

Housing and Older LGBTQIA+ Adults



A PROGRAM OF THE FENWAY INSTITUTE



Guest Speaker: Natasha Goykhberg, LMHC

Director of Care Coordination, Callen-Lorde Community Health Center

March 16, 2021

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- Alternatively, e-mail us at education@fenwayhealth.org for less urgent questions.



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- Dial the phone number and access code.



When the webinar concludes:

- Close the browser, and an evaluation will automatically open for you to complete.
- We very much appreciate receiving feedback from all participants.
- Completing the evaluation is required to obtain a CME/CEU certificates.



CME/CEU Information

This activity has been reviewed and is acceptable for up to 1.0 Prescribed credits by the American Academy of Family Physicians. Participants should claim only the credit commensurate with the extent of their participation in this activity.

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<p>Other Health Professionals</p>	<p>Confirm equivalency of credits with relevant licensing body.</p>



Learning Objectives:

At the end of this session, participants will be able to:

- Identify barriers and supports to aging in place for LGBTQIA+ older adults
- Describe best and promising practices for inclusive Social Determinants of Health (SDOH) screening
- Develop strategies for providing affirming referrals for housing and supportive services



About the National Center for Equitable Care for Elders (NCECE)

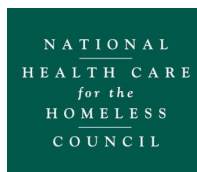
NCECE is a training and technical assistance Center that provides innovative and culturally competent models of care, inter-professional training and educational resources to health care professionals providing care to older adults.

Our Mission is to build strong, innovative and competent health care models by partnering with CHCs, PCAs and FQHCs to provide quality and inclusive care for older adults.

Stay Connected with NCECE:

Website: ece.hsdm.harvard.edu

Email: ece@hsdm.harvard.edu



Maximizing Public Resources

CSH collaborates with communities to introduce housing solutions that promote integration among public service systems, leading to strengthened partnerships and maximized resources.



About the National Health Care for the Homeless Council (NHCHC)

NHCHC is the premier national organization grounded in human rights and social justice. NHCHC's mission is to build an equitable, high-quality health care system through training, research, and advocacy in the movement to end homelessness.

NHCHC provides personalized training and technical assistance to address the nexus of homelessness and health care.

Key Topic Areas:



Patient Engagement



Medical Respite Care



Trauma Informed Care/Organizations



Health Equity



Substance Use Disorders/Harm Reduction



COVID-19 Pandemic

www.nhchc.org



LGBTQIA+ Education and Training

The National LGBTQIA+ Health Education Center offers educational programs, resources, and consultation to health care organizations with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority (LGBTQIA+) people.

- Training and Technical Assistance
- Grand Rounds
- Online Learning
 - Webinars, Learning Modules
 - CE, and HEI Credit
- ECHO Programs
- Resources and Publications

www.lgbtqiahealtheducation.org



Terminology

LGBTQIA+

- Lesbian
- Gay
- Bisexual
- Transgender
- Queer
- Intersex
- Asexual
- +

Other terms to know

- Straight
- Cisgender

A complete glossary of terms is available at <https://www.lgbtqiahealtheducation.org/publication/lgbtqia-glossary-of-terms-for-health-care-teams/>

Gender identity terminology

- Transgender: Gender identity does not align with society's expectations based on the sex one is assigned at birth
 - Transgender woman, trans woman
 - Transgender man, trans man
- Non-binary
 - Genderqueer person, gender fluid person
- Trans masculine, Trans feminine
- Gender identity is increasingly described as on a continuum

What Does 'Q' Stand For?

- 'Q' may reflect someone who is 'questioning' their sexual orientation or gender identity.
- 'Q' may stand for 'queer,' a way some people identify to state they are not straight but also do not identify with gay, lesbian or bisexual identities. It is now also a term of self-identification for many gender-diverse people.
- The term queer is particularly commonly used by younger people. Historically used as a slur against LGBTQIA+ people and older LGBTQIA+ people may still carry the negative impact and may not feel comfortable with the term

How Many Older Adults are LGBTQIA+?*

Today: 1.4 to 3.8 million in U.S.
(Harley & Teaster, 2016)

2030 estimate: 3.6 to 7.2 million in U.S.
(Harley & Teaster, 2016)

Three Generations: **Invisible** -- the oldest old
Silenced -- greatest generation
Proud – baby boomers and beyond

*Study cited utilized the acronym “LGBT” when defining this population

Coming Out / Disclosure

- Many have lived wholly or partially in the closet
 - Have constructed narratives to protect their sexual orientation or gender identity
 - Fear exposure with disability or sickness
- Coming out can happen at any age
 - Can be stressful... and affirming
 - Providers should offer support and acceptance
- Language shifts over time

What Is So Different?

General Elder Issues

- Healthcare
- Medical Costs
- Housing
- Social Network:
 - Family/Friends
- Income
- Retirement/Work
- Social/Recreational Life
- Meaningful Engagement

LGBTQIA+ Elder Issues

- Healthcare
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Resilience among LGBTQIA+* Older Adults

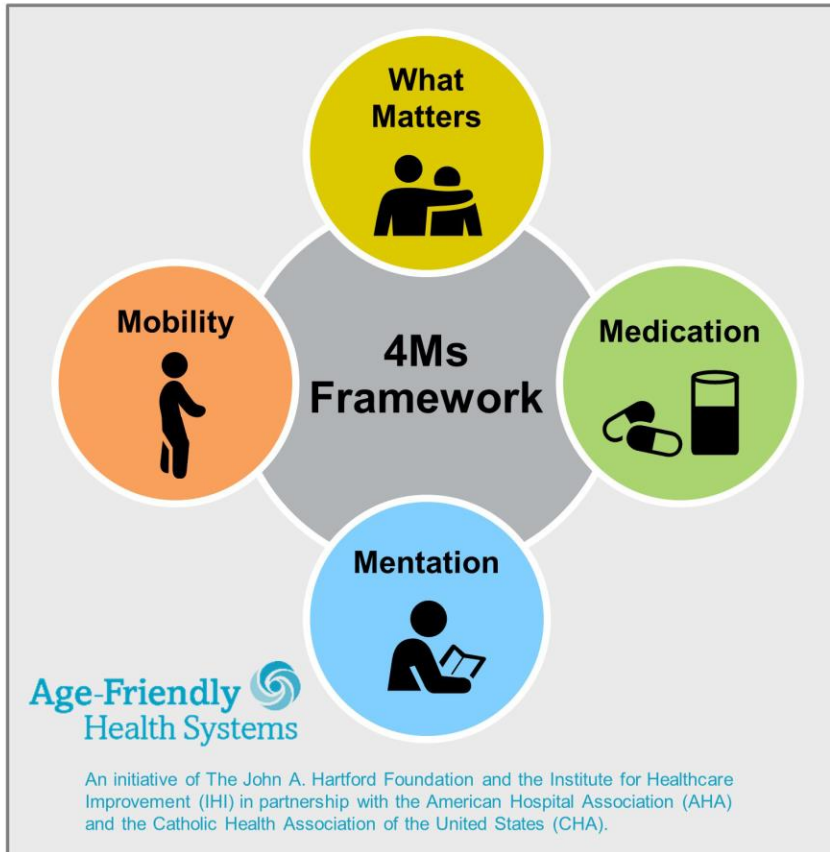
- 89% feel good about belonging to the LGBT community
- 71% percent reported having a person in their life to love and make them feel wanted
- 83% have people with whom to do something enjoyable
- 91% engage in wellness activities



[The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual and Transgender Older Adults, 2011](#)

*Study cited utilized the acronym "LGBT" when defining this population

What does it mean to be age-friendly?



For related work, this graphic may be used in its entirety without requesting permission.
Graphic files and guidance at ihi.org/AgeFriendly

What Matters

Know and align care with each older adult's specific health outcome goals and care preferences including, but not limited to, end-of-life care, and across settings of care.

Medication

If medication is necessary, use Age-Friendly medication that does not interfere with What Matters to the older adult, Mobility, or Mentation across settings of care.

Mentation

Prevent, identify, treat, and manage dementia, depression, and delirium across settings of care.

Mobility

Ensure that older adults move safely every day in order to maintain function and do What Matters.

What does it mean to “age in place”?

Aging in Place refers to a person making a conscious decision to stay in the **home of their choice** for **as long as they can** with the **comforts that are important** for them.



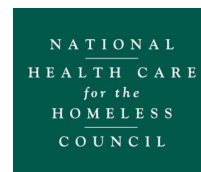
Aging in Place Considerations

- **Mobility:** Vision, balance, environmental hazards, transportation options
- **Chronic Disease Management:** Access to community resources, healthy food, oral health services
- **Mental Health & Memory:** Cognitive impairments, missed signs of depression, substance misuse
- **Social Support & Caregivers:** Feelings of isolation or loneliness, social network, myths about aging

Barriers to Aging in Place: LGBTQIA+ Older Adults

- Discrimination and stigmatization
- Social support
- Healthcare
- Home assistance
- Safe and affordable housing

[Perspectives of LGBTQ Older Adults on Aging in Place: A Qualitative Investigation](#)



Housing

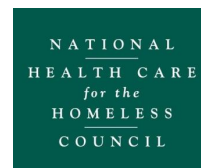
The lack of community-based housing has a greater impact on health and the health system than a typical determinant



Housing = Healthcare (Social Determinants of Health (SDOH))

- CSH identified supportive housing need of 226,000 units across the country for those in the Aging System*
- All older adults face barriers to care which are complicated by the increased challenges experienced by people in racial and ethnic minority groups, people who are LGBTQIA+, or people who are currently experiencing homelessness.
- Housing that is accessible, affordable, and connected to appropriate services is essential for older adults to age in their communities
- To get there, health centers need to implement screening that identifies housing instability that is affirmative and culturally responsive, and need to have relationships with appropriate housing resources and services

*<https://www.csh.org/resources/total-supportive-housing-need-by-state/>





Housing affects all aspects of one's health



Housing can serve as a platform for achieving a healthier quality of life

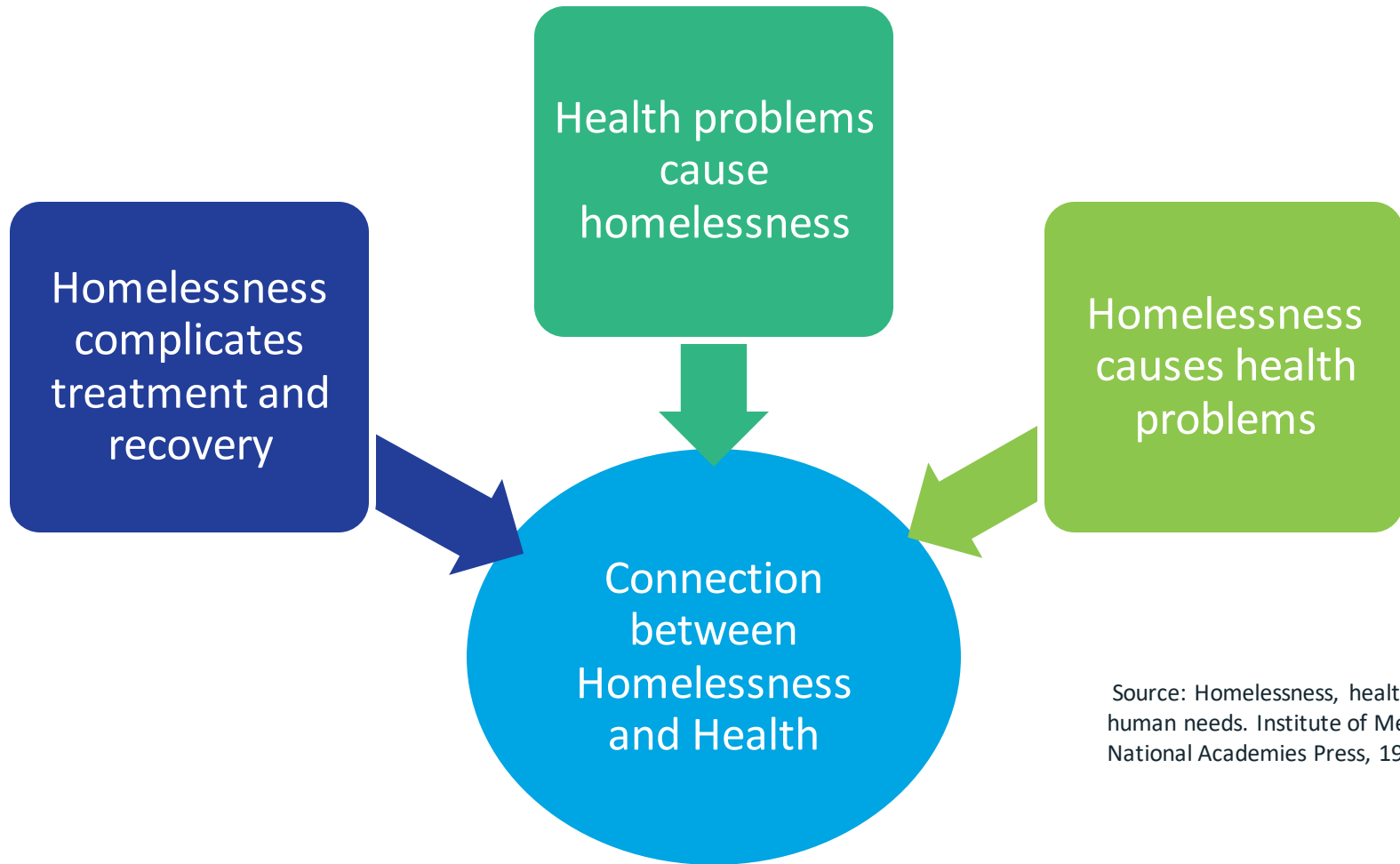


Housing is an important factor in clinical decisions

What Are People Asking For?

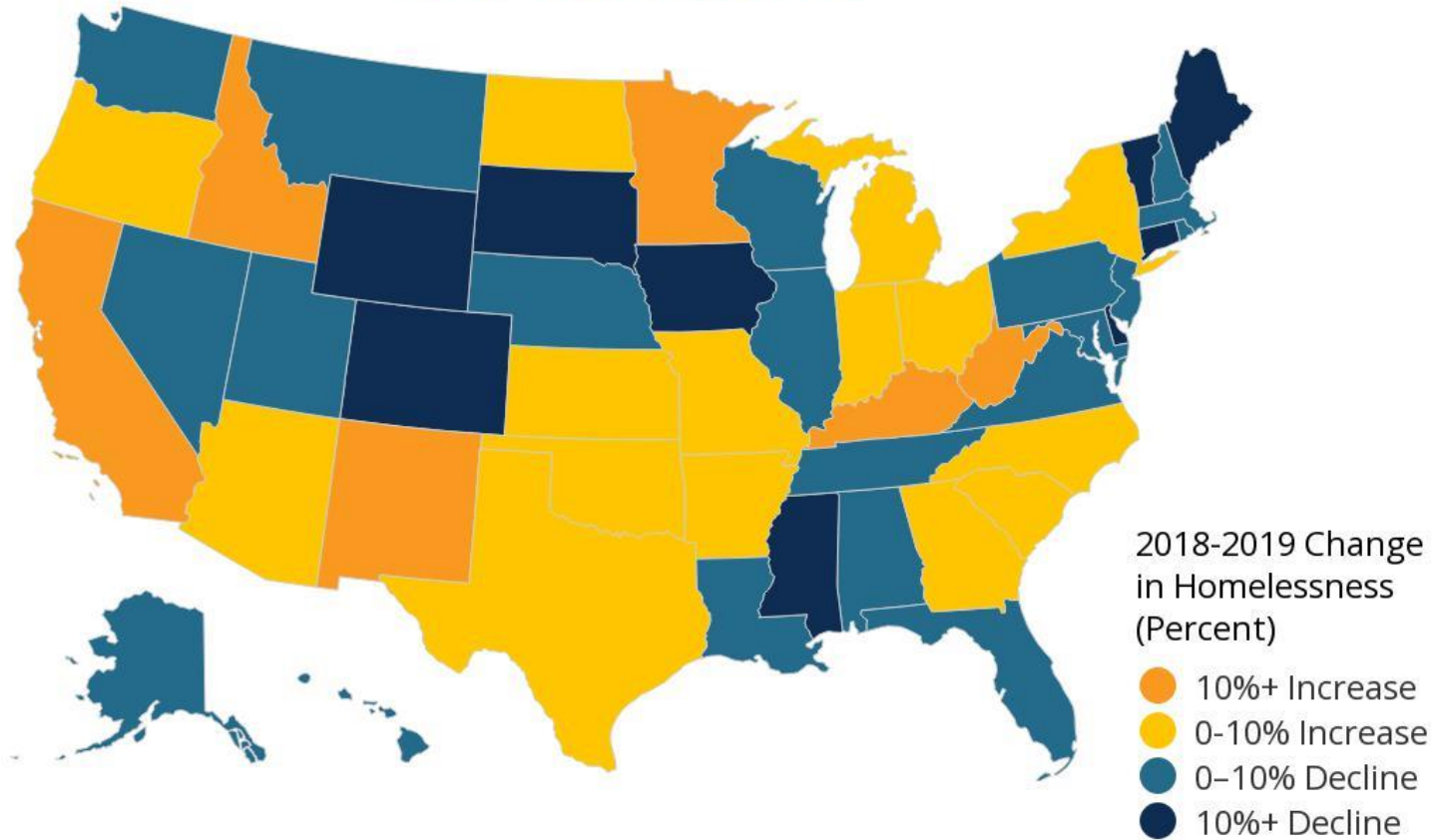
- A safe affordable place to live
- Community
- Services appropriate to their needs
- Choice and some control
- Enough money enough to live on
- A role in the community and in their families
- A chance to get ahead

Homelessness and Health



Source: Homelessness, health, and human needs. Institute of Medicine National Academies Press, 1988

Homelessness Increasing in Both High- and Low-Cost States - Total Homelessness



Source: JCHS tabulations of HUD, 2018-2019 AHAR Point-in-Time Estimates.

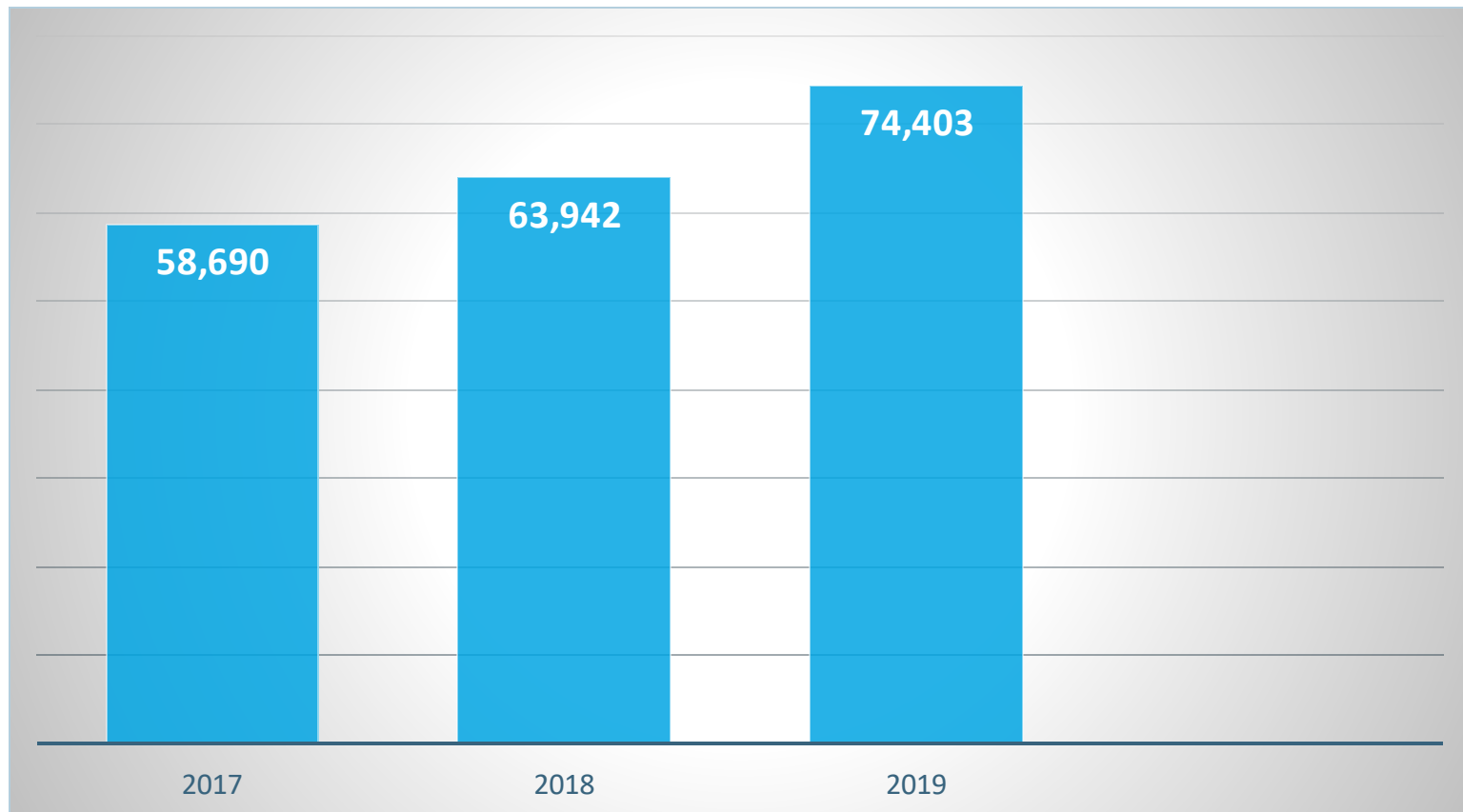


Older Adults and Homelessness

Older adults comprise a growing proportion of the homeless population, and indeed homelessness causes premature aging. The health care and homeless services systems are bracing for older adults' more complex needs.



Number of People Experiencing Homelessness Ages 64+ served at Health Centers 330(h)



Homelessness by the Numbers

- From 2014 Health Center Survey, 40% of patients served at all health centers have experienced homelessness
- In 2019, the Health Center Program served 1.4M patients.
 - 1.1M at HCH health center (health centers receiving 330(h) funding)
- Projected that 5-14 million people can be impacted by evictions that will increase the number of people experiencing homelessness.
 - Many other households are experiencing “informal” evictions as landlords pursue rent/late fees and families pre-emptively leave housing units to avoid having an eviction on their file, which complicates future rental opportunities.

Reasons Why Health Centers Might Not Be Screening for Housing as a SDOH

- Does Not Exist – Ostrich Syndrome
 - *“We are not currently serving anyone who is homeless.”*
- Not Enough Staffing
 - *“We don’t have anyone who can screen for housing.”*
- No Resources
 - *“We can’t do anything about it, we don’t have housing, so why bother?”*

Screening for Homelessness – Ask and Code



- Patient-centered care
- Correct patient care plan
- Collect data to document need
- Make appropriate referrals

Tools and Resources

1. <https://nhchc.org/wp-content/uploads/2019/08/ask-code-policy-brief-final.pdf>
2. <http://www.nachc.org/research-and-data/prapare/toolkit/>
3. <https://www.aafp.org/patient-care/social-determinants-of-health/everyone-project/eop-tools.html>

Today's Guest Speaker

- Natasha Goykhberg, LMHC
Director of Care Coordination
Callen-Lorde Community Health Center



LGBTQ+ Older Adults: Social Determinants of Health and Comprehensive Care

Natasha Goykhberg, LMHC
Director of Care Coordination
Callen-Lorde Community Health Center

CALLEN-
LORDE AT A
GLANCE

CALLEN-LORDE

ABOUT US



Callen-Lorde Community Health Center is the global leader in LGBTQ healthcare. Since the days of Stonewall, we have been transforming lives in LGBTQ communities through excellent comprehensive care, provided free of judgment and regardless of ability to pay. In addition, we are continuously pioneering research, advocacy and education to drive positive change around the world, because we believe healthcare is a human right.

CALLEN-LORDE

PROGRAMS & SERVICES

We offer a full spectrum of primary care and specialty services provided in an environment that affirms humanity and individuality, empowering our patients to realize their own health and wellness.

- Primary Care
- Adolescent Health
- Women's Health
- Transgender Care
- HIV/AIDS Care
- Behavioral Health
- Research
- Care Coordination
- Sexual Health
- Dental Care
- Insurance Navigation
- Advocacy & Policy
- Community Outreach & Education
- Mobile Crisis Text Line

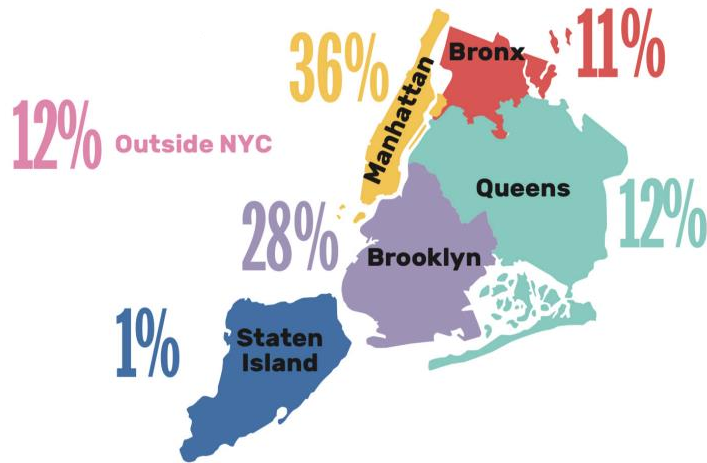
CARE COORDINATION PROGRAMMING

Care Coordination offers programming to support patients' access to social services, connection and adherence to treatment, as well as empowerment for patients to take ownership over their wellbeing and improve healthcare outcomes.

- Walk-in services
- Case management “warm line”
- Patient Navigation
- Health Outreach to Teens programming
- Rapid Tx
- Coordination with many external organizations

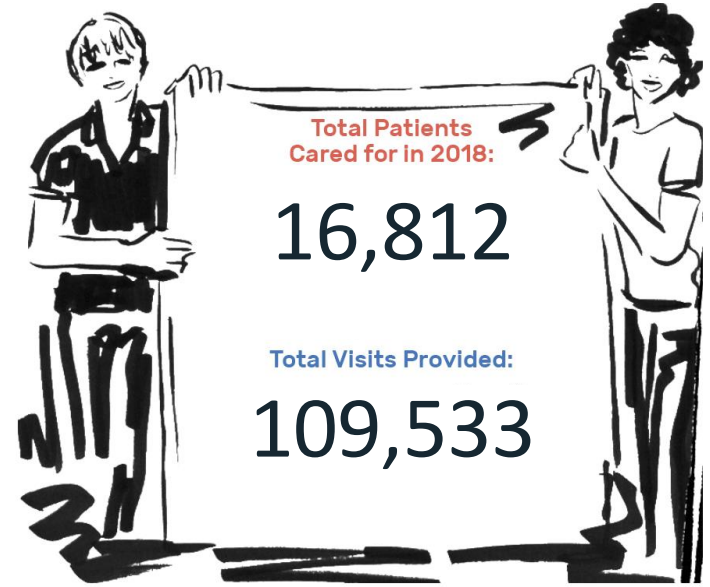
OUR PATIENTS

BY AREA



BY RACE & ETHNICITY

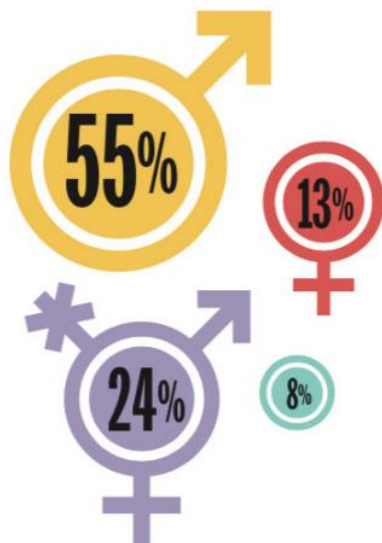
- White (Non-Latinx)
- Hispanic/Latinx
- Black/African-American
- Unreported
- Asian/Pacific Islander
- More than one race
- American Indian/Native Alaskan



OUR PATIENTS

BY GENDER

Men
Transgender/Non-Binary
Women
Gender Unreported



BY AGE

25-39
40-49
50-64
Under 25
65 and over



New this fall BABY BOOMER SOCIAL CLUB

Where you choose the activities!

Painting night



Tech workshop



Spa night

Healthy cooking



Resume-building

Creative expression

Knitting

Self-care



Crocheting

Bingo

Storytelling

Movie night



When: 6:00 - 8:30 pm

September 16, 2019

October 21, 2019

November 18, 2019

December 16, 2019

Where:

356 W 18th St, 6th floor

New York, NY 10011

There will be light snacks and
Metrocards for the first 10 participants.

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