

SESSION 3430 (PAPER)

LGBTQ AND AGING

CULTURALLY COMPETENT CARE FOR OLDER SEXUAL MINORITY ADULTS: A SYSTEMATIC REVIEW FOR HEALTHCARE DELIVERY

Debra Saliba,¹ Sarah MacCarthy,¹ Biayna Darabidian,¹ and Marc N. Elliott¹, 1. *RAND Corporation, Santa Monica, California, United States*

Recent attention to culturally competent care has largely overlooked the needs of older LGB adults. To address this, we conducted a systematic literature review and make recommendations for how the healthcare workforce can reduce sexual-orientation-based disparities. We searched PubMed, PsycINFO & CINAHL for manuscripts 1/1/10-6/19/18 (n=799), deduplicating, dually-screening abstracts (n=80), reviewing full-text articles (n=44), and classifying relevant articles (n=27) into five domains of cultural competency and associated recommendations: 1) Physical environment: display pictures with older same-sex couples and LGB-identified symbols; 2) Education/staffing: expand to include older-specific LGB issues, especially for key conditions (e.g., cancer, dementia,) and hire LGB-identified administrative/clinical staff; 3) Inclusive language and communication: review terminology on forms, electronic health records, and used with patients to ensure a broad range of terms (e.g., partner/spouse) and note older LGB may have more limited understanding/comfort with terminologies (e.g., self-identify as ‘something else’ instead of ‘gay/lesbian’ or ‘bisexual’); 4) Patient histories: discuss how factors particular to their sexual orientation (e.g., level of outness) may affect their support networks; 5) Subgroup differences: consider specific health concerns by sexual minority subgroups (e.g., healthy weight for lesbian women, HIV for gay men, and negative health outcomes for bisexual adults related to their simultaneous isolation from sexual minority and heterosexual communities) and note additional challenges based on characteristics such as race/ethnicity and urbanicity. Cutting across these domains are the ways in which local and national policies affect healthcare access and surrogacy (e.g., legality of same-sex partners to obtain health insurance, participation in medical decision making/visitation).

IMPROVING HEALTH CARE OF LGBT OLDER ADULTS: INTERDISCIPLINARY PROJECT ENHANCES HEALTH OUTCOMES

Noell L. Rowan,¹ Stephanie D. Smith,¹ Tamatha Arms,¹ and Kris L. Hohn¹, 1. *University of North Carolina Wilmington, Wilmington, North Carolina, United States*

To date, there is a dearth of interdisciplinary simulation education and research that involves LGBT older adults within schools of social work and nursing. The purpose of this mixed method study was to examine the use of an intervention among social work and nursing students to determine if lecture and simulations impacted their health-related knowledge and cultural sensitivity/awareness of health provisions with LGBT older adults. Interprofessional faculty created lecture and interdisciplinary simulations with actual members of the older LGBT communities using simulation

clinic/lab and health care scenarios. An adapted survey with permission from Grubb et al (2013) was used to include quantitative and qualitative measures of cultural awareness with LGBT populations. Pre-Post test data were analyzed using Generalized Linear Models in SAS software. Results indicated that the intervention positively changed perceptions and increased knowledge among (N=90; 32 social work; 58 nursing) allied health students. Statistically significant change experiences in their work with LGBT individuals were noted to positively alter their beliefs about sexuality, gender identity, and sexual development (Agree to Strongly Agree, $X^2(1)=26.51$, $p<0.001$). Qualitative findings include four primary themes about how gender identity and sexual orientation influences health: (a) bias of health care providers, (b) access to quality care, (c) specific health care needs, and (d) health risks of LGBT older adults. As older adults continue to be the largest population needing health care, it is imperative that professionals are trained to give culturally sensitive health care and demonstrate this competency in their practice and interpersonal interactions with clients.

LGBT OLDER ADULTS IN RURAL SOUTHERN APPALACHIA: PERCEPTIONS OF CURRENT AND FUTURE FORMAL SERVICE NEEDS

Kelly A. Williams,¹ and Emily Dakin¹, 1. *Appalachian State University, Boone, North Carolina, United States*

Older sexual and gender minority adults in rural communities face challenges in accessing formal health, mental health, and long-term care services (Butler, 2017; Koch & Knutson, 2016; Stein et al., 2010). Formal service providers in rural Southern Appalachia are more likely to have conservative values that are closely linked to their religious beliefs (Keefe, 2005). Some may be opposed to gender non-conformity and same-sex relationships or marriage, making it wise for LGBT older adults in rural contexts to carefully select formal service providers and settings (Willging et al., 2006). Barriers to accessing formal services for LGBT older adults residing in rural contexts include few LGBT-inclusive service providers and facilities, transportation, cost, and health insurance (Butler, 2017). When faced with the prospect of long-term care, older LGBT adults are more likely to conceal their sexual or gender identity due to fears of being mistreated (Brotman et al., 2003). This session will present results of a qualitative study examining experiences, concerns, and recommendations regarding formal services among 11 LGBT older adults residing in rural southern Appalachia. Several of the participants described experiencing discrimination from local service providers. A number of participants were fearful about the perceived lack of LGBT-inclusive services in the area and expressed that they would consider leaving the area if their own or their partner's health declined. Many participants expressed the need for local provider education about the needs of LGBT older adults. The presenters will discuss the implications for research and for health, social, and long-term care services.

SOCIAL ISOLATION AMONG LGBT OLDER ADULTS: LESSONS LEARNED FROM A PILOT FRIENDLY-CALLER PROGRAM

Angie Perone,¹ Berit Ingersoll-Dayton,¹ and Keisha Watkins-Dukhie², 1. *University of Michigan, Ann*