs nursing home has many of our people.

242

00:37:47.370 --> 00:37:48.060

Karen Anderson: Very

243

00:37:49.380 --> 00:38:05.160

Karen Anderson: Sensitive about who knows what about them privacy becomes a matter. You may trust one person with your information and they could be gone the next day.

244

00:38:07.170 --> 00:38:15.840

Karen Anderson: I have a client who was having some problems and felt that she was being disrespected

245

00:38:16.890 --> 00:38:18.510

Karen Anderson: In her nursing home.

246

00:38:20.310 --> 00:38:32.970

Karen Anderson: I asked if she wanted us to go to the Ombudsman and formally look into the situation and she made it very clear. No, I don't want the Ombudsman involved.

247

00:38:33.780 --> 00:38:54.840

Karen Anderson: Because once you an ombudsman leave. I'm here alone with these staff members and nobody can help me at 11 o'clock at night if they decide they don't want to change my diaper or bring me my meal late

248

00:38:56.430 --> 00:38:59.970

Karen Anderson: And so the vulnerability of our

249

00:39:01.980 --> 00:39:07.170

Karen Anderson: Group our classification is a daily challenge.

250

00:39:08.370 --> 00:39:08.970

Karen Anderson: Next slide.

251

00:39:13.350 --> 00:39:23.640

Karen Anderson: So in the past, we've been largely invisible and a lot of that was as a measure of self protection.

252

00:39:25.620 --> 00:39:44.760

Karen Anderson: There's a scarcity of programs and services that specifically serve our community and so on an individual basis we decide whether or not to interact with organizations services.

253

00:39:46.080 --> 00:39:51.480

Karen Anderson: Or government programs that indicate they are there for us.

254

00:39:52.950 --> 00:39:59.370

Karen Anderson: But the number of people in our category of senior status.

255

00:40:00.900 --> 00:40:06.240

Karen Anderson: Has grown and is swelling and despite all the

256

00:40:08.280 --> 00:40:10.080

Karen Anderson: woes of getting older.

257

00:40:11.100 --> 00:40:14.790

Karen Anderson: Our numbers will continue to swell, but

258

00:40:16.410 --> 00:40:27.120

Karen Anderson: We are even more vulnerable health wise to everything that goes on in the majority community. And so there's a

259

00:40:29.820 --> 00:40:53.100

Karen Anderson: Experience of the old homophobia and anti gay bias and we can just look at the present administration and how suddenly the government began to discriminate against us, and very often do it without leaving a fingerprint.

260

00:40:54.810 --> 00:40:55.440

Karen Anderson: Next slide.

261

00:40:58.320 --> 00:41:04.350

Karen Anderson: So studies of course has shown that many of the experiences.

262

00:41:05.760 --> 00:41:07.440

Karen Anderson: Of our community.

263

00:41:08.520 --> 00:41:14.670

Karen Anderson: puts us at high risk for isolation and poverty and homelessness.

264

00:41:16.050 --> 00:41:25.710

Karen Anderson: Many of our people find that this is not a good time to look for housing to look for

265

00:41:28.740 --> 00:41:33.930

Karen Anderson: Community support during this period of physical

266

00:41:36.810 --> 00:41:39.960

Karen Anderson: Decline I have a client.

267

00:41:41.370 --> 00:41:45.660

Karen Anderson: whose health has deteriorated to the point that

268

00:41:47.280 --> 00:41:52.770

Karen Anderson: They can no longer physically take care of themselves and they need a caregiver.

269

00:41:55.140 --> 00:41:55.890

Karen Anderson: Even though.

270

00:41:57.330 --> 00:42:08.550

Karen Anderson: They've been married for 22 years the health of both individuals are such that they can no longer physically take care of each other.

271

00:42:09.690 --> 00:42:13.890

Karen Anderson: And so the decision has been made to separate

272

00:42:14.940 --> 00:42:21.240

Karen Anderson: And try and find separate housing, where they can also receive

273

00:42:22.830 --> 00:42:24.870

Karen Anderson: caregiving support.

274

00:42:27.180 --> 00:42:32.430

Karen Anderson: These are the kinds of situations and problems that are unique.

275

00:42:33.570 --> 00:42:47.460

Karen Anderson: To the LGBT senior community and we're very, very happy that high cap is there to help us wind our way through the bureaucracy.

276

00:42:48.480 --> 00:42:57.780

Karen Anderson: Of getting older, physically, but we still have the situation of getting older emotionally

277

00:42:59.670 --> 00:43:00.360

Karen Anderson: Next slide.

278

00:43:07.020 --> 00:43:08.880

Karen Anderson: In the good old bad days.

279

00:43:10.740 --> 00:43:17.490

Karen Anderson: We had and discovered and created the MCC where spiritually.

280

00:43:18.840 --> 00:43:20.550

Karen Anderson: Our members could go

281

00:43:21.930 --> 00:43:28.980

Karen Anderson: And be in a like minded congregation for all of us.

282

00:43:30.600 --> 00:43:36.060

Karen Anderson: We understand that there are outlets for our community.
But again,

283

00:43:37.410 --> 00:43:38.430

Karen Anderson: Not enough

284

00:43:40.650 --> 00:43:41.370

Karen Anderson: Not enough

285

00:43:42.900 --> 00:43:51.720

Karen Anderson: And the designation of who we are and how we conduct ourselves towards accessibility has always been a factor.

286

00:43:54.210 --> 00:43:54.840

Karen Anderson: Next slide.

287

00:43:58.140 --> 00:43:59.040

Karen Anderson: It's essential

288

00:44:00.090 --> 00:44:02.670

Karen Anderson: That we was it. Okay.

289

00:44:03.780 --> 00:44:10.350

Karen Anderson: That we ensure that the sexual orientation and gender identification that Jennifer mentioned

290

00:44:11.790 --> 00:44:12.990

Karen Anderson: Be collected

291

00:44:14.310 --> 00:44:27.870

Karen Anderson: I have no idea how the Census Information that was recently collected will be used to help support who we are.

292

00:44:28.890 --> 00:44:34.170

Karen Anderson: there really weren't enough questions to help us know

293

00:44:35.670 --> 00:44:41.430

Karen Anderson: Who we are where we are and what our needs are. But that's another subject.

294

00:44:43.110 --> 00:44:46.770

Jennifer Pardini: Hey Karen. I'm going to jump in and tell you this is the transition slide back to Karen.

295

00:44:47.280 --> 00:44:47.580

Right.

296

00:44:49.080 --> 00:44:51.450

Karen Anderson: KAREN I see you

297

00:44:51.780 --> 00:44:54.330

Karyn Skultety: Hey one Karen to the other.

298

00:44:54.630 --> 00:44:55.680

Karen Anderson: One Karen to another.

299

00:44:55.980 --> 00:45:02.160

Karyn Skultety: Were reestablishing, I hope, a little bit of good Association around our name, but I mean, not much.

300

00:45:03.630 --> 00:45:06.510

Karyn Skultety: Good work today, Karen. Just a little bit. You must

301

00:45:06.540 --> 00:45:06.900

Karen Anderson: Love it.

302

00:45:09.360 --> 00:45:21.690

Karyn Skultety: Yeah, thank you so much. That was really just really powerful information and I've been looking we're seeing questions in the Q and A in the chat and we're going to try and

303

00:45:23.040 --> 00:45:29.280

Karyn Skultety: answer as many of those through the chat and through the Q and A but also try and sort of

304

00:45:29.700 --> 00:45:35.670

Karyn Skultety: Move pretty quick through the policy and advocacy work stuff here. So we have about 10 minutes at the end for questions and chat, but

305

00:45:35.940 --> 00:45:45.840

Karyn Skultety: Feel free to put questions in chat in the Q and A and the chat function. If we run out of time today. I know we're all committed to following up on information outside of today as well so

306

00:45:46.710 --> 00:45:55.950

Karyn Skultety: So, so yeah, the issues become a lot of what you're hearing about and Jennifer and Karen did such a wonderful job talking about was

307

00:45:56.430 --> 00:46:11.670

Karyn Skultety: You know, what can we as individual providers, what can we as individual people working in aging do as we're working supporting our LGBT Q clients. And that's really important. And if we don't change the landscape of Aging Services and housing.

308

00:46:12.840 --> 00:46:25.140

Karyn Skultety: Each of us as individual providers won't be able to make the impact on the changes that we really need to serve LGBT Q, Sr. So you've heard a lot about the so G legislation that got it put into place.

309

00:46:25.650 --> 00:46:30.480

Karyn Skultety: San Francisco was did local legislation before there was the state legislation.

310

00:46:30.720 --> 00:46:40.410

Karyn Skultety: And what I'm going to tell you is, while the legislation exists around Sochi data we've got a long way to go in terms of actual compliance and collecting that data.

311

00:46:40.740 --> 00:46:48.300

Karyn Skultety: That's true in San Francisco where sometimes people think magical things happen for LGBT Q people I'll just tell you that's not true.

312

00:46:49.500 --> 00:46:53.700

Karyn Skultety: We got some things we do well. But no, no magical unicorns or fairy dust. Right, so

313

00:46:54.420 --> 00:47:02.640

Karyn Skultety: Even there. We're still working on really getting accurate data, but I cannot emphasize enough how important this data is

314

00:47:02.910 --> 00:47:12.030

Karyn Skultety: Because without it, we can't talk about what people need or don't need, we can't talk about what's working and not working because we don't know where LGBT Q, people are

315

00:47:12.450 --> 00:47:19.830

Karyn Skultety: So one of the most powerful things that have come out of us, pushing, pushing, pushing in San Francisco to really have this data.

316

00:47:20.310 --> 00:47:35.130

Karyn Skultety: Is that for the first time, we were able to show look LGBT Q seniors are dramatically under utilizing services in San Francisco. We couldn't show that without Sophie data, but we now have data that shows

317

00:47:35.940 --> 00:47:46.350

Karyn Skultety: That LGBT Q seniors are two to 10 times less likely in San Francisco to access eligible Aging Services without a fee being provided.

318

00:47:46.680 --> 00:47:55.290

Karyn Skultety: Through sitting funding than their heterosexual and says gender peers. It's particularly dramatic with transgender seniors.

319

00:47:56.040 --> 00:48:08.460

Karyn Skultety: So, so he is so critical because without it, we can't. It's very hard to change policy to make a case someone asked a question are men more likely to be closeted than women.

320

00:48:08.910 --> 00:48:12.870

Karyn Skultety: The whole problem is we don't know. That's the problem with being closet. It is

321

00:48:13.230 --> 00:48:23.070

Karyn Skultety: We don't know where people are so one thing we could say is maybe people aren't under utilizing services, maybe they're just utilizing services, but not telling anyone that they're part of the LGBT community. So

322

00:48:23.640 --> 00:48:33.270

Karyn Skultety: Everything we can do, if there's anything you walk out of here today. If you're getting forms. I saw this in the chat that don't have the right information. Let's push back on those forms, if you're

323

00:48:33.930 --> 00:48:37.920

Karyn Skultety: You know, doing assessments and you realize sexual orientation and gender identity aren't included

324

00:48:38.190 --> 00:48:46.170

Karyn Skultety: Let's raise a hand and say we got to figure out how to how to do that. It's really hard work. It takes shifting it takes training on knowing how to ask the questions.

325

00:48:46.530 --> 00:48:52.500

Karyn Skultety: Open House does some of that training. I'm sure CDA and lavender and other places can support you in that it's critical.

326

00:48:53.400 --> 00:48:57.390

Karyn Skultety: And we need a lot more affordable LGBT Q welcoming senior housing.

327

00:48:58.050 --> 00:49:06.390

Karyn Skultety: And it's got to be done with smart local policies based on how your housing works in your individual city or location. I'm going to just say that

328

00:49:06.900 --> 00:49:11.010

Karyn Skultety: Assuming we cannot and we can do a whole nother three hours on housing.

329

00:49:12.000 --> 00:49:21.600

Karyn Skultety: But if you build housing and you have no good services for long term care right services that are designed to keep you in your home, even if

330

00:49:21.930 --> 00:49:31.920

Karyn Skultety: You become frail, even if you develop dementia, even if your partner who's your caregiver passes away, we've now set up people to have these wonderful welcoming homes.

331

00:49:32.160 --> 00:49:39.810

Karyn Skultety: And then have to leave for assisted livings in nursing homes where people are very likely to move back in the closet. So we got to think about services to

332

00:49:40.260 --> 00:49:49.140

Karyn Skultety: That under utilization of services that I talked about becomes more dramatic. The more dependent. The care setting is so we see very, very

333

00:49:49.650 --> 00:49:59.550

Karyn Skultety: low numbers of LGBT Q people in places like social day programs adult day health care past programs adult

334

00:50:00.360 --> 00:50:10.980

Karyn Skultety: Assisted livings nursing home right anywhere where care is dependent, we see very, very tiny numbers of LGBT Q people so either they're not getting care or they're not out both are a problem. You can go to the next slide.

335

00:50:13.050 --> 00:50:22.500

Karyn Skultety: The, the thing I just wanted to add is, you know, marginalized populations populations who face discrimination, who face barriers to care.

336

00:50:23.130 --> 00:50:32.910

Karyn Skultety: LGBT Q, people who are also part of communities of color LGBT Q people specifically the trans community. Right. One of the things we know is that trauma discrimination.

337

00:50:33.510 --> 00:50:48.690

Karyn Skultety: Being treated like crap by other people, racism, all of those things tend to contribute to people aging at a faster rate. So, for example, many of the trans seniors who we work with say they consider themselves a senior if they reach the age of 30 or 35

338

00:50:49.860 --> 00:50:59.490

Karyn Skultety: We have a lot of trans seniors who access open house programs who are 50 and we've looked at our Aging Services. Right. And what is the age limit that setup 65

339

00:51:00.360 --> 00:51:08.250

Karyn Skultety: So, we've got a gap there, particularly for the people from more marginalized group, the people who have experienced more trauma over their lifetime.

340

00:51:08.580 --> 00:51:21.240

Karyn Skultety: In terms of accessing care. We got to get away from age limits and think instead about eligibility around health status or eligibility about people identifying a senior, so we got we got to think that way and

341

00:51:22.170 --> 00:51:23.490

Karyn Skultety: The Bill of Rights for

342

00:51:24.090 --> 00:51:32.610

Karyn Skultety: Long term care settings great legislation that that past. It's about, you know, really trying to protect and support people in assisted livings and nursing homes. It's great.

343

00:51:32.820 --> 00:51:39.090

Karyn Skultety: It requires putting up a bill of rights specifically that speaks to LGBT Q, people asked for training in those settings.

344

00:51:39.420 --> 00:51:46.740

Karyn Skultety: But I'm going to tell you we go a long way to go on implementation around that as well. We're, we're doing some bit in San Francisco. We still have a long way to go there.

345

00:51:47.250 --> 00:51:55.500

Karyn Skultety: And we have a real challenge across the state, which is a lot of our nursing homes are overflowing. Right. We don't have enough space and because of that.

346

00:51:55.770 --> 00:52:06.030

Karyn Skultety: When people aren't motivated to make sure to serve as many people as they can because they're already overwhelmed by the number, they're serving. It's much harder to get people to think about equity issues. So, we're going to have to think

347

00:52:06.420 --> 00:52:19.590

Karyn Skultety: Wisely about what actual implementation and behavior change looks like rather than just the just the beginning, which is an important start of here are your rights as a queer person or as an LGBT Q person in a nursing home.

348

00:52:20.250 --> 00:52:31.740

Karyn Skultety: And the map. Oh, sorry, go back one second. The master plan is coming out. It's already going to be amazing in terms of LGBT Q si years there's been good. There's been good integration between those of us doing the care and master plan.

349

00:52:32.850 --> 00:52:48.210

Karyn Skultety: And we're going to have to be careful that we don't assume that services that are in there will work for LGBT Q seniors because again the data we the beginning data we have now shows us that LGBT Q seniors have not been accessing or have not been out

350

00:52:48.570 --> 00:52:52.200

Karyn Skultety: In a lot of these service models that we've been using to deliver care.

351

00:52:52.830 --> 00:53:01.230

Karyn Skultety: So open houses working to change that we're trying. We're partnering with deep partnerships that are transforming we hope traditional aging care.

352

00:53:01.860 --> 00:53:11.340

Karyn Skultety: Including on lock and their PACE program thinking about social day we have a partnership with an ADHD. Right. How do you really change care, but I can tell you from that work.

353

00:53:11.820 --> 00:53:21.450

Karyn Skultety: It's going to take a fundamental foundational shift. It's not we do a two hour training and everything's fixed, but it's fun work. It's amazing work.

354

00:53:22.500 --> 00:53:31.230

Karyn Skultety: And I think to that point, we want to think about not just funding for services, but how do we fund bridges. How do we fund the access to care for people?

355

00:53:31.560 --> 00:53:39.390

Karyn Skultety: Right. So sometimes we do a good job and saying we're going to fund, you know, new social day programs for LGBT Q seniors, that would be great.

356

00:53:39.810 --> 00:53:53.250

Karyn Skultety: But what really needs to be funded is we're going to fund access to care programs that are going to help people from marginalized groups beyond LGBT Q Right People of color, people from black communities trans communities are

357

00:53:54.330 --> 00:53:57.480

Karyn Skultety: Native American indigenous communities. Right. How are we going to?

358

00:53:57.900 --> 00:54:06.660

Karyn Skultety: Really build access to care. What would it take for people to feel safe even making the call to walk through the doors to a program, rather than just saying

359

00:54:06.840 --> 00:54:16.380

Karyn Skultety: We're only going to fund and support. Once you walk through the doors because we know people walking through the doors that the through an equity lens. We're not getting everybody through that path.

360

00:54:17.220 --> 00:54:29.430

Karyn Skultety: And lastly, LGBT Q people, you know, we as a community tend to be very ages and because of that you'll often see LGBT Q policies.

361

00:54:29.850 --> 00:54:41.010

Karyn Skultety: That are written very much imagining a younger LGBT Q person we write policies for LGBT Q people and they they would never work for someone who's a senior

362

00:54:41.700 --> 00:54:56.670

Karyn Skultety: And so again, not only do we need to transform traditional Aging Services. We've got to transform the way LGBT Q organizations and care and policy works such that it imagines LGBT Q people at every age, not just as younger people.

363

00:54:57.630 --> 00:55:10.410

Karyn Skultety: So, I moved pretty quick. We got five minutes left for questions. I'll go to the next slide. And I'm going to skip this slide for now and we can leave the resources up. So, this is

364

00:55:10.980 --> 00:55:22.800

Karyn Skultety: Some of the folks you've heard about today laminar open houses their sage is a national organization who we work with closely, who does housing and services, the national resource on LGBT Q aging has a lot of

365

00:55:23.820 --> 00:55:30.300

Karyn Skultety: Great stuff that's up there, you're welcome to contact us to help you go through the path and

366

00:55:31.980 --> 00:55:33.810

Karyn Skultety: We can go to Q AMP. A now.

367

00:55:35.760 --> 00:55:47.010

Amanda Lawrence: Yeah, go ahead. Next slide. I'm so if anybody is on the phone and needs to raise their hand hit that star nine. Otherwise, we can scroll through the chat and see if we've missed. Any questions so far.

368

00:55:49.080 --> 00:55:50.520

Amanda Lawrence: Seeing a lot of comments.

369

00:55:51.330 --> 00:56:02.820

Karyn Skultety: There are no LGBT Q. There are no skilled nursing facilities currently who identify themselves as LGBT Q welcoming. So, a nap. You are just not finding them. They're not there yet.

370

00:56:05.100 --> 00:56:10.200

Karyn Skultety: Jennifer, did you want to take on some of the questions that came up around specific Medicare coverage for trans people.

371

00:56:10.920 --> 00:56:24.780

Jennifer Pardini: I'm yes and they're complicated questions. So, I'm actually thinking that in the time that we have. It doesn't make sense. But I can, we can save these, and I can respond to people after the webinar with more information.

372

00:56:26.790 --> 00:56:37.380

Amanda Lawrence: That'd be great. And if people want to send these comments to the engage@aging.ca.gov email on this slide, we can then forward them on to

373

00:56:37.860 --> 00:56:54.660

Amanda Lawrence: Karen. Karen and Jennifer or trying to get you answers ourselves as well and, but we have saved that will save this chat box and try to reach out via email on on our lists and so do we see any questions coming up. No, no.

374

00:56:54.750 --> 00:57:05.730

Jennifer Pardini: No, there's so many good questions. I will say one asks if I'm available for virtual workshops. Yes. And the agency. I worked for serves Alameda County. So, if it's outside of this, I'd be happy to try and find someone else who could do it.

375

00:57:06.750 --> 00:57:14.430

Jennifer Pardini: Or see if it's something that we could do if it's like close to Alameda County, but there's so many great questions here. So please send them in. And we'll try to get back to everybody.

376

00:57:16.110 --> 00:57:23.010

Amanda Lawrence: Okay and Nancy, I see two raised hands. Could we allow those folks to ask their questions? Oh, I see three

377

00:57:24.270 --> 00:57:24.600

Amanda Lawrence: Two.

378

00:57:27.480 --> 00:57:27.780

Jennifer Pardini: Well,

379

00:57:28.500 --> 00:57:35.190

Jennifer Pardini: Also, this is being recorded. I see that question coming up in the chat and this is being recorded so people will be able to access it again.

380

00:57:36.090 --> 00:57:40.170

Amanda Lawrence: Right, and all the hands, then went down. Um, alright, well,

381

00:57:41.190 --> 00:57:45.300

Amanda Lawrence: I think we should wrap it up. We've got two minutes left. And I just want to thank all of you so much.

382

00:57:45.600 --> 00:57:56.790

Amanda Lawrence: The, the questions. The comments in the chat box were amazing lots of positive feedback. It's just so obvious. We need to create more content like this. It's just so much so needed in this community.

383

00:57:57.180 --> 00:58:02.310

Amanda Lawrence: And I do want to encourage everyone to sign up for next month's webinar on

384

00:58:02.670 --> 00:58:16.290

Amanda Lawrence: On culture responsive services and care within for black elders, we have three speakers joining us for that one as well with a breadth of experience and policy health equity research as well as behavioral health and and

385

00:58:17.070 --> 00:58:21.330

Amanda Lawrence: Again, following up with an email with all the resources from this webinar today.

386

00:58:21.690 --> 00:58:26.310

Amanda Lawrence: Please check out if you go to CDAs homepage. You can see the California for all ages button.

387

00:58:26.550 --> 00:58:37.200

Amanda Lawrence: And they'll take you to the equity and aging Resource Center. We've got lots of social media kits things you can use to post and promote the sort of information and also this is recorded, so we we had a really high.

388

00:58:37.710 --> 00:58:41.700

Amanda Lawrence: Registration rate and turnout rate, but we'd love to have you share this and get this out.

389

00:58:42.090 --> 00:58:53.910

Amanda Lawrence: And as a great resource for everybody. So again, thank you to my speakers, you were phenomenal and pleasure to work with you and everyone out there. Just take care of yourselves. Take care of each other and we hope to see you next month.

390

00:58:55.710 --> 00:58:56.250

Amanda Lawrence: Bye.