Meeting the Behavioral Health Needs of LGBT Older Adults

Hilary Goldhammer, SM, Lisa Krinsky, MSW,† and Alex S. Keuroghlian, MD, MPH*‡§*

Lesbian, gay, bisexual, and transgender (LGBT) older adults face an increased risk of adverse behavioral health outcomes compared with the general population of older adults, yet little attention has been given to factors contributing to these disparities or to the ways in which clinicians can address these challenges. We present the case of a 75-year-old widowed lesbian woman with depression to illustrate how a lifetime of exposure to discrimination and stigma can produce high levels of stress and isolation while also fostering resilience. We then offer recommendations and resources for promoting psychological health among LGBT older adults by attending to the historical and cultural forces that affect LGBT health, and by implementing inclusive policies and programming. The article concludes with suggestions for advancing research and policy to help achieve greater health equity for LGBT older adults. **J Am Geriatr Soc 67:1565–1570, 2019.**

Key words: LGBT; older adults; aging; behavioral health; sexual and gender minorities

Lesbian, gay, bisexual, and transgender (LGBT) older adults have a disproportionate prevalence of adverse physical and behavioral health outcomes compared with their non-LGBT peers.[1-5] In 2015, the American Geriatrics Society Ethics Committee released a position statement with evidence-based recommendations for improving the quality of care for LGBT older people through research, training, and changes in policies and practice.[6] Since then, additional research has emerged, as have tailored training opportunities and advances in LGBT rights. And yet, gaps persist in the realm of understanding and addressing the behavioral health needs of LGBT older adults.[1] We present the case of a 75-year-old lesbian woman who finds herself in need of culturally appropriate behavioral health care. Through this case we illustrate how anti-LGBT societal discrimination and stigma can lead to health disparities for LGBT older adults, and we demonstrate strategies for improving behavioral health through implementation of affirming and inclusive best practices. In the final section, we discuss the need for more in-depth and translational research, and offer resources for patients and clinicians.

CASE, PART 1

Elise is a retired 75-year-old woman who was once an avid tennis player and a successful small business manager. Three years ago, Elise's wife developed uterine cancer. The stress of caring for her wife while trying to keep up with her career left Elise feeling fatigued and hopeless. In addition, her blood pressure increased, and she started to take antihypertensive medication. When Elise's wife died, Elise could not grieve openly at work because she had kept her wife and her sexual orientation a secret, fearing that some colleagues might harass her verbally if they knew. About a year later, Elise retired. However, instead of experiencing relief, Elise found retirement isolating. She did not have children, and she had lost contact with her siblings and parents a long time ago when her family refused to accept her sexual orientation. Although she had close friends, Elise mostly declined their help and social invitations because their presence reminded her of her wife. Elise also did not visit the local LGBT community center because it primarily served younger people. As time went on, Elise stopped playing tennis, started smoking again, and stopped taking her blood pressure medication regularly.

One morning, Elise suffered a stroke. After rehabilitation, she moved home but needed assistance with daily tasks. Not able to afford a private home care service, she accessed a publicly subsidized elder service agency that sent a homemaker named Joyce. The two women got along well until Joyce came across Elise's wedding album and realized that Elise was a lesbian. Joyce became cold and distant. A few days later, she left a pamphlet for Elise about a local "conversion therapy" program for gay people. Elise called the service agency to request a different homemaker, but no one else was available. Elise thought of asking friends for help but felt guilty for not returning their calls

From the *National LGBT Health Education Center at The Fenway Institute, Fenway Health, Boston, Massachusetts; †LGBT Aging Project at The Fenway Institute, Fenway Health, Boston, Massachusetts; ‡Department of Psychiatry, Massachusetts General Hospital, Boston, Massachusetts; and the §Harvard Medical School, Boston, Massachusetts.

Address correspondence to Alex S. Keuroghlian, MD, MPH, The Fenway Institute, Fenway Health, 1340 Boylston Street, Boston, MA 02215. E-mail: akeuroghlian@partners.org

DOI: 10.1111/jgs.15974

© 2019 The American Geriatrics Society
0002-8614/19/$15.00

lately; besides, they had their own health issues. Already depressed, Elise's mood worsened further, and she started to think about suicide. She knew she should seek therapy, but she worried about finding a clinician who would be affirming of her sexual orientation and supportive of her grief.

Health Disparities and Risk in Context

Elise's story, a composite of several LGBT older adults, illustrates how cumulative stressful circumstances of living as a stigmatized sexual or gender minority person can contribute to negative health behaviors and outcomes, such as smoking, hypertension, disability, depression, and suicidal ideation. The theory of *minority stress* posits that chronic and traumatic exposures to anti-LGBT prejudice and discrimination, ranging from subtle disapproval to violent victimization, can cause high stress levels and maladaptive coping that ultimately lead to psychological, behavioral, and physical health morbidity.[7] Many LGBT older adults have a particular vulnerability to minority stress, having grown up before the LGBT rights movement began. During that time, same-gender romantic relationships were deeply stigmatized and even criminalized.[8] The medical community considered sexual minority identities to be psychiatric disorders until 1973; transgender and other gender-diverse identities were labeled disorders until 2013.[9]

Elise experienced multiple forms of stigma and discrimination in her life that had direct and indirect effects. For example, she resumed smoking cigarettes as a way to cope with her stress and loneliness. As many as 50% of LGBT older adults may be former smokers.[2] Elise's rejection by her family led to long-term estrangement and a lack of support when Elise most needed it. Because Elise's employer did not protect LGBT people from discrimination and harassment, Elise hid her sexual orientation from colleagues. Unfortunately, although concealment may have protected Elise from workplace discrimination, it also constrained her access to family medical leave when her wife became ill. In addition, the vigilance needed to hide her sexual orientation became emotionally taxing and prevented her from forming close relationships with her colleagues who might have otherwise been supportive during her grieving process. Research evidence has shown that structural discrimination, including policies and laws that do not protect LGBT rights, is associated with lower life satisfaction and psychiatric disorders among LGBT people living in those jurisdictions.[10,11]

Even with recent advances in LGBT rights and acceptance in some areas of the world, many older adults still do not experience safety living openly as LGBT.[8,9] Elise's experience with discrimination in her own home by a person who represented a necessary service for older adults illustrates this reality. In a 2017 national survey of 1762 LGBT Americans aged 45 and older (32% were >64 y), 60% reported worrying about harassment in long-term care, and 40% reported concern that their sexual orientation would negatively affect the quality of care they receive.[12] In the same survey, 42% of black/African American respondents (as compared with 3% of white and 26% of Latino respondents) worried that their race/ethnicity would also affect the quality of their health care.[12] LGBT people who belong to a racial or ethnic minority group often must cope with additional discriminatory life experiences that compound health disparities.[13]

Biases related to aging within the LGBT community can intensify stigma and increase isolation. For example, some older men experience social invisibility in gay communities that place high value on youthful physical attractiveness.[9] In addition, some believe the recent LGBT movement toward assimilation within mainstream society has led to a silencing of the "loud and proud" movement of earlier decades.[14] In Elise's case, her local community space for LGBT people had resources for youth but none for older adults. The overall effect is to increase the isolation of people already marginalized from families and spiritual communities, two resources frequently assumed to support older adults. Gay and bisexual older men are especially more likely to live alone than straight people, and they are less likely to have children and grandchildren.[2,8] Although Elise had married, the late introduction (or absence in many countries) of marriage equality within the life span of LGBT older adults may be associated with a lower likelihood of having a live-in partner.[8] People who come out as LGBT at an older age may not be aligned developmentally with their age-matched peers, further contributing to social isolation and depression. Notably, bisexual and transgender older adults report even more feelings of loneliness and worse mental health status than cisgender gay or lesbian older adults.[1,2,5,15]

Additional marginalization and stress can occur when a person loses a loved one and experiences what is often referred to as "disenfranchised grief."[16] Like Elise, some LGBT adults grieve primarily in private because others are unaware of their bereavement (if the relationship is closeted, so is the grief); others find that people minimize their sense of loss. Elise's disenfranchised grief likely contributed to her low mood that eventually became clinical depression and suicidal ideation. The prevalence of current depression among LGBT older adults ranges from 5% to 31%,[1] two to three times higher than the estimated prevalence of depression among older adults in general.[17] LGBT older adults are also likely to have at least equal, if not greater, risk for suicidal ideation and attempts compared with their non-LGBT peers.[18] In a large sample of LGBT older adults, 39% reported seriously considering suicide during their lifetime.[2] Older LGBT people who are living with human immunodeficiency virus (HIV) may have an even higher prevalence of depression, as well as increased cognitive decline and chronic pain compared with people not living with HIV.[19]

Although at increased risk of isolation, many LGBT older adults have "chosen families" consisting primarily of people who are not biologically related, such as partners, friends, families of partners or friends, former partners, and sometimes blood relatives. Chosen families have deep emotional bonds that provide social support and promote resilience.[2] Before her wife's death, for example, Elise had close relationships with friends. Without a legally recognized relationship, however, friends typically cannot access family medical leave policies to help care for an ailing loved one. Additionally, medical decision making and power of attorney default to blood relatives unless the patient has completed advance care planning.[8] If Elise were to lose her capacity for medical decision making, these crucial decisions could be left to an estranged sibling. Furthermore, because members of chosen families tend to be of similar age to one another, their own age-related health conditions may limit their caregiving capacity compared with younger children and grandchildren.[20]

Resilience

It is critical to point out that the great majority of LGBT people of any age show remarkable perseverance in the face of adversity. LGBT older adults have described how surviving in a discriminatory environment has bolstered their resilience, especially if they participated in activism for social justice.[20] In one large survey of LGBT older adults, more than 80% reported engaging in physical and wellness activities.[2] Moreover, some studies suggest that behavioral health improves as LGBT people age. For example, studies of LGBT veterans found that older veterans reported less alcohol use, minority stress, and current depression than younger LGBT veterans, although they did report more social isolation.[21,22] Other research found that social and emotional support, stronger social networks and community connectedness, lower internalized stigma, and positive self-perception of sexual orientation and gender identity were associated with successful aging and better psychological health among LGBT older adults.[5,23] In one study, identity affirmation and social resources contributed positively to mental health, which in turn predicted physical health via positive health behaviors.[24]

CASE, PART 2

Elise eventually called her friend Cynthia to request a recommendation for a therapist. Cynthia suggested a new primary care practice with an integrated behavioral health department and LGBT-affirming culture. Elise followed through on Cynthia's recommendation, and her experience exceeded her expectations. She immediately felt welcomed when she saw that the practice's website had an image of a same-gender couple and a blog post about Pride month. Elise also appreciated that the online confidential registration portal asked about her sexual orientation and gender identity, signaling to her that the clinicians were prepared to talk to her about issues relevant to lesbian women. Elise also felt hopeful that the staff would not automatically ask her about a "husband," as was often the case in new healthcare settings. Elise met with the primary care physician (PCP), who took a history that included questions about current sources of stress as well as functional, social, and emotional support. The PCP listened attentively and affirmatively as Elise spoke of deeply grieving the loss of her wife. When Elise mentioned the homemaker situation, the PCP immediately asked a case manager to help Elise find a new service provider. Finally, after screening Elise for depression and suicidal ideation, the PCP had the on-site counselor conduct a behavioral health intake with Elise on the same day, who referred her to an individual therapist and an LGBT bereavement support group.

Key Issues to Consider for Clinical Practice

Geriatricians, primary care clinicians, and other health professionals who care for older adults have an opportunity to offer services and programs that foster the health of LGBT people like Elise. As this case illustrates, clinicians can intentionally create environments that communicate safety and inclusion of diverse sexual and gender minorities by making small but important modifications to policies and the physical environment. For example, offices can add images of gender-diverse people to websites and health educational materials; they can include sexual orientation, gender identity, and gender expression in nondiscrimination policies and procedures; and they can recognize important LGBT events such as Pride month, National Coming Out Day, and Transgender Day of Remembrance. Practices can also collect data on patient sexual orientation and gender identity at registration along with other demographic information. Contrary to common assumptions, the great majority of older adults will answer sexual orientation and gender identity questions.[25] Nonetheless, because some LGBT older adults may have concerns about being "outed" to family members or being discriminated against by healthcare staff, it is best practice to offer patients an option not to disclose, and to inform patients of how the information will be used and be kept confidential. Additionally, it is recommended that these questions flow into an area of the electronic health record where clinicians can easily access the information to provide appropriately tailored, patient-centered care. Importantly, clinicians and support staff need training to know how to provide such care for older LGBT patients. Although only a handful of clinical training programs offer LGBT health training, a number of free and low-cost continuing education programs and guidelines are available (Table 1). Many of these resources also offer foundational training for all patient-facing staff on cultural sensitivity and communication with LGBT patients.

Elise was fortunate to have found a primary care practice that integrates behavioral health assessment, evaluation, and treatment. This model of care enabled her to receive a same-day in-house referral to address her depression and suicidal ideation. Although most practices do not follow this exact scenario, it is still recommended that clinicians serving LGBT older adults develop referral relationships with local agencies and providers who offer LGBT-affirming behavioral healthcare. Elise's physician demonstrated key recommended clinical practices by asking Elise about sources of stress and emotional support, validating Elise's grief over her wife, and acknowledging the role of minority stress in exacerbating Elise's depression. Other ways that primary care and behavioral health clinicians can support their patients are to learn about the ways that historical, racial, ethnic, and other cultural forces affect the attitudes and well-being of LGBT older adults; recognize that the process of "coming out" at any age, including later in life, is a vulnerable experience for many and can lead to depression and anxiety; discover how the laws and policies regarding medical decision making, power of attorney, medical leave, and visitation may not be equitable for LGBT older adults; emphasize factors that promote resilience, such as connections to communities and self-acceptance of LGBT identity; recognize and validate families of choice, regardless of legal or biological relationships; value the loss of a partner, friend, or pet; and provide support and referrals as needed (Figure 1).

Future Directions for Research and Policy

Given the high prevalence of behavioral health problems among LGBT people, along with the aging of the general population, more research specific to LGBT older adults is clearly needed. The Aging with Pride: National Health, Aging, Sexuality and Gender Study, an ongoing national longitudinal study of the health and well-being of 2450 LGBT adults ages 50 and older (1358 are ≥65 y), has taken on this challenge. Funded by the US National Institutes of Health and the National Institute on Aging, the initiative aims to examine factors that contribute to and prevent inequities between LGBT and non-LGBT older people as well as among subpopulations (e.g., age-, gender-, and race/ethnicity-related subgroups).[26] The Aging with Pride

Table 1. Training and Resources for Promoting the Behavioral Health of Lesbian, Gay, Bisexual, and Transgender Older Adults

***National LGBT Health Education Center*:** Training, continuing education, online modules, and publications on LGBT-affirming behavioral health and primary care, LGBT aging, and collecting sexual orientation and gender identity data. www.lgbthealtheducation.org
***LGBT Aging Project*:** LGBT cultural competency training, community engagement, resources for LGBT older adults, and LGBT bereavement support groups (in partnership with the Massachusetts Department of Public Health's Suicide Prevention Program). www.lgbtagingproject.org
***National Resource Center on LGBT Aging*:** Training and publications, fact sheets, guides, and assistance on topics relevant to LGBT aging. www.lgbtagingcenter.org
***SAGE/Advocacy and Services for LGBT Elders*:** Social support, financing, housing, and other resources for LGBT older adults. www.sageusa.org
***Transgender Aging Network*:** Training, technical assistance, and projects focused on improving the lives of transgender older people and their social support networks. forge-forward.org/aging
***Nurses' Health Education about LGBTQ Elders (HEALE) Cultural Competency Curriculum*:** Continuing education training for nurses and healthcare professionals who serve older LGBTQ adults. www.nursesheale.org
***Aging with Pride*:** National longitudinal study of LGBT adults aged 50 and older funded by the US National Institutes of Health and the National Institute on Aging with more than 50 publications. http://age-pride.org
***LGBT Helpline*:** Anonymous and confidential helpline for accessing support from other LGBT people: (888) 340-4528. fenwayhealth.org/care/wellness-resources/help-lines
***Behavioral Health Integration with Primary Care to Treat Depression in Older Adults*:** • The AIMS Center at the University of Washington collaborative care resources. https://aims.uw.edu • Chang-Quan H, Bi-Rong D, Zhen-Chan L, et al. Collaborative care interventions for depression in the elderly. *JIM* 2009;57:446-455. • Alexopoulos GS, Reynolds CF 3rd, Bruce ML, et al. Reducing suicidal ideation and depression in older primary care patients: 24-month outcomes of the PROSPECT study. *Am J Psychiatry.* 2009;166:882-890.

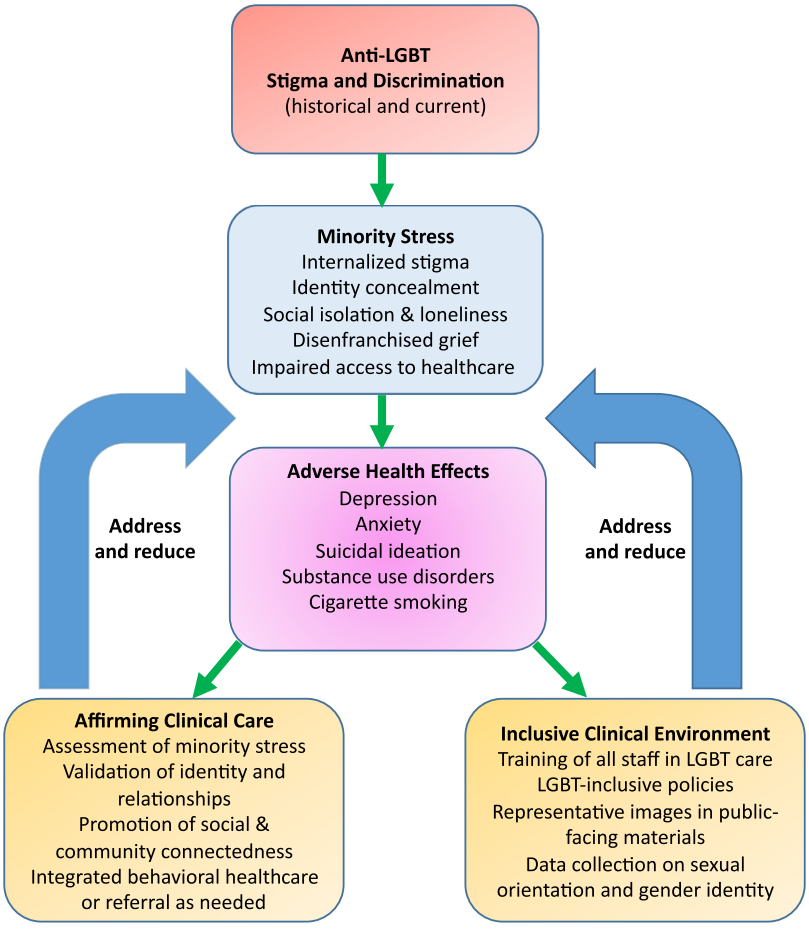

Figure 1. Clinical model to address and reduce minority stress and adverse behavioral health outcomes among lesbian, gay, bisexual, and transgender (LGBT) older adults.

study was preceded by the 2011 publication of results from a landmark survey of LGBT people older than 50 years (n = 2560) conducted in collaboration with community agencies across the United States.[2] Many of the findings presented in this article are derived from these studies because they represent the most comprehensive research being conducted with LGBT older adults thus far, and they have led to the development of influential health equity models and key competencies.[27,28] In addition, these studies move beyond simply characterizing prevalence and risk to focus also on factors that promote resilience.

More research is still needed, however, to explore the role of cognitive impairment on mood disorders among LGBT older people, and to study the intersection of LGBT identity with race, ethnicity, and poverty among older adults experiencing behavioral health problems. Additionally, we recommend translational research to examine the impact of implementing behavioral health care competency standards and programs tailored for LGBT older adults. If federal surveys and healthcare entities continue to collect data on the sexual orientation and gender identity of their patients, there will be even greater opportunities to stratify those data by age and LGBT status. For example, all US health centers funded by the Health Resources and Services Administration are required to collect sexual orientation and gender identity data on adult patients, and many federal public health surveys collect these data as well.

Finally, discrimination and stigma will likely continue to affect the quality of care and services accessible to LGBT older adults unless action is taken on the policy level. Some examples of effective actions include a US federal policy in 2011 that confers visitation rights to anyone designated by the hospitalized patient, rather than only those who are legally or biologically related.[29] In Massachusetts in 2018, advocates working with legislators enacted legislation mandating LGBT cultural awareness training for all state-funded and regulated aging service providers within 12 months of employment.[30] Similar efforts to advance the LGBT health competencies of those working in geriatric medicine and long-term care are needed to ensure that everyone, regardless of sexual orientation or gender identity, can access behavioral healthcare that is inclusive and affirming.

ACKNOWLEDGMENTS

Conflict of Interest: The authors have no conflicts.

Author Contributions: All authors contributed to the conception of the article. Hilary Goldhammer wrote the article; Lisa Krinsky added content on bereavement groups and Massachusetts aging policy. Dr. Keuroghlian contributed clinical guidance and behavioral health expertise throughout the manuscript. Alex S. Keuroghlian and Lisa Krinsky provided critical comments and revisions. All authors gave final approval of the version to be published.

Sponsor's Role: This work was supported by the Health Resources and Services Administration Bureau of Primary Health Care (U30CS22742) and by the Massachusetts Department of Public Health, Suicide Prevention Program. The funders were not involved in the writing of the article or in the decision to submit the article for publication.

REFERENCES

1. Yarns BC, Abrams JM, Meeks TW, Sewell DD. The mental health of older LGBT adults. Curr Psychiatry Rep. 2016;18:60.
2. Fredriksen-Goldsen KI, Kim H-J, Emlet CA, et al. The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults. Seattle, WA: Institute for Multigenerational Health; 2011. http://age-pride.org/wordpress/wp-content/uploads/2012/10/Full-report10-25-12.pdf. Accessed October 29, 2018.
3. Fredriksen-Goldsen KI, Emlet CA, Kim HJ, et al. The physical and mental health of lesbian, gay male, and bisexual (LGB) older adults: the role of key health indicators and risk and protective factors. Gerontologist. 2013;53(4):664-675.
4. Stinchcombe A, Wilson K, Kortes-Miller K, Chambers L, Weaver B. Physical and mental health inequalities among aging lesbian, gay, and bisexual Canadians: cross-sectional results from the Canadian longitudinal study on aging (CLSA). Can J Public Health. 2018;109:833-844. https://doi.org/10.17269/s41997-018-0100-3
5. Fredriksen-Goldsen KI, Cook-Daniels L, Kim HJ, et al. Physical and mental health of transgender older adults: an at-risk and underserved population. Gerontologist. 2014;54:488-500.
6. American Geriatrics Society Ethics Committee. American Geriatrics Society care of lesbian, gay, bisexual, and transgender older adults position statement: American Geriatrics Society Ethics Committee. J Am Geriatr Soc. 2015;63:423-426.
7. Hoy-Ellis CP, Fredriksen-Goldsen KI. Lesbian, gay, & bisexual older adults: linking internal minority stressors, chronic health conditions, and depression. Aging Ment Health. 2016;20:1119-1130.
8. Choi SK, Meyer IH. LGBT Aging: A Review of Research Findings, Needs, and Policy Implications. Los Angeles, CA: The Williams Institute; 2016 https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Aging-A-Review.pdf. Accessed October 31, 2018.
9. Tinney J, Dow B, Maude P, Purchase R, Whyte C, Barrett C. Mental health issues and discrimination among older LGBTI people. Int Psychogeriatr. 2015;27:1411-1416.
10. Hatzenbuehler ML, McLaughlin KA, Keyes KM, Hasin DS. The impact of institutional discrimination on psychiatric disorders in lesbian, gay, and bisexual populations: a prospective study. Am J Public Health. 2010;100:452-459.
11. Bradford J, Reisner SL, Honnold JA, Xavier J. Experiences of transgender-related discrimination and implications for health: results from the Virginia transgender health initiative study. Am J Public Health. 2013;103:1820-1829.
12. Houghton A. Maintaining Dignity: Understanding and Responding to the Challenges Facing Older LGBT Americans. Washington, DC: AARP Research; 2018.
13. Kim HJ, Jen S, Fredriksen-Goldsen KI. Race/ethnicity and health-related quality of life among LGBT older adults. Gerontologist. 2017;57:S30-S39.
14. Salway T, Gesink D. Constructing and expanding suicide narratives from gay men. Qual Health Res. 2018;28:1788-1801.
15. Fredriksen-Goldsen KI, Shiu C, Bryan AE, Goldsen J, Kim HJ. Health equity and aging of bisexual older adults: pathways of risk and resilience. J Gerontol B Psychol Sci Soc Sci. 2017;72:468-478.
16. Bristowe K, Marshall S, Harding R. The bereavement experiences of lesbian, gay, bisexual and/or trans* people who have lost a partner: a systematic review, thematic synthesis and modelling of the literature. Palliat Med. 2016;30:730-744.
17. Haigh EAP, Bogucki OE, Sigmon ST, Blazer DG. Depression among older adults: a 20-year update on five common myths and misconceptions. Am J Geriatr Psychiatry. 2018;26:107-122.
18. Haas AP, Eliason M, Mays VM, et al. Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: review and recommendations. J Homosex. 2010;58:10-51.
19. Vance DE, Ross JA, Moneyham L, Farr KF, Fordham P. A model of cognitive decline and suicidal ideation in adults aging with HIV. J Neurosci Nurs. 2010;42:150-156.
20. Boggs JM, Dickman Portz J, King DK, et al. Perspectives of LGBTQ older adults on aging in place: a qualitative investigation. J Homosex. 2017;64:1539-1560.
21. Cortes JBA, Fletcher TL, Latini DM, Kauth MR. Mental health differences between older and younger lesbian, gay, bisexual, and transgender veterans: evidence of resilience. Clin Gerontol. 2019;42:162-171.
22. Monin JK, Mota N, Levy B, Pachankis J, Pietrzak RH. Older age associated with mental health resiliency in sexual minority US veterans. Am J Geriatr Psychiatry. 2017;25:81-90.
23. Fredriksen-Goldsen KI, Kim HJ, Shiu C, Goldsen J, Emlet CA. Successful aging among LGBT older adults: physical and mental health-related quality of life by age group. Gerontologist. 2015;55:154-168.

24. Fredriksen-Goldsen KI, Kim HJ, Bryan AE, Shiu C, Emlet CA. The cascading effects of marginalization and pathways of resilience in attaining good health among LGBT older adults. Gerontologist. 2017;57(suppl 1):S72-S83.
25. Fredriksen-Goldsen KI, Kim HJ. Count me in: response to sexual orientation measures among older adults. Res Aging. 2015;37:464-480.
26. Fredriksen-Goldsen KI, Kim HJ. The science of conducting research with LGBT older adults—an introduction to aging with pride: National Health, Aging, and Sexuality/Gender Study (NHAS). Gerontologist. 2017;57(suppl 1): S1-S14.
27. Fredriksen-Goldsen KI, Simoni JM, Kim HJ, et al. The health equity promotion model: reconceptualization of lesbian, gay, bisexual, and transgender (LGBT) health disparities. Am J Orthopsychiatry. 2014;84:653-663.
28. Fredriksen-Goldsen KI, Hoy-Ellis CP, Goldsen J, Emlet CA, Hooyman NR. Creating a vision for the future: key competencies and strategies for culturally competent practice with lesbian, gay, bisexual, and transgender (LGBT) older adults in the health and human services. J Gerontol Soc Work. 2014; 57:80-107.
29. Changes to the Hospital and Critical Access Hospital Conditions of Participation to Ensure Visitation Rights for All Patients Final Rule (75 FR 70831). Published November 19, 2010; effective January 18, 2011.
30. The 190th General Court of the Commonwealth of Massachusetts. Bill S.346. An Act Relative to LGBT Awareness Training for Aging Services Providers. https://malegislature.gov/Bills/190/SD1272. Accessed October 28, 2018.