



SAGE Maine Social Services Provider Report: Maine's Social Service Providers Caring for Older LGBT People

**Franklin Brooks, Ph.D, LCSW
Laura Gottfried, LCSW**

March 2017

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Caring for Older LGBT People**

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Acknowledgements

The authors would like to thank the following people and organizations for making this project possible:

- SAGE Maine, for believing in the importance of quality social service provision for lesbian, gay, bisexual and transgender elders
- SAGE Maine Health and Social Services Task Group whose guidance and wisdom helped produce the Community Needs Assessment, the Health Practitioner Survey, and the Social Services Survey. Laura Gottfried, Andrea Otis-Higgins, Nancy Kelley, Jessica Maurer, Roanne Seeley, Frank Brooks, Michael Laska, Shirley Weaver, co-chair and Marilyn Gugliucci, co-chair.
- University of New England College of Osteopathic Medicine, Department of Geriatric Medicine and their staff assistant, Ami Esquivel for her Survey Monkey expertise and valuable guidance compiling the survey results.
- University of New England Westbrook College of Health Professions, Associate Dean for Research, Allison Morrill, J.D., Ph.D., whose expertise with research finding presentations enriched and clarified the report.
- University of New England School of Social Work professors Kerry Dunn, Ph.D. and Thomas Chalmers McLaughlin, Ph.D. for their expert opinions and guidance with survey question formulation. Special thanks to Anna Holm, MSW, for her willingness to assist us on this project as part of her graduate social work independent study curriculum.
- AARP Maine for their ongoing support of SAGE Maine including financial resources to complete the three SAGE Maine reports.
- Lori Gramlich, MSW, Executive Director of the National Association of Social Workers, for her assistance in distributing the survey to social workers in Maine. Jessica Mauer, Executive Director of The Maine Association of Areas Agencies on Aging for advocating for distribution of the survey through the many affiliate organizations that serve elders.
- Douglas Kimmel, Executive Director of SAGE Maine for his assistance with the distribution of the survey to psychologists and his helpful editing of this report.
- Marvin Ellison, Ph.D., for his editing of this report.

Introduction

About SAGE

SAGE (Services and Advocacy for GLBT Elders) is the country's largest and oldest organization dedicated to improving the lives of lesbian, gay, bisexual, and transgender (LGBT) older adults. Founded in 1978, SAGE is a national organization with affiliates in 30 states. It offers supportive services and consumer resources for LGBT older adults and their caregivers, advocates for public policy changes that address the needs of older LGBT people, and provides training for aging providers and LGBT organizations, largely through its National Resource Center on LGBT Aging. SAGE has offices in New York City, Washington, DC, Miami, and Chicago. (www.sageusa.org)

The mission of SAGE is to address issues related to LGBT aging. In partnership with its affiliate chapters and allies, SAGE works to achieve a high quality of life for LGBT older adults by supporting and advocating for their rights, fostering a greater understanding of aging in all communities, and promoting positive images of LGBT life in later years (www.sageusa.org/about).

About SAGE Maine

SAGE Maine was formed in February 2013 and is part of the nationwide SAGEnet, SAGE's network of local affiliates around the country. Thanks to funding assistance from AARP Maine, a statewide LGBT community needs assessment was conducted, providing the foundation for the establishment of the SAGE Maine affiliate. The needs assessment results revealed that there were four initial goals for SAGE Maine to focus on: 1) create a network of healthcare providers and other professionals who are knowledgeable and affirming regarding LGBT aging issues, 2) train staff and management of long-term care services and facilities to provide a safe and comfortable environment, 3) provide broader education regarding Maine Civil Rights protections for LGBT individuals and provide assistance if harassment or assault is experienced, and 4) create opportunities for social support and activities to reduce isolation and loneliness as well as resources in times of emergency.

The Maine affiliate of SAGE is moving forward to ensure that older LGBT adults are treated with respect, dignity, and equality. It is committed to these guiding principles: 1) to ensure that all agencies and providers address the needs of older LGBT adults, 2) to draw attention to the specific barriers facing older transgender adults, 3) to promote community and provide opportunities for social networking and support, 4) to facilitate connection to a network of services, 5) to include all diverse populations and offer an environment free of bias that welcomes and affirms all people, and 6) to collaborate with partners to provide services, advocacy, education, and training.

You may access the SAGE Maine website at www.sagemaine.org

Summary of Major Findings

- Forty-seven percent of survey respondents who work with LGBT elders reported that they knew of LGBT clients who had experienced discrimination in mental health and other social service settings. Additionally, 35% of survey respondents believe that LGBT elders are hesitant to seek social services due to the fear that they would be discriminated against.
- Among survey respondents, there is a high level of knowledge concerning best practices for lesbian and gay people, but lesser knowledge levels concerning bisexual and transgender clients.
- Ninety-eight percent of survey participants report being comfortable working with lesbian, gay, bisexual, and transgender clients, yet only 56% report taking affirmative steps to welcome LGBT clients or accommodating LGBT information on intake and other practice forms. This discrepancy signifies a gap between respondents' reporting of a high degree of preparedness to work with LGBT elders and what they actually do to welcome and include LGBT elders into their practice settings.
- Almost 85% of survey respondents favorably regard training that addresses the needs of LGBT elder clients. Participants see value in attending professional conferences, taking online and web-based trainings, and having access to trainings about LGBT elder issues that are contextualized in terms of practice settings.
- Respondents who serve LGBT elders have an appreciation for the competency of HIV-related health providers in serving LGBT people over the age of 50. Most respondents indicated that they refer LGBT people who are over the age of 50 to HIV service organizations or HIV-specific clinics.
- Many respondents are familiar with HIV/AIDS services for older LGBT clients and also with women's health services. Fewer know of women's health services that are competent for lesbian and bisexual women's health care. Even fewer know competent palliative care or end of life providers for LGBT clients.

These data reveal gaps in training for social service providers regarding LGBT clients. Specifically, there is a need for training to improve assessments and service planning for LGBT elders. Such training should have clear policies and procedures for informing clients of confidentiality and provisions for meeting the needs of spouse or family members. Perhaps the most immediate and effective way in which providers can improve their services to LGBT elders is by creating LGBT-affirmative signs, increasing the availability of magazines and LGBT-relevant fact sheets, and sharing information about related practices and services in the community.

Purpose of the Social Service Providers Survey Project

This Social Services Provider survey is the third survey conducted by SAGE Maine. The first survey, conducted in 2012, was a community needs assessment, followed by a second survey, completed in 2014, which was a health practitioner survey. These survey results are available on the SAGE Maine website, www.sagemaine.org. The primary purpose of the SAGE Maine Social Services Provider Survey is to gain insight into the level of awareness and preparedness of social service providers regarding LGBT people with particular emphasis on LGBT older adults. A secondary purpose of the survey is to identify best practices as well as areas for improvement.

The survey was sent to a wide array of social service organizations, social work professional groups, social service providers serving aging communities, and mental and behavioral health specialists who may be serving older LGBT individuals.

The findings and recommendations from this survey and the earlier healthcare provider survey serve as foundations for SAGE Maine efforts to enrich the lives of and improve the social and medical health care of older LGBT adults in Maine.

Survey Methods

Survey Design

The social services provider survey was designed from and adapted based on the previous health care provider survey conducted by SAGE Maine in 2014. The survey was reviewed by University of New England (UNE) College of Medicine faculty members Marilyn Gugliucci, Ph.D., and Shirley Weaver, Ph.D. In addition, faculty members Thomas McLaughlin, Ph.D., and Kerry Dunn, Ph.D., from the UNE School of Social Work provided helpful comments regarding the design and content of this survey.

Survey Content

The survey consisted of 32 questions, several of which allowed for comments from participants. Some questions elicited demographic information (see Appendix A: Survey Questionnaire). The survey consisted of four major topic areas:

- Provider practice environment (Questions 1–11)
- Providers' self-assessment of LGBT elder practice competencies (Questions 12–19)
- Discrimination experienced by LGBT elders (Questions 20–22)
- LGBT elder services provider training needs (Questions 25–28)

In addition, there was a demographics section, Questions 23–24 and 29–32, and an opportunity for participants to offer comments about the needs of LGBT elders and the survey.

Survey Distribution

The survey was distributed to several major social service provider lists: The National Association of Social Workers, Maine Chapter; the Maine Psychological Association; and the Area Agencies on Aging Association.

Definitions

LGBT: Lesbian, Gay, Bisexual, Transgender

Transgender: A person whose gender identity (sense of one's self as male or female) is not aligned with the sex they were assigned at birth.

Practice Environment: where social services are provided

Survey Respondents

A total of 204 individuals participated in the survey. One third (N = 68) did not have any self-identified LGBT clients. Of the 149 respondents who worked with LGBT clients, 121 (81%) completed the questionnaire, although some did not respond to every item. Forty-four percent (N = 53) reported working with older LGBT clients.

Survey Results

TABLE 1: Professional Backgrounds of Survey Respondents

Most of the respondents who worked with LGBT persons had direct contact with clients. The majority were social workers; clinical professional counselors and psychologists made up another 30 percent of the sample. Nearly equal numbers had been in practice under 10 years, between 11 and 25 years, and over 25 years.

A plurality of respondents worked in private practice settings, but many worked in mental health or other clinic settings.

About one-third worked in rural areas, and 42 percent worked in both rural and urban settings.

Professional Backgrounds of Survey Respondents	%	(n)
Profession* ²³		
• Licensed social worker (LSW, LMSW, LMSW-CC, LCSW)	53	(64)
• Licensed clinical professional counselor (LCPC)	16	(19)
• Licensed alcohol and drug counselor (LADC)	4	(5)
• Psychologist	14	(17)
• Social services supervisor	4	(5)
• Case manager	5	(6)
• Manager	6	(7)
• Administrative	6	(7)
• Other	11	(14)
Years in profession* ²⁹		
• 0–10 years	29	(32)
• 11–25 years	39	(43)
• 26/+ years	32	(36)
Workplace* ²⁴		
• Private practice	43	(52)
• Mental Health	33	(40)
• Social services	10	(12)
• Case management	11	(13)
• Substance abuse	6	(7)
• Other	15	(19)
Primary service area* ³⁰		
• Urban	25	(28)
• Rural	32	(35)
• Both urban and rural	42	(48)

* Totals exceed 100% because respondents could choose more than one answer.

Note: Superscript next to the question indicates the questionnaire item; see Appendix.

TABLE 2: Provision of an LGBT-Friendly Practice Environment

The vast majority of respondents reported being comfortable providing services to LGBT clients and nearly all felt their practice setting provided a friendly environment. Primarily, this friendly environment was because of the respondent’s own behavior and by staff. Generally, LGBT-positive materials were not visible or were absent from the office setting.

Most often, information about the client’s sexual orientation or gender identity was collected by the intake interview, not through intake forms or direct questions.

Confidentiality was seldom explained in writing, but usually the client was informed that information about sexual orientation or gender identity would not be disclosed without permission.

Provision of an LGBT-Friendly Practice Environment	%	(n)**
Comfort providing services to LGBT clients... ³		
• Very comfortable	78	(94)
• Somewhat comfortable	20	(24)
LGBT friendly environment is provided in my practice setting, By... ^{4*}	94	(115)
• Own behavior	90	(104)
• Staff or coworkers	59	(64)
• Materials available in the office	28	(32)
Efforts are made in my practice to welcome LGBT clients. By... ^{5*}	84	(102)
• Nondiscrimination policies and language which are prominent and seen by all patients	56	(61)
• Written materials	35	(36)
• Bulletin boards	26	(26)
• Window decals	19	(20)
• Displaying LGBT partnerships	18	(19)
Collect information on sexual orientation and gender identity/gender expression. By... ^{7*}	76	(92)
• Intake Assessment/Evaluation	72	(66)
• Intake Forms	37	(33)
• Direct Question	38	(35)
Intake forms are inclusive of:		
• Lesbian, gay and bisexual clients ⁸	62	(70)
• Same-sex marriages/domesticpartnerships ⁹	74	(77)
• Transgender clients ¹⁰	52	(56)
Confidentiality is explained to LGBT clients... ^{11*}		
• Verbally	29	(35)
• In writing	16	(19)
• Verbally told that staff will not disclose sexual orientation or gender identity without permission	41	(50)
Make provisions to assure that needs of LGBT couples/families are met ¹⁹	52	(54)

* Totals exceed 100% because respondents could choose more than one answer.

**Denominators vary because some respondents skipped some questions.

Note: Superscript next to the question indicates the questionnaire item; see Appendix.

TABLE 3: Discrimination Against LGBT Elders Over 60

A number of providers reported awareness of discrimination against LGBT clients over age 60. Primarily this discrimination was experienced outside the provider setting, within the community.

Over one-third of the respondents reported that clients are afraid to seek services due to the fear of discrimination.

About one-third of respondents identified anti-LGBT attitudes within their organization.

Discrimination against LGBT Elders Over 60	%	(n)**
Number of respondents serving LGBT clients > age 60	44	(53)
Aware of instances when LGBT clients > age 60 were discriminated against because LGBT...		
• Within their communities ²⁰	47	(25)
• Within a social service or mental health setting ²¹	15	(8)
• Afraid to seek services at certain organizations due to anxiety/fear about potential LGBT discrimination ²²	35	(19)

Note: Superscript next to the question indicates the questionnaire item; see Appendix.

TABLE 4: Referral of LGBT Clients to Other Service Providers

Most respondents said they refer LGBT clients to LGBT sensitive service providers. Likewise, most know service providers who are competent and sensitive, usually because they have explicitly discussed these matters with them. Others have seen advertisements or refer to an LGBT-related organization.

Many respondents are familiar with HIV/AIDS services for older LGBT clients and also with women’s health services. Fewer know of women’s health services that are competent for lesbian and bisexual women’s health care. Even fewer know competent palliative care or end of life providers for LGBT clients.

Referral of LGBT Clients to Other Service Providers	%	(n)**
Refer LGBT clients to LGBT sensitive/competent service providers ¹⁴	80	(91)
Know providers are LGBT sensitive and competent. Because... ^{15d*}	80	(97)
• I have personally discussed with the service provider	60	(58)
• The provider advertises in the LGBT community and is known to be LGBT competent and sensitive	42	(41)
• Services are provided in coordination with a LGBT organization	24	(23)
• Aware of LGBT-sensitive and competent end-of-life and/or palliative care ¹⁶	8	(9)
Refer LGBT people > age 50 for HIV-related services to... ^{17*}		
• AIDS service organization	36	(19)
• HIV/AIDS specific clinic	43	(23)
• Other	21	(11)
Refer lesbian and bisexual women > age 50 for general healthcare and for breast and gynecological services... ^{18*}		
• Women’s health practice	43	(23)
• Healthcare practice known to serve women	32	(17)
• Healthcare practice known to be competent in L/B women’s needs	19	(10)
• Healthcare practice known to serve L/B women	15	(8)
• Other	23	(16)

* Totals exceed 100% because respondents could choose more than one answer.

**Denominators vary because some respondents skipped some questions

Note: Superscript next to the question indicates the questionnaire item; see Appendix.

TABLE 5: Knowledge, Experience and Training

Virtually all respondents reported they had acquired knowledge of LGBT service needs. Most received this from continuing education and from their patients, professional colleagues, or their own life experience. Nearly half had received this knowledge from a professional training program.

Almost all respondents considered themselves competent to serve lesbians and gay men; slightly fewer also felt competent to serve bisexual women and men. About two-thirds felt competent to serve transgender women and men, but fewer than half felt competent to serve transgender other, which include gender queer and gender non-conforming individuals.

Eight out of ten want professional training, most preferring to receive it from professional conferences. Web-based training was also attractive to a majority of respondents, and one in three wanted it in their workplace.

Knowledge, Experience and Training	%	(n)**
Have acquired knowledge of LGBT service needs. By... ²⁵	99	(120)
• From LGBT patients/clients	70	(84)
• Continuing Education	69	(83)
• Professional colleagues	65	(78)
• From my own life experience	51	(61)
• Professional training program	45	(54)
• Needs assessment	12	(14)
Practice provides training re LGBT healthcare ¹²	25	(30)
As a result of training and/or experience, feel competent to serve... ^{13*}	97	(117)
• Lesbian females	95	(111)
• Gay males	95	(111)
• Bisexual males	88	(103)
• Bisexual females	87	(102)
• Transgender-male to female	68	(79)
• Transgender-female to male	69	(81)
• Transgender other (gender queer, gender non-conforming)	46	(54)
<i>Training Regarding LGBT Elders</i>		
Interested in receiving training about serving LGBT elders ²⁷	81	(83)
Preferred training modalities... ²⁸		
• Professional conference	75	(62)
• Web-based training	52	(43)
• Presentation at workplace	31	(26)
• Other (continuing education courses, workshops, affordable, audio recording)	5	(6)

* Answers add up to more than 100% because of multiple responses.

**Denominators vary because some respondents skipped some questions.

Note: Superscript next to the question indicates the questionnaire item; see Appendix.

Discussion

Survey data indicate that elder LGBT people experience high levels of discrimination in both social service/healthcare settings and in their communities. This requires social service providers to be prepared to assess, evaluate, and assist LGBT elders who have been discriminated against.

These data indicate a need for training in best practices regarding inclusive language on intake and assessment forms and processes to prevent incomplete or inaccurate assessments and service planning. In addition, policies and procedures for informing clients of confidentiality and provisions for meeting the needs of spouse or family members are also necessary.

Respondents who serve LGBT elders reported high awareness of LGBT competency in HIV-related health services. Most respondents indicated that they refer over-age 50 LGBT people to HIV service organizations or HIV-specific clinics.

Only 19% of survey respondents refer to healthcare services known to be competent in providing services to lesbian and bisexual women. This reflects the historic and ongoing underserving of both lesbian and bisexual women's healthcare needs.

These survey data indicate several areas of concern with regard to the training needs of social service providers serving LGBT elder populations. Based on these findings, the following recommendations are made regarding training needs and advocacy on behalf of LGBT elders.

Study Limitations

This is the first Maine statewide survey of social service providers on the subject of LGBT issues. Therefore, this study may be described as a pilot study, and its results cannot be construed as definitive or conclusive. This survey identified many areas of concern for future research which are identified in our recommendations sections.

The data collected on bisexual and gay men's health services was limited to HIV related healthcare. Future studies need to expand the general healthcare needs of gay and bisexual men

Recommendations

Eighty-five percent of survey respondents identified their interest in and willingness to participate in training programs to increase their knowledge and skill with regard to LGBT elders. Survey results identified a range of preferred training modalities, including attending professional conferences, web-based trainings, and workplace training.

The following recommendations have been developed to address topics and areas of concern identified by survey respondents. These recommendations are also supported by the National Resource Center on LGBT Aging (www.lgbtagingcenter.org).

Recommended Training Topics

- 1) Information about the high levels of discrimination experienced by LGBT elders including racial and ethnic minority groups most at risk and the effects of the fear of such discrimination
- 2) Strategies for social service providers to assist LGBT elders who have experienced discrimination based on sexual orientation and gender identity
- 3) Best practice intake and assessment processes for LGBT elders, including basic definitions and understanding of various gender identities and sexual orientations and the unique needs of each of these populations.
- 4) Best practice models for identifying specific LGBT elder client needs, including healthcare and end-of-life services
- 5) Strategies to insure social services offices are LGBT elder friendly by modification of practice environments and intake processes to reflect LGBT inclusivity
- 6) Best practices that address underserved transgender clients, including the diversity of gender identities within this population
- 7) Best practice models that identify and address underserved bisexual clients with attention paid to the differences within this population
- 8) Strategies to assist providers in the identification and referral to other social service and healthcare providers who are known to competently and effectively serve LGBT elders
- 9) Information about resources available to LGBT elders, including end-of-life care, HIV-related healthcare services, and healthcare services for elder lesbian and bisexual women
- 10) Information about available language resources and provision of ESL and other language interpreters as needed

Advocacy Recommendations

Survey respondents were often unaware of LGBT elder competent providers in their communities. These findings indicate a need to address social service and healthcare provision gaps at the organizational and social policy levels.

The following recommendations are intended to promote advocacy and intervention on behalf of the LGBT elders.

Recommended Advocacy Topics

- 1) Advocacy for the inclusion of LGBT elder competent services using a strategy that should include presenting a comprehensive plan for improving LGBT elder service provision to statewide legislative, social service, and healthcare leaders.
- 2) Advocacy through various news media outlets to bring equity to services for LGBT elders. This includes the use of online media, legislative advocacy, and use of other public resources such as letters to the editor and op-ed opportunities.
- 3) Advocacy for the inclusion of LGBT elder issues into academic curricula and educational programming in Maine higher education.

In closing, social service providers can help improve the lives of LGBT elders by implementing and supporting these recommendations. There is an ethical and moral imperative for human service professionals to engage in efforts to better address the needs of this underserved population.

Resources

- SAGE Maine, Resource Listing: <http://sagemaine.org/resources-for-information.html>
- National Resource Center on LGBT Aging: <http://www.lgbtagingcenter.org>
 - » Inclusive Services for LGBT Older Adults: A Practical Guide to Creating Welcoming Agencies: <http://www.lgbtagingcenter.org/resources/resource.cfm?r=487>
 - » A Practical Guide to Collecting Data on Sexual Orientation and Gender Identity: <http://www.lgbtagingcenter.org/resources/resource.cfm?r=601>
- American Psychological Association, Resources for LGBT Aging: <http://www.apa.org/pi/lgbt/resources/aging.aspx>
- Fenway Community Health Center, LGBT Aging Project: <http://fenwayhealth.org/the-fenway-institute/lgbt-aging-project/>

About the Authors

Laura Gottfried, MSW, LCSW is a SAGE Maine board member and a psychotherapist in private practice, specializing in trauma recovery, aging, and lesbian, gay, bisexual and transgender issues. In addition, Laura has over 30 years of clinical and nonprofit management experience. She has served as Vice President of Program Services at Community Counseling Center, the Senior Director of Programs for GLSEN (Gay, Lesbian, Straight Education Network) at their national office in New York City, and most recently, as Chief Program Officer and Director of Behavioral Health at Greater Portland Health.

Franklin Brooks, Ph.D., LCSW is a SAGE Maine board member. He is an assistant clinical professor at the University of New England School of Social Work. He has conducted trainings and taught social work practice courses on a variety of human sexuality topics, with a focus on lesbian, gay, bisexual and transgender issues. He has also served as the Chair of the LGBTQ Advocacy Committee of the Maine Chapter National Association of Social Workers and on the Board of Directors for Community Counseling Center (now Maine Behavioral Health), The Kids First Center, and is a member of the Family Law Advisory Commission. He is also a member of the editorial collective of the Journal of Progressive Human Services.

Appendix A: SAGE Maine Survey Questionnaire

Services and Advocacy for Gay, Lesbian, Bisexual, and Transgender Elders of Maine (SAGE Maine) has a mission of improving quality of life for older GLBT adults living in Maine through advocacy, education, and social support. SAGE Maine is conducting this brief anonymous survey to gain an understanding of the mental health, substance abuse, and social service environments serving lesbian, gay, bisexual, and transgender (LGBT) elders in Maine. We are seeking the opinions of social workers, substance abuse and licensed clinical counselors, direct service providers, psychologists, case managers, supervisors, social service managers and administrative staff.

Your participation is anonymous. No personal or identifying information is gathered. We would like you to answer every question but it fine for you skip any questions you may not feel comfortable answering.

Aggregate responses will be presented in a summary report and used to guide our advocacy, education and training efforts. It is our hope that the report will be helpful to social services, mental health, and case management practices and organizations, as well as the State of Maine Office of Aging & Disability Services.

The results of this survey, coupled with that of a medical service providers survey conducted in March 2014, will serve as a foundation for SAGE Maine's efforts. This is an important time to recognize the good work of the human service community and to identify the areas we want to improve.

Thank You!

Definitions:

1. LGBT – Lesbian, Gay, Bisexual, and Transgender
2. Transgender – A person whose gender identity (sense of one's self as male or female) is not aligned with the gender they were assigned at birth.
3. Practice Environment – office or environment where mental health/social services are provided, including atmosphere, and staff attitudes, behavior and language.

By clicking "NEXT" you are indicating that you understand and agree to the terms of this anonymous survey.

1. Do you have any self-identified LGBT clients?

- a. yes
- b. no

2. Are any of your LGBT clients 60 years of age or older?

- a. yes
- b. no

3. How comfortable are you with providing services to LGBT clients?

- a. Very comfortable
- b. Somewhat comfortable
- c. Somewhat uncomfortable
- d. Very uncomfortable

e. I don't know, I have no LGBT clients.

4. I believe an LGBT friendly environment is provided in my practice environment. Check all that apply:

- a. In my office/practice site
- b. By me/organization staff
- c. By my staff/co-workers
- d. A LGBT friendly environment is not provided

5. What efforts are made in your practice environment to welcome LGBT clients? Check all that apply:

- a. Reading materials
- b. Marketing Materials/ Website
- c. Bulletin boards
- d. Display partnerships with the LGBT community
- e. Nondiscrimination policies & language which are prominent and seen by all patients
- f. Window decal designating your office as a safe place for GLBT clients (Rainbow sticker, etc.)
- g. No effort is made to welcome LGBT clients.
- h. Other: *Please indicate in box below.*

6. To what extent do you think there are anti-LGBT attitudes within your practice/organization?

- a. None
- b. Some
- c. Pervasive anti-LGBT attitudes in my practice/organization
- d. Don't know

**7. How do you collect information concerning sexual orientation and gender identity/gender expression?
Check all that apply:Practice**

- a. Intake forms
- b. Intake assessment/evaluation
- c. Direct question in sexual history
- d. Do not collect that information

8. In your practice environment, are intake forms inclusive of lesbian, gay, and bisexual clients?

- a. Yes
- b. No

Please give examples of terminology used on intake forms:

—RESPONSE BOX—

9. In your practice environment, are intake forms inclusive of same-sex marriages/domestic partnerships?

- a. Yes
- b. No

10. In your practice environment, are intake forms inclusive of transgender clients?

- a. Yes
- b. No

Please give examples of terminology used on intake forms:

—RESPONSE BOX—

11. In your practice environment how is confidentiality explained to LGBT clients?

- a. Client is informed how information about gender identity or sexual orientation may be used by the practice/organization.
- b. The practice/organization staff will not disclose a client's sexual orientation or gender identity to the client's family or others without the client's permission.
- c. Other efforts to explain confidentiality: Please write in box
—TEXT BOX—

12. Is training provided by your practice/service environment regarding LGBT healthcare?

- a. Yes
- b. No
- c. If yes, please describe training:
—TEXT BOX—

13. As a result of training and/or experience, whom do you feel competent to serve?

Check all that apply:

- a. Lesbian females
- b. Gay males
- c. Bisexual males
- d. Bisexual females
- e. Transgender – Male to Female
- f. Transgender – Female to Male
- g. Transgender - Other

14. Do you refer LGBT clients to LGBT sensitive/competent service providers?

- a. Yes
- b. No

15. For LGBT clients you refer to other medical and social services, how do you know they are LGBT sensitive and competent?

- a. I have personally discussed LGBT competent and sensitive services with the service provider
- b. The provider advertises in the LBGT community and is known to be LGBT competent and sensitive.
- c. Services are provided in coordination with a LGBT organization
- d. I don't know if they are LGBT sensitive and competent

16. Are you aware of LGBT sensitive and competent end of life and/or palliative care where you can refer LGBT clients?

- a. Yes
- b. No

If yes, to whom do you refer?

- 17. Where do you refer LGBT people 50 years and older for HIV related services?**
- AIDS Service Organization
 - HIV/AIDS specific clinic
 - Other. Please describe:
- 18. Where do you refer lesbian and bisexual women over 50 for general healthcare and for breast and gynecological services?**
- Healthcare practice known to competent in lesbian and bisexual women's needs.
 - Healthcare practice known to serve lesbian and bisexual women.
 - Women's Health practice
 - Other. Please describe:
- 19. Do you make provisions to assure that the needs of LGBT couples/families are honored?**
- Yes, I review these needs with LGBT clients.
 - Yes, I review these needs only when requested.
 - No provision.
- 20. Are you aware of any instances in which your LGBT elderly clients (over 60) were discriminated against within their communities because they were LGBT?**
- Yes
 - No
 - Don't know
 - Not applicable
- 21. Are you aware of any instances in which your LGBT elderly clients were discriminated against within a social service or mental health setting because they were LGBT?**
- Yes
 - No
 - Don't know
 - Not applicable
- 22. Are you aware of any instances in which your LGBT elderly clients were afraid to seek services at certain organizations due to anxiety/fears about potentially being discriminated against because they are LGBT?**
- Yes
 - No
 - Don't know
 - Not applicable
- 23. Profession:**
- Social Worker
 - Counselor
 - Psychologist
 - Case Manager
 - Supervisor
 - Manager
 - Administrative

24. Organization type (if applicable):

- a. Private Practice
- b. Mental Health
- c. Social Services
- d. Case Management
- e. Concrete Services i.e. transportation; housing; nutrition

25. How have you acquired knowledge of LGBT service needs? Check all that apply:

- a. Professional training program
- b. Continuing education
- c. Professional colleagues
- d. From LGBT patients
- e. From my own life experience
- f. I have no knowledge regarding LGBT service needs

26. Please list any Certification and/or Advanced training you have received in geriatrics:

27. Are you interested in receiving training about serving LGBT elders?

1. Yes
2. No

28. What training modalities would you prefer?

1. Presentation at workplace
2. Web-based training
3. State Conference
4. Through Professional Association

29. Years in profession/practice:

- a. 0-5
- b. 6-10
- c. 11-15
- d. 16-20
- e. 21 plus

30. Primary service area is:

1. Urban
2. Rural
3. Both urban and rural

31. Zip code(s) of primary service area(s):

32. Please share additional comments you have about this survey, training needed, and/or other information about providing services to older LGBT individuals, couples, or families.