



LGBT Aging in Palm Beach County

October 2014



Your Aging & Disability
Resource Center

Area Agency on Aging

PALM BEACH / TREASURE COAST, INC.

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Executive Summary

In a recent survey conducted by Your Aging & Disability Resource Center, a group of Palm Beach County's lesbian, gay, bisexual and transgender (LGBT) seniors told us of their concerns about how their orientation or gender identity may impact them as they age. What we learned mirrors what LGBT seniors are saying around the country: they want to live in safe environments free from hostility and rejection; they want access to respectful healthcare from culturally competent medical providers; they want to be able to choose long term care providers who are welcoming of LGBT people; they want meaningful social engagement; and they hope they will receive compassionate care at the end of their lives. Our participants, on the whole, expressed doubt that these hopes can be fully realized at the present time, but remain hopeful about the future. These views also align with LGBT senior attitudes around the nation.

Cognizant of these challenges for LGBT seniors, the Florida Department of Elder Affairs has included outreach to LGBT seniors in its *Florida State Plan on Aging 2013-2016*:

“To ensure that long-term care services are provided to those who need them most, and to meet requirements of the Older Americans Act, the Department targets outreach activities to minority, rural, low-income and linguistically isolated (limited English proficiency) elders. Another group, emerging as needing services and basically invisible until recently, is elders who identify with the lesbian, gay, bisexual, and transgender (LGBT) community. People in the LGBT community may face poverty in their elder years because they may not have spousal benefits when one of the partners dies and may lack health insurance because they do not qualify for spousal benefits. Social isolation is another major reason to target LGBT elders.”

This report represents the Center's first dialogue with LGBT older adults in our community and confirms for us the strategies we will pursue in response. We will

- Seek opportunities to work with community partners to promote LGBT aging awareness;
- Conduct LGBT cultural competency training for professionals;
- Create opportunities to learn from diverse LGBT seniors about issues that affect their lives;



- Create opportunities for LGBT seniors and their caregivers to learn how to safeguard independence and dignity; and
- Create ways to help LGBT seniors find culturally competent long term care providers in the area

The Center is deeply grateful to the seniors who made this report possible, to the community partners who helped promote the survey and to our LGBT Aging Task Force for their guidance and help in bringing this project to fruition.

This report is also available on our website at www.YourADRC.org.

Cover Photo:

Ruth Berman and Connie Kurtz,
Area Agency on Aging *LGBT Aging Task Force* members

In May 2013, Your Aging & Disability Resource Center launched its strategic initiative to advocate for and support the wellbeing of LGBT older adults in our community as they age. To meet this purpose, the Center created and convened an *LGBT Aging Task Force* made up of LGBT community stakeholders along with LGBT allies. With this initiative, we have joined a rapidly growing awareness among aging service providers around the nation that LGBT older adults, while facing the challenges of all aging persons, also face additional obstacles not normally experienced by the general population, particularly regarding health, long term care and personal supportive relationships.

This awareness has prompted numerous surveys and studies documenting the aging experience of LGBT seniors in every part of the country. The Department of Health and Human Services launched its own initiative by including LGBT health issues in its *Healthy People 2020 Strategic Plan*. Resources are being developed around the country to help build community awareness, promote cultural competency training for providers who serve the aging population, and outreach to LGBT older adults themselves with education, support and inclusion.

“Like many older adults, lesbian, gay, bisexual and transgender (LGBT) elders face a variety of challenges as they strive to maintain independence. From disproportionately greater health disparities, fear and misunderstanding, to living invisibly in society with a greater lack of family supports, growing older for LGBT people can mean significant road blocks to living a fulfilling, dignified and engaged life in the community. Historically, one such roadblock for LGBT elders has been a lack of access to appropriate and culturally sensitive home- and community-based long-term services and supports that address their multi-faceted needs.

These challenges have spurred research and nationwide development of new initiatives and programs for LGBT older adults. Designed to remove barriers and improve access to services, these efforts will allow LGBT elders to successfully age in place, supported by culturally competent and relevant programs and services necessary to ensure independence and dignity.”

Aging Today Online
The American Society on Aging

These efforts have revealed wide-spread, recurring challenges for LGBT seniors who are

- Twice as likely to live alone (80% age alone);
- Four times less likely to have children (90% none);
- Likely to be without traditional family support;
- Likely to be isolated from larger LGBT community;
- More Likely to face poverty and economic insecurity;



- Five times less likely to access senior services; and
- Apt to return to the 'closet' when placed in nursing homes and assisted living facilities.

Project Visibility

A documentary film produced by the Boulder Area Agency on Aging

It is not the purpose of this report to analyze these or other findings. Links to these resources can be found on Your ADRC website at www.YourADRC.org. Instead, we will report on the results of our LGBT Aging Survey conducted between October 2013 and April 2014. The survey was created with the help of our Task Force. With no other such survey conducted in Palm Beach County to date, we were eager to learn about our LGBT older adults, who they are and what concerns them as they age.

Method

Our method was simple and non-scientific given limited financial resources beyond the crucial voluntary effort of our Task Force members. We aimed to create an on-line Survey Monkey-based survey to gather information, attitudes and perceptions from LGBT participants of Palm Beach County. We also structured a method for distributing paper surveys for the benefit of persons who do not have access to the internet.

A team of Task Force members proposed numerous survey questions focused around several factors: demographics, personal relationships, 'out-ness', discrimination and neglect, social engagement, healthcare, openness with healthcare providers, attitudes about long term care, and awareness about community services for LGBT older adults. Other national surveys were reviewed for possible content. 49 closed or open-ended questions were vetted and finalized for publication on Your ADRC's website in October 2013.

The Task Force also identified community organizations that could be asked to assist in promoting the survey among their constituencies. They were chosen based on their direct services to LGBT seniors or on their known friendship to the LGBT community. They were

Compass Gay and Lesbian Community Center, Lake Worth
Palm Beach County Human Rights Council
Church of Our Savior, MCC
MCC Church of the Palm Beaches
Integrity, St. Andrew's Episcopal Church, Lake Worth
Volen Center Diversity Group
Palm Beach County NOW
League of Women Voters
BrothasSpeak, a social group for Black gay men

Gender Society of the Palm Beaches
Equality Florida
Comprehensive AIDS Program, West Palm Beach
Parents, Friends and Families of Lesbians and Gays (PFLAG)
Bi, Lesbian and Straight Together Women (BLAST)
Prime Timers, a social organization for bi and gay older men
Pride Business Alliance
Rusty Gordon Democratic Club
Log Cabin Republicans
Temple Israel
Temple Sinai
First Unitarian Universalist Congregation of the Palm Beaches

Task Force members volunteered to contact each of these groups to enlist their help in promoting the survey. Paper surveys were provided if requested.

Again because of limited resources, we did not collect similar responses from heterosexual older adults, and thus no comparisons will be made. Nor will any attempt be made to project our results on the entire population of LGBT older adults of Palm Beach County.

Survey Results

Demographic profile

According to Florida's Department of Elder Affairs, there are nearly 380,000 seniors 60 years of age or better living in Palm Beach County. If a modest fraction of 5% were used to estimate the LGBT senior population, as many as 19,000 LGBT seniors live here. DoEA goes on to report that of the general senior (60+) population, 88.2% are white; 8% Hispanic; 8% black; 44% male, 56% female; 12% live at or below 125% of federal poverty; and 27% live alone.

- Our survey reached 228 LGBT seniors. They live in 22 municipalities in Palm Beach County, with the majority living in West Palm Beach, Lake Worth, Delray Beach, Boynton Beach, and Boca Raton;
- 49% are between the ages of 60 and 69, and 22% are 70 or older;
- Participants represented all gender identities, with just over half identifying as women, just under half identifying as men, and 2% identifying as transgender;

- Nearly 93% of the participants consider themselves white/non-Hispanic, 4% Hispanic and 1.3% Black;
- 73% have a bachelor's degree or post graduate degree;
- 15% live at or below 150% of poverty level. Nearly 20% earn over \$74,000 annually. 15% report that their income does not cover their expenses, and 52% say they are just getting by with little to spare. Nearly half are retired or semi-retired. A quarter is working full time. 6% are seeking employment or have given up trying;
- Nearly 87% live in their own home with the rest living in rented apartments;
- 70% state that they are completely 'out' to important people in their lives while nearly 3% are not out with anyone;
- Those who are guarded about disclosure identify neighbors and co-workers as persons to whom they do not disclose.

We do not presume that our cohort is representative of the entire LGBT older adults in Palm Beach County. We are committed to learning more about the larger, diverse population in the months ahead. However, the importance of this effort is that it establishes our Center's relationship with LGBT seniors and LGBT services organizations for the first time with a message of respect, affirmation and inclusion.

Many of today's older LGBT seniors have lived invisible to or shunned by society all their lives. Now that they are older, the prospect of long term care in nursing homes or assisted living facilities or even home health care rekindles anxiety about living in a hostile environment.

This is our first important step in responding to these important concerns.

Personal Relationships

It is believed that 90% of all long term care help for seniors is provided by family caregivers. However, LGBT elders are more likely to be single, childless, estranged from their biological family and reliant on families of choice, such as friends and other loved ones.

In the absence of family caregiving for LGBT seniors, many frail elders end up prematurely placed in nursing homes and assisted living facilities, settings that evoke fears of homophobic treatment by staff and residents.

This is what our participants said about their personal relationships

- Half are married or partnered and living with their partner/spouse;
- 40% report being single and living alone;
- 66% have no children; and
- 19% are caring for someone who is ailing, disabled or terminally ill.

The Center and Task Force wonder how these statistics apply to the 19,000 LGBT seniors in Palm Beach County who did not participate in the survey.

Social Engagement

Because most LGBT seniors have no children and may be estranged from their birth families, building ‘families of choice’ is critical for improving the chances that they may find caregivers to help them as they age. “Families of choice” are the lifetime or recent relationships with trusted partners/spouses and friends who respect, accept and love them, and who are the basis for fulfilling shared life experiences in good and in bad times. With the absence of such relationships, the senior is likely to become isolated which leads to poor health including negative behavioral and mental health outcomes.

Our participants told us about their about their social relationships.

- Nearly 17% report that they socialize with family and friends no more than once or twice a month. This suggests that a significant number spend most of their time alone.
- 25% appear very socially active, spending time with friends between 6 and 10 time a month.
- Of those who do socialize, 40% report that they are involved in group memberships of one kind or another, including faith and spiritual affiliations

When asked about their emotional state-of-mind

- 10% report feeling lonely or isolated from others often;
- 8% report feeling sad and downhearted often;
- 24% are often concerned about their physical needs, and
- 31% often worry about their financial needs

Healthcare

The Department of Health and Human Services’ *Healthy People 2020* has succinctly described healthcare challenges faced by LGBT aging individuals.

“Research suggests that LGBT individuals face health disparities linked to societal stigma, discrimination, and denial of their civil and human rights. Discrimination against LGBT persons has been associated with high rates of psychiatric disorders, substance abuse, and suicide. Experiences of violence and victimization are frequent for LGBT individuals, and have long-lasting effects on the individual and the community. Personal, family, and social acceptance of sexual orientation and gender identity affects the mental health and personal safety of LGBT individuals”.

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=25>

In our survey, we wanted to learn what our participants’ experiences have been with health and health care. Here’s what they said:

- 30% report that they are in fair to poor health;
- 8% are living with AIDS or HIV;
- 24% report that they are negatively affected to a high degree with alcoholism and recreational drugs in their lives, either with self, partner or close LGBT friend;
- 19% report negative impact of depression or mental illness;
- 37% do not have advanced healthcare directives;
- While most respondents report having healthcare insurance, 8% does not;
- 92% have a primary doctor, while the remainder seek healthcare at urgent care clinics, ER and the like; and
- Several reported that their PCP is gay or Lesbian.

When asked why they may avoid seeking healthcare, 26% say because there is a scarcity of professionals trained to care for LGBT persons. 31% report that they cannot afford the healthcare they need.

Openness with healthcare providers

We asked “Are you comfortable with the way you are treated by your doctor and staff?”

- 82% say are open to their primary physicians;
- 72% report that their doctor and staff are completely accepting of their orientation or gender identity;
- 81% say they are completely comfortable with the way they are treated by their doctor and staff;
- 12% are somewhat or very uncomfortable with their treatment; and

- 2% say they are not at all comfortable with their treatment

Many offered additional comments to this question as with the following examples:

“I have had a very good life and have a fantastic doctor. I have had 5 cancers and am still here. My friends are my family and my family is my family.”

“Often times when I see different doctors, my partner is questioned regarding our relationship, or I notice the questioning look from doctors when I come to my appointments with another male.”

“When I told my male doctor at Cleveland Clinic that I was gay, he responded by saying that he wouldn't put that in the file. Why the hell not! I'm not ashamed.”

“I don't really know what the office staff knows about me. What is important to me is that I can be totally honest with the doctor.”

“I'm uncomfortable that their forms all assume that the patient is hetero, so there's no way to indicate otherwise without writing something in, as if it were a "condition" or an "ailment". I'd rather check a "lesbian" box, and have the presence of that checkbox tell me that my provider is open to me being his/her patient.”

“I have had serious hospitalizations and my partner of 10 years was frequently not included in decisions or updates to my care, this while I was not able to participate. I spent 3 weeks in neuro ICU was taken back to surgery as emergency 2 days post op. No one called her to give her updates.”

Attitudes about end-of-life care

We wanted to know how much confidence our respondents have that they will be treated with dignity and respect as an LGBT person by their health care provider at the end of their lives.

- 37% told us that they have total confidence;
- 30% have some confidence;
- 5% have none at all; and
- 18% are unsure

Here are some of their additional comments.

“The medical and judicial system have both failed me during my life and I can only be assured how I will be treated because my partner will see to it to his best that he can make it happen how I will be treated.”

“I have concerns, no matter what directive that I have. That my domestic partner will be denied the right to see me, make my health care decisions if needed or just be there for me.”

“I cannot know the future, but I believe that acceptance of LGBT individuals is getting better over time.”

“I will be treated with dignity as long as I am able to advocate for myself, or have advocates who will do so.”

“While I am pretty sure that Hospice is sensitive to LGBT issues, I'm not so sure of general hospital personnel.”

“If in the future I must be put in a residential care facility, I feel I may not be able to risk being out of the closet there as I may not be in a position to change caregivers even if they are hostile to me for that reason.”

“I am very concerned that health care providers still can impose their own (usually religious) conservative views about treatment, ending life, and who can visit me at the end of my life. I have total faith in Hospice of Palm Beach County and hope I get something terminal when it's time, because they're the only ones I really trust.”

Perceptions about hospitals, nursing homes and assisted living facilities

We asked “To what degree do you feel you will be treated with respect and dignity by hospital workers and staff and residents of nursing homes or assisted living facilities if they would know that you are an LGBT person?” 21% told us that they have a high degree of confidence; 24% said that they have a low degree of confidence or no confidence at all.

Some of their comments include

“I have already spent 31 days in assisted living joint, and was poorly treated, even called the ombudsmen and spoke with her, it got worst. So I'm really not sure!”

“My partner and I are each other's health care surrogate and have health care powers of attorney. So if anyone gives us any problems, we correct them right then and there and send them away if need be.”

“I have heard too many stories about LGBT people forced to "go back into the closet." All my life I've seen people being rude or dismissive. Why would healthcare or nursing home staff be any different? It's not as if I would seek out a Tea Bag Wacky-Doodle Facility, is it?”

“Being in a healthcare profession for many years, I know for a fact that there are those who hold very negative feelings and thoughts against the "gay" community.”

“It has been my experience that younger people, professionals are much more accepting of gays. People in their 60s and up are often times accepting but lack an understanding of gays.”

“A lot of CNA-level health care workers are less educated and less open to people who are different from them.”

“I know some would be mean and disrespectful to me and that it may not be remedied so quickly if unsympathetic people were in charge at the top.”

“I have heard bad things about LGBT people who are out in nursing homes and rehab centers. Many lie about who's coming to see them (e.g., "this is my sister") rather than risk it.”

Awareness of Community services for LGBT older adults

We wondered if our participants were aware of community service providers specifically serving LGBT individuals. The leading responses were religious or spiritual services (40%), social activity programs (23%), legal services (19%), senior centers (9%) and caregiver support groups (9%).

Similarly, we asked if participants were aware of welcoming non-LGBT mainstream providers in the community. 64% said they are not aware of any; 28% cited religious or spiritual services; and 14% said they are aware of legal service providers

We find it significant – and somewhat counterintuitive – that religious and spiritual services were identified in both cases to a high degree. This response seemed unexpected since faith

communities have traditionally condemned LGBT people all their lives. Perhaps this response confirms the growing acceptance of LGBT people in many faith or spiritual communities.

Equally significant is that 64% are not aware of welcoming non-LGBT-specific providers in the community. This response points to the challenge of finding “gay-friendly” safe services.

So we asked our participants what their preferences are in looking for service providers.

- 35% prefer LGBT specific services providers;
- 66% prefer services from providers who have been LGBT trained; and
- 54% prefer services from welcoming services providers

Signs of LGBT-welcoming providers

We wondered how our respondents can tell if a service provider is welcoming of LGBT people. Many say that visual cues like displaying the rainbow flag, LGBT inclusiveness in advertising materials and the presence of LGBT staff suggest that the provider is welcoming. Others look to registration forms. One participant put it this way:

“Some providers list the option of "Partner" along with “Husband/Wife”, and "Partnered" added to the "Married, Divorced, Single" trilogy on medical forms. When I see those options offered to me, I feel more welcome as a LGBT person.”

And another:

“If I see any mention of sexual orientation -- even the words "spouse/partner" -- on the registration form, I know that the provider has at least entertained the possibility of having a patient who is not straight. Speaking of my orientation in an open, inclusive manner is primo, but very, very rare!”

Providers who are known to serve other LGBT clients are also potentially seen as welcoming.

Others said that non-verbal cues are important.

“It's a feeling you pick up on, they are not afraid to talk about it, or ask frank questions.”

“The look on the provider's face when he/she sees on the form I've filled out that I'm married to a man.”

“When I tell them I'm gay they have a positive response.”

The top five most frequent services our participants are looking for are

- Social activity programs (61%);
- LGBT-friendly services (58%);
- LGBT senior health services (52%);
- Legal services (48%); and
- Social and wellness programs (47%)

Influence of race, ethnicity, education and money on LGBT aging

We asked for respondent opinions about how race, ethnicity, education and money influence LGBT aging? The leading issue for many participants is financial insecurity. Other themes include social standing, class. Here are some of their comments.

“Poverty is the worst oppression. Poor LGBT people may not have the financial support of family, and can't get a spouse's social security. This especially applies to women whose social security, on the average, is less than men's.”

“Wealthy people of any orientation have an easier time aging. My suspicion is that the same is true for more highly educated people.”

“Financial limitations, being non-white, having a lack of mobility, being female, and being poorly educated have a negative affect one one's wellbeing.”

“Financial means is most important - if you can afford good care you usually will get a more respectful place with trained workers.”

“Owing to the fact that both my former partner and I were educated, successful, professional, wealthy white Anglos, we never experienced any discrimination. However in our socio economic class it would be unusual to find such discrimination because being homosexual is so much more open and accepted when you have money.”

Compounding the challenges to financial security are major laws and safety net programs that fail to protect and support LGBT elder couples equally with their heterosexual peers. Key programs are Social Security, Medicaid and long term care, estate taxes and inheritance laws. In the absence of these protections, many senior LGBT couples fall into poverty.

More information on these important issues can be found in “*Improving the Lives of LGBT Older Adults*” published by SAGE and MAP, March 2010. <http://www.lgbtmap.org/file/improving-the-lives-of-lgbt-older-adults.pdf>

Comments on non-financial matters:

“All I can say is that it's bad enough that I have to face the problems that come with aging, but I am by birth, Jewish, Gay, and Disabled. I am constantly being faced with fundamentalist & orthodox homophobia.”

“I think all the aspects listed are influential, but, because I am not as easily identified as gay, straight people are more likely to say hurtful things because they don't know my status. Since they assume I'm like them, they will share prejudicial comments about "queers" with me. I try to defuse this awkwardness by referring to my male partner early in the conversation.”

“There are class levels in the LGBT community, and I find sociability among them based on who you are and where you live, how much money you have, etc. I like people for who they are not what they have in life and background.”

“I think there is a bias overall in the aging society. I own a nurse registry with my sister and we do not experience a great number of LBGT clients as of now. However, I think my age group, as it ages, will make LGBT aging more transparent because more of us are out. It is a generational issue, I think. Those that are 70 and above have mostly experienced being in the closet, so I think we will see more LGBT oriented services as my generation ages.”

“The way you came out, or “outed”, and your family support or non-support colors your vision. If you found love and acceptance you can overlook some of the hurts you receive from others, but if all you received was rejection, it makes for an unhappy life.”

We invited our participants to leave us with the final thoughts about LGBT aging. Largely the comments focused on two major themes: safe community living and meaningful social opportunities. Here's what they said.

Safe community living

“For years, I have always thought it sad that there is not one "retirement home or nursing center" that would care for the gay population, especially with the AIDS crisis. It still has not happened! This is truly sad!”

“Hate the expression but “Birds of a feather flock together”. So, it would be wonderful if there were specifically designated LGBT Assisted Living and Nursing Homes.”

“I would love to have a gay community for older people.”

“I would like to think there would be high quality retirement communities targeting LGBT people rather than ones focused only on heterosexual couples.”

“It is a worrisome thing to consider aging as an LGBT person without kids to take care of me. My partner is older and I fear being alone and having to be in an unsupportive or lonely situation. We need LGBT places to retire and have good elderly years!”

“How can there be no LGBT assisted or independent living facilities in SE Florida?”

“I am afraid I will be easily discarded, ignored and will have no support or home in my time of need as my health deteriorates.”

“As an lesbian woman with no children and without a fat bank account, I worry about what's going to happen to me when I get very old and can no longer care for myself.”

Social opportunities

“We need a referral service for LGBT for programming and services. How else would you know if they are friendly?”

“There needs to be more outreach programs as people get older so they don't feel isolated, ESPECIALLY LGBT persons. There needs to be centers and organized social activities.”

“Being out and having BLAST and Compass and NOW make my life better as an older lesbian.”

“As we age it becomes important that there are services of various kinds available that provide support, guidance & professional help. Many people don't have life partners, children or family that can help with aging issues. Many are on their own. It is imperative that we as a community need to help each other. We need to create programs & those of us more fortunate should offer our help through volunteering. We need to take care of our own. That should be priority one. Educating other groups should be second priority.”

And finally, where do surviving partners find respectful support to cope with loss and grief?

“I hate the fact that I am now a 62 year old white man who lost his partner, lover and best friend seven months ago. My partner and I were an extremely successful couple who lived, laughed, fought and made up just like other successful heterosexual couples. My world without him has come to a screeching halt and I find it virtually impossible to get through the interminable hours of each day. What I wouldn’t give to touch him, talk with him and hold him again. I wish I had the nerve to kill myself because the thought of being this lonely for the "rest" of my life is unbearable.”

“It is very difficult to find a partner as you age. When you lose a partner, breakup or death, loneliness is probably the biggest issue of aging.”

What Next?

The Center and Task Force are deeply grateful to the seniors who participated in our survey. With their help, we have begun to learn who our LGBT seniors are and what most concerns them about relationships, health, safe and supportive living environments, and meaningful personal and social supports. With 19,000 LGBT seniors living in Palm Beach County, we believe we have much to learn and endless opportunities to serve and support.

To accomplish our goals in the near term, we are undertaking the following actions in 2015 and beyond. We will

- Seek opportunities to work with community partners to promote LGBT aging awareness; With the help of our Task Force members, we have met with several professional groups to offer a short presentation on the issues facing LGBT seniors. We will seek to expand this effort so as to promote LGBT cultural competency training for long term care providers.
- Conduct LGBT cultural competency training We regard these trainings as a high priority. To that end the Task Force has developed a training curriculum for long term care providers, incorporating materials developed from award-winning producers around the country, most especially *Project Visibility* and *Gen Silent*. Plans are under way for rolling out this project in Palm Beach County.
- Create opportunities to learn from diverse LGBT seniors about issues that affect their lives;

We are eager to hear from the many seniors whose living experiences are not represented by the cohort we surveyed, particularly from racial and ethnic minorities and long term care recipients. The Task Force will be defining strategies for making this happen.

➤ Create opportunities for LGBT seniors and their caregivers to learn how to safeguard independence and dignity

When given the right information and resources, seniors are better able to protect their wellbeing and advocate for themselves. In the absence of marriage protections in the state of Florida, LGBT seniors should execute legal documents such as wills, powers of attorney, healthcare surrogate and advanced directives. If seniors know how to seek for respectful long term care services, they can be better prepared to assert their desires when considering independent or assisted living facilities. We will seek or design opportunities to meet this education need.

➤ Create ways to help LGBT seniors finding culturally competent long term care providers in the area

Among potential methods, the Center and Task Force will explore the feasibility of creating a directory of LGBT culturally competent providers in Palm Beach County. Some issues to be considered are standards for inclusion, application process, database management and consumer accessibility.