

# **LGBT ELDER NEEDS ASSESSMENT PROJECT EVALUATION REPORT**

**A Project of:**

**Lavender Seniors of the East Bay / Tides Center**

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**&**

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*63 Mental Health  
Services Act*

## **Executive Summary**

Lavender Seniors of the East Bay (Lavender Seniors), a community-based provider of social support services for LGBT older adults based in Alameda County, CA, completed a nine month, two phased demonstration project funded by the Alameda County Department of Behavioral Services' (ACDBHS) Innovative Grants Program. The ACDBHS program was made possible with resources made available to the County under California's Mental Health Services ACT (MHSA), passed by the voters in 2004. The long term objective of Lavender Seniors' LGBT Elder Needs Assessment Project is to increase the capacity of Alameda County health and human senior service providers to better serve LGBT seniors for the prevention and early intervention of serious mental health issues.

The project was carried out in two phases. The first phase involved completing a needs assessment to identify technical assistance and training needs to increase capacity for culturally competent care of LGBT elders within elder care agencies. The second phase implemented training and technical assistance activities with program content that responded to the recommendations of the first phase. The activities of both phases of the effort were executed in collaboration with two East Bay elder care agencies, Center for Elders' Independence (CEI) and Salem Lutheran Home. These two organizations served as program sites for the project. Additionally, Lavender Seniors subcontracted with Gil Gerald & Associates, Inc., of San Francisco, CA to provide technical support for the project. Michelle Eliason, PhD, Associate Professor in the Department of Health Education at San Francisco State University, and the Director of Research and Evaluation at Gil Gerald & Associates, Inc., served as the Principal Investigator.

Implementation of the first phase, the needs assessment, involved conducting a survey of staff at the two elder care agencies, as well as a survey of their program participants, East Bay elders in their care. A key finding of the needs assessment phase was that despite the willingness of staff to make positive changes towards more inclusive and welcoming services, the main barriers are related to knowledge and lack of relevant inclusive policies and procedures. Recommendations that flowed from this finding specifically respond to the need for increasing staff knowledge and awareness of LGBT elder care issues and best practices in serving this population as well as the need to make changes in agency forms, policies and procedures. A full report of Phase One was developed earlier and is available for review.

The purpose of this report is to provide an evaluation of the results of the training and technical assistance services that were delivered as part of Phase Two. Lavender Seniors provided training activities reaching more than 200 mental health and elder care services staff, and 30 days of direct, on-site or over-the-phone, technical assistance consultations during the second phase.

The evaluation of Phase Two activities indicates that Lavender Seniors achieved the short-term objectives selected for the project, demonstrated that its model of training coupled with technical assistance can increase knowledge and awareness in staff about LGBT elder care issues, and can lead agencies receiving these services to make other modest improvements, such as reviewing and making changes in agency forms, policies and procedures.

For the future, elder care agencies should take advantage of the limited but helpful resources available from Lavender Seniors to duplicate the achievement of the modest but important changes brought

about by the project in the two participating agencies. Additionally, more resources should be found to evaluate the permanence of these changes and to support ongoing program improvement and maintain and build capacity among elder care agencies in Alameda County to provide competent services to LGBT elders.

There is a considerably new and growing body of scientific literature about the needs of LGBT individuals and families, including LGBT elders, and about behavioral health, physical health and mental health disparities with respect to this population. The emergence of this information will require the development of additional know how in serving LGBT elders above and beyond the scope of this project, and going forward, resources sought for and made available for training and technical assistance should reflect this need.

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## **Background and Need**

Over a period of nine months, Lavender Seniors of the East Bay (Lavender Seniors) engaged in a pilot project involving an assessment of the need to improve care received by LGBT elders, followed by training and technical assistance responding to the results of the needs assessment. Lavender Seniors' long-term objective is to increase the capacity of Alameda County health and human senior service providers to better serve LGBT seniors for the prevention and early intervention of serious mental health issues. The short term objectives were to 1) identify gaps in senior services for LGBT elders; 2) implement an internal LGBT aging initiative at two Alameda County health and human senior service providers; 3) increase knowledge and awareness of LGBT aging and mental health issues as well as best practices for serving LGBT seniors among 100 senior services providers; and 4) improve Lavender Seniors existing efforts to help health and human service agencies better address the mental health needs of LGBT seniors.

The LGBT Elder Needs Assessment Project, funded by Alameda County Behavioral Health Care Services' (ACBHCS) Innovative Grants Program, was made possible by the California Mental Health Services Act (Proposition 63) Prevention and Early Intervention (PEI) funds. To carry out the project, Lavender Seniors partnered with two elder care agencies, Center for Elders' Independence (CEI) and Salem Lutheran Home to serve as sites for conducting the needs assessment, and for providing training and technical assistance services. Through a subcontract, Lavender Seniors also engaged the services of Gil Gerald & Associates, Inc., a Bay Area consulting firm. Gil Gerald & Associates, Inc. provided technical support in the areas of 1) assessing the need for cultural competency training and technical assistance; 2) developing the content of training; and 3) evaluating the project.

Under the first phase of the project a needs assessment was conducted with two purposes:

1. To collect local information about knowledge, attitudes, and inclusive policies related to LGBT seniors in Alameda County; and
2. To determine the willingness of non-LGBT seniors to accept LGBT elders into agencies where they receive services, and identify any attitudinal barriers that need to be addressed.

As stated in the report for Phase One of the project, "the needs assessment findings suggest that staff members of both agencies are generally well-intentioned and accepting of making their facilities welcoming and inclusive for LGBT seniors, and that consumers of their services have few objections to including LGBT individuals." The main barriers to welcoming and inclusive services are related to knowledge and lack of relevant inclusive policies and procedures.

The purpose of this report is to provide an evaluation of the results of the training and technical assistance services that were delivered as part of Phase Two. These services responded to the recommendations emerging from the needs assessment. The recommendations were:

1. That training be conducted annually to account for staff turnover and to update employees on new information and changes in policies and procedures;

2. That training be provided that includes an overview of LGBT terminology, family structures, legal issues related to family/relationship and health, patient interview recommendations, a review of how LGBT seniors might differ from their heterosexual counterparts, available community resources, as well as transgender health care issues; and
3. That technical assistance be provided to assist agencies in revising written forms and in reviewing policies and procedures to support the use of language that includes and honors LGBT individuals and creates safety and protections.

## **Description of Training and Technical Assistance Provided**

Three categories of activities served as the framework for training and technical assistance provided by Lavender Seniors. The first category involved staff at both agencies receiving training organized and delivered at different agency sites and to different functional units of staff. This was done in order to include all staff to the extent possible while also providing for tailoring the training to respond to the scheduling and training needs of different audiences, such as administrators, front desk personnel, clinical, medical, and nursing staff. The full course for the project provided for as many as six hours of training. In practice, the full six hour training could not be delivered for all staff at all locations, and training was usually more abbreviated, typically consisting of an hour to one-and-a-half hour introduction to LGBT cultural competency, tailored to emphasize content of relevance to specific audiences.

The second category was the delivery of the six-hour, all-day training for Alameda County mental health providers, using the same course developed by the project for training that responds to the recommended course content resulting from the needs assessment phase of the project. The course and content was developed by Michele J. Eliason, PhD, Director of Research at Gil Gerald & Associates, Inc. and Principal Investigator for the project. Dr. Eliason served as the trainer for the all-day session, and Dan Ashbrook, Director of Lavender Seniors, provided on-site training at CEI and Salem Lutheran Home with some assistance provided by Dr. Eliason and Gil Gerald & Associates staff during some of the training sessions.

The third category of activity was over-the-phone and on-site technical assistance, delivered by Dan Ashbrook on a monthly and/or weekly basis, to assist both agencies in reviewing forms and policies and procedures, and implementing required changes. The technical assistance was guided by standards recommended by Gil Gerald & Associates, based on a review of the literature on standards being developed throughout the US and an *LGBT Welcoming and Inclusive Services Checklist* previously developed by Gil Gerald & Associates, Inc. The distribution of total hours of training and technical assistance provided to both agencies is given in Table 1, below. Table 2 illustrates the distribution of the number of service sessions.

**Table 1: Distribution of Training and Technical Assistance Hours**

Type of Service	Center for Independent Living	Salem Lutheran Home		Total Hours (Direct TA)
Training	5.5	8.5		14
Technical Assistance	5.0	5.0		10
Regional Training				6
	10.5	13.5		30

**Table 2: Distribution of the Number of Training and TA Sessions**

Type of Service	Center for Elders Independence (CEI)	Salem Lutheran Home		Total Sessions (Direct TA)
Training	5	6		11
Technical Assistance	5	3		8
Regional Training				1
	10	9		20

## Evaluation of Training and Technical Assistance

Evaluation methods employed to assess the impact of the training and technical assistance services provided included surveys of staff at the end of training sessions, and interviews with the Executive Director of each agency and with other key agency staff involved in the project. Additionally, the Director of Lavender Seniors, Dan Ashbrook, was interviewed to provide insights related to the impact of the project on Lavender Seniors and on other stakeholders providing elder care or advocacy for LGBT seniors.

A standardized evaluation survey was developed for the full training course developed under the contract. In practice, the full six-hour training could not be delivered for all staff at all locations, and because training was usually both more tailored and abbreviated, a core set of six questions were used for evaluation of training sessions across both agencies regardless of the length of training or audience. The full evaluation instrument was used in the Regional Training Event, and in a three-hour training session for management staff at one of the agencies. Hence this evaluation relies mostly on the six core questions included in all evaluation surveys administered after each training session.

For key informant interviews with agency management, a set of standardized open-ended questions were administered over the phone to the Executive Directors and key staff. The core standardized survey questions and the key informant interview questions were as follows:

### Core Questions for Surveys of Participants in Staff Trainings

1. Has your knowledge of standards of care for LGBT seniors increased as a result of today's training?
2. Has your awareness of the issues LGBT seniors face increased?
3. Are you more likely to keep in mind that some of the older adults you work with may be LGBT?

4. If a client identified as LGBT, would you feel more comfortable talking with them after today's training?
5. What are some of the changes that you would like to see happen within your agency or department as a result of the training?
6. Would you recommend the training to your coworkers?

### **Questions Included in Executive Director and Key Staff Interviews**

1. How satisfied are you with the training and technical assistance received by the agency?
2. What changes have you made in agency policies and procedures?
3. What response have you had from staff about the training and technical assistance they received?
4. What is/are your next step(s)?

## **Evaluation Results**

### **Survey Response Summary for Training at Two Elder Care Agencies**

As illustrated in Table 3 on page 12, summary results of surveys of staff who participated in training sessions among both agencies indicate that 92% felt that their knowledge increased. The answers to the survey suggest that participants may have gained knowledge and awareness, and recognized professional, personal and institutional changes they could pursue or would like to see in order to bring about a more welcoming and inclusive program of elder services at their agency. The answers appear to also confirm willingness to making the changes needed. This is a finding of the needs assessment conducted during the first phase of the project. Participants also recognized the need for more and ongoing training, which was a recommendation based on the findings of the needs assessment.

### **Survey Response Summary for the Regional Training**

Table 4, on page 16, provides the results for the surveys completed at the Alameda County Regional Training, held June 9, 2010 at the California Endowment Conference Center in Downtown Oakland. There were a total of 83 participants in the training. Of this total, 53 (64%) completed the survey, and 87% of these felt that their knowledge increased. Around 6% of respondents indicated that they could have benefited from more advanced training. The answers, like the answers in the surveys for on-site training at the partnering elder care agencies, suggest that participants in this training also gained knowledge and awareness, and recognized professional, personal and institutional changes they could pursue or would like to see in order to bring about a more welcoming and inclusive program of elder services at their agency. The answers appear to also confirm willingness to making the changes needed. As stated earlier in this report, this was a finding of the needs assessment conducted during the first phase of the project. Not unlike agency staff trained under this project, regional training participants also recognized the need for more and ongoing training.

## Responses to Key Interview Questions

1. How satisfied are you with the training and technical assistance received by the agency?

Both executive directors and additional interviewed staff indicated that they were very satisfied with the training and technical assistance services received. Their satisfaction was based in part because one of the outcomes was the surfacing of agency needs that they recognized as requiring a response through follow-up activities, including work to be done within their Human Resources departments. Needs they recognized as a result of the services received also included the need to institutionalize training around LGBT issues for staff and for residents, and the need to provide the training to staff who were not able to attend the sessions that were provided by Lavender Seniors. One respondent summarized his and his agency's satisfaction by indicating that the *"effort succeeded in introducing the topic to people who never had the topic introduced to them and this increased their knowledge and understanding, but we hope to continue efforts to bridge the remaining gaps—this is a subject matter with different audiences ...and these different audiences include individuals who have had little or no contact with LGBT persons and who have mostly negative attitudes about the LGBT community based on religious beliefs or simply isolation from LGBT individuals."*

When prompted about what could be different, one Executive Director wondered aloud about methods and activities that might help some people move beyond having more information – *"using a facts based model is effective for some."* He indicated that perhaps there could be better engagement with the subject so that people become more identified with *"the LGBT individual"* rather than looking at LGBT as a group, and that this might be an objective to be pursued as part of a future training.

2. What changes have you made in agency policies and procedures?

Both agencies have taken steps to provide training on an ongoing basis about the issues of cultural competency in serving LGBT elders. Strategies selected among both agencies include offering training at least once a year by incorporating tools provided by Lavender Seniors for adding LGBT Elder Care to existing training modules, and/or creating new training modules appropriate for certain staff/departments. One of the respondents said that providing the kind of training received *"is now part of the content of non-discrimination training provided to all staff as part of new employee orientation."* One Executive Director reported that there was corporate level activity underway to review language about agency mission and values to identify and act on any needed changes.

3. What response have you had from staff about the training and technical assistance they received?

The executive directors and staff reported that they received mostly positive but mixed reviews from staff. Some staff indicated that they were already knowledgeable, while others indicated they had gained additional knowledge. However most expressed *"wanting to receive more training"* and also expressed receptivity to increased outreach to

and inclusion of LGBT seniors in their agency's programs. *"Some staff really appreciated the project -- it was presented well, provided good information,"* and there was a resulting new level of commitment. Staff, in some instances, *"was offended,"* however, *"generally there was an acceptance that this was the moral high ground."* Examples of staff response included their engaging in open discussion about how they would handle specific situations, including negative attitudes expressed and actions taken by staff or by participants in the program. *"Staff gained an understanding as to how this fits into the vision, mission and values of the agency."*

Staff interviewed for this evaluation also reported that both staff and program participants who are LGBT individuals have become more open about being an LGBT individual and have indicated that they feel more comfortable doing so as a result of the training and technical assistance services provided. *"People had not thought that there might be LGBT elders in the program, however LGBT participants have 'come out' since the project began."* One such client was able to immediately access additional support services available from Lavender Seniors. *"The issue was very real for LGBT people and LGBT persons on staff were happy to see this effort come about, and one member of the staff specifically indicated she was now more comfortable working in the agency as an 'out' individual."* *"The executive team was extremely supportive."*

4. What is/are your next step(s)? Both agencies have developed an agenda for follow-up activities, some of which had already been initiated as part of the technical assistance provided under the project. These follow-up activities included incorporating the content of the training into new staff orientation and into online training courses already available to staff, and providing training as part of continuing education certification available through the agency's staff development and training program. Both agencies have begun and are committed to continuing to review and update forms to ensure that language used supports the development and maintenance of an inclusive and welcoming agency for both staff and program participants (e.g. intake forms, assessment forms, job application forms). Both agencies have begun and will continue to place Rainbow placards (emblems) that state "LGBT Elders: Safe, Visible, Celebrated" supplied by Lavender Seniors, to help signal to LGBT elders that the services offered are welcoming and inclusive.

### **Debriefing with the Project Director, Dan Ashbrook**

Lavender Seniors Director Dan Ashbrook provided most of the training and technical assistance in addition to coordinating and scheduling the services among the partnering elder care agencies. Mr. Ashbrook made observations about project impact within the partnering elder care agencies and externally among other providers of care or advocacy for LGBT elders. Consultations related to policies and procedures have resulted in new intake and assessment forms, as well as HR forms, such as employment applications. Both agencies have incorporated the use of the Rainbow placard, and the 'coming out' of elders in care has been corroborated. Importantly, a new level of collaboration between these agencies and Lavender Seniors is in place whereby Lavender Seniors is seen as a key

resource for continuing the technical assistance consultations required to sustain the changes initiated by the project. Lavender Seniors is now also equipped with new and additional tools to provide training and technical assistance, including the six-hour curriculum and a checklist to help assess agency readiness to provide welcoming and inclusive services.

Externally, the word has gotten around in Alameda County, and beyond, about the project and there is significant interest in learning more about the experience of Lavender Seniors in undertaking this effort. One of the partnering agencies engaged their marketing department in announcing the training and technical assistance they were receiving with resulting positive press coverage in several local newspapers, publications and in internet blogs. One important development is that a local foundation has provided Lavender Seniors funding to extend the training and technical assistance to other providers of Senior Centers in the county.

Dan Ashbrook notes that in light of resource limitations for obtaining capacity-building services in serving LGBT elders, there are some low cost activities that elder care organizations can undertake that will help and that they may be able to integrate into their current staff activities and in their current operating budgets. *“These trainings do not have to be formal or academic but instead designed to increase awareness via ongoing dialogue on LGBT elder care. For example this can be done by adding LGBT elder care discussions and case studies to the agenda of ongoing staff and multi-disciplinary team meetings, and by viewing films and videos on the subject.”* While effective policies and procedures are needed and also need to be strongly enforced, *“agencies should also have counseling available for staff exhibiting signs of homophobia in their services delivery and who may gain ability from such counseling to put aside religious, moral, or personal beliefs that marginalize and oppress LGBT clients.”*

## **Conclusions and Recommendations**

The long term objective of the project was furthered by Lavender Seniors successfully completing the short term objectives. The first phase of the project identified gaps in knowledge among staff and a lack of relevant inclusive policies and procedures. Two elder care agencies were successfully engaged to undertake an initiative to build their capacity to provide welcoming and inclusive services, and these agencies expressed satisfaction with the training and technical assistance services they received. More than the targeted number of 100 mental health and LGBT senior services providers received training and reported that their knowledge and awareness of LGBT aging and mental health issues as well as best practices for serving LGBT seniors had increased. Lavender Seniors has also benefited from the project in that it has increased its capacity and profile as a resource for training and technical assistance to providers of elder care in Alameda County.

The evaluation of this project suggests that training and technical assistance to build capacity within elder care agencies can increase knowledge and awareness in staff and build on the willingness that

already exists among members of the staff to move in the direction of improving care. Coupled with training, technical assistance can help implement changes that staff and administrators identify as needed as a result of the training. In this project the changes implemented were the development of new forms for intake, assessments, and employment-related documentation, as well as improvements in marketing and communications strategies for targeting the LGBT elders. As part of that, the agencies have placed the LGBT Elder Rainbow placard where they can be seen by participants and signal that the agency is a welcoming and inclusive provider of elder care services. In the area of staff development, changes brought about included the institutionalization of new staff orientation and annual training for staff on the subject of cultural competency in serving LGBT individuals.

The changes undertaken by CEI and Salem Lutheran Home are modest and important changes, but only the beginning of activities that an agency needs to undertake to continue along a path of building capacity to competently serve LGBT elders. New information is emerging every year that sheds light on disparities related to the behavioral health, mental health, and physical health of LGBT individuals, including LGBT elders. This new and evolving information about a group that is still mostly hidden will have important implications for the future of LGBT elder care. Furthermore it is unclear and beyond the scope of this evaluation to determine if the modest changes made are permanent, or properly implemented, since for example, while the language in intake forms may change, staff may not be sufficiently practiced or comfortable in administering these forms. Additionally, for example, while marketing to LGBT elders is addressed in the content of training, it may require additional and ongoing technical assistance to be carried out effectively. Clearly the results of the surveys and interviews taken together indicate that some staff may be personally challenged or unwilling to change, and this may require a vigorous and enforced policy framework to discipline such staff.

Given these conclusions, it is recommended that elder care agencies in Alameda County continue to receive the services available from Lavender Seniors using the model developed under the project, and that agencies continue to avail themselves of training and technical assistance to build on the modest but important changes that the model is able to help bring about. With the support of Lavender Seniors and other available resources, elder care agencies should develop their own training modules that respond to assessments of their capacity for welcoming and inclusive services, and staff turnover. The resources to support the capacity building needed among elder care agencies needs to be continued and significantly increased. Current resources available to Lavender Seniors are very limited and the services supported by these resources and demonstrated in this effort are limited in scope. It is further recommended that follow up evaluations be made over time to chart the permanence of these changes in elder care organizations as well as additional steps they need to take to further develop their capacity to competently serve LGBT elders.

**Table 3: Post Training Survey Results Accross Both Agencies**

N=158

QUESTION	CORRECT RESPONSE	CORRECT	
		N	%
1. Has your knowledge of standards of care for LGBT seniors increased as a result of today's training?	Yes	145	92%
	No	12	8%
	No Response	1	1%
	Other: 7%	1	1%
2. Has your awareness of the issues LGBT seniors face increased?	Yes	143	91%
	No	13	8%
	No Response	2	1%
	Other: Same knowledge Other yes: Film was excellent	2	1%
3. Are you more likely to keep in mind that some of the older adults you work with may be LGBT?	Yes	153	97%
	No	5	3%
	No Response	0	0%
	Other	0	0%
4. If a client identified as LGBT, would you feel more comfortable talking with them after today's training?	Yes	151	96%
	No	1	1%
	No Response	5	3%
	Other: Already comfortable with LGBT clients	5	3%
	Other: Already didn't mind talking to them.		
	Other: Already felt comfortable		
	Other: I feel comfortable either way. What a person identifies with doesn't change how I treat people.		
Other: Same			
5. What are some of the changes that you would like to see happen within your agency or department as a result of the training? (Please specify)	?	71	45%
	Accept more openly gay participants		
	Advertise inclusiveness - posters, flyers		
	Allow residents to watch sexual activity on TV.		
	Basically everyone needs to be understanding and accepting to the LGBT community.		
	Become a welcoming agency rather than an accepting agency.		
	Benefits to include same or opposite sex partners.		
	Change intake forms, medical, and social work assessments to include questions about the participant's sexual identity, and would they like for the interdisciplinary team to know.		
	Change intake forms. Start the communication from the beginning, continue with regular training.		
	Changes that could be made are being more open with things at this issue. Maybe add therapy for (incomplete)		

QUESTION	CORRECT RESPONSE	CORRECT	
		N	%
	Changes to intake forms and other documentation		
	Continue the educational process		
	Continued training and in-services. Role playing - examples of appropriate interactions in different situations.		
	Don't ignore this population, but embrace it and show that [agency name] is an environment that accepts EVERYONE and provide support. This training should be done at least once a year.		
	Don't make fun of LGBT people.		
	Emphasis on creating safe space for LGBT seniors. Zero tolerance for discrimination.		
	Everybody getting along. No matter if they are straight or LGBT, we work together like it is supposed to be!		
	Everyone treat the same		
	How about a support group here or access to the community facilitated by [agency name]- Lavender partnership.		
	I think [agency name] is doing well but any additional training and educational material would be helpful.		
	I try to use gender-neutral language when I interview participants		
	I wished all our co-workers in [agency name] will be more comfortable and professional to work with senior LGBT in the future.		
	I would have liked more time allocated to this training.		
	I would like for co-workers and fellow residents to keep in mind that how they voice their own views could affect LGBT seniors. Just to be mindful of respect, respect, respect to all as humans.		
	I would like to see LGBT participants in the program at [agency name].		
	Increase in staff comfort level and education about issues		
	Increased education to staff		
	Language use		
	Learn how to respect each individual.		
	Letting the seniors know that [agency name] is an LGBT friendly community		
	Make the (illegible) aware that there may be some LGBT participants who may join [agency name].		
	More acceptance and respect toward LGBT residents.		
	More acknowledgment and celebration of homosexuality.		

QUESTION	CORRECT RESPONSE	CORRECT	
		N	%
	More activities created / idealized by LGBT seniors.		
	More awareness		
	More enforcement of professional expectations – not allowing water cooler talk (center director allows it – HR is so uninvolved at [agency name] - they see nothing)		
	More in depth training for dealing with and educating other colleagues.		
	More inclusive housing options. More inclusive media portrayal (i.e., 2 men on fliers or 2 women)		
	More integration with residents.		
	More ongoing appreciation for diversity and acknowledgment of LGBTQ as a group.		
	More personal experiences from LGBT speakers.		
	More resources available for our participants		
	More training and topic of the LGBT		
	More training on how to handle LGBT relationships and sexuality.		
	More training would be appreciated.		
	More training. More visibility in the agency - posters, pictures, (illegible). More discussion in teams, case conferences, where appropriate.		
	Most staff are all aware how to respond to LGBT seniors' questions and needs to the center.		
	Moving from an accepting agency to a welcoming agency.		
	Need for more sensitivity training around sexual issues in general for elders, e.g., "most often see elders as asexual"		
	None		
	None		
	Not sure		
	Not to assume anything. Respect everyone's sexual orientation. Suggestion box.		
	Nothing.		
	Offer more training about LGBT		
	Offer our residents the environment and materials desired.		
	Ongoing training		
	Presenter did very well!		
	Put up the rainbow sticker. Maybe social workers can display the rainbow sign also.		
	Regular sensitivity training		
	Respect and acknowledge all sexual orientations		

QUESTION	CORRECT RESPONSE	CORRECT			
		N	%		
	Revision of some forms and marketing materials.				
	Sitting down talking to our clients				
	Talk to the client about this program				
	Teach more respect and professional ethics on the job.				
	This training for all new employees				
	To be more open with seniors				
	To have everyone be onboard and understand that everyone is equal.				
	To serve/accept all LGBT people here in [agency name]				
	We are already starting with steps by having your agency come and speak to us. I believe more in-services will be a positive thing. (Include line staff.)				
	We need to have firmer policies to reprimand anyone who mistreats LGBT clients or coworkers.				
	No response			87	55%
	6. Would you recommend the training to your coworkers?			Yes	145
No		9	6%		
No Response		4	3%		
Other: Definitely!		8	5%		
Other: Good training, excellent video					
Other: I don't think so.					
Other: If they want to or [are] open minded					
Other: Maybe					
Other: Thank you for your presentation. Everyone needs to hear this. This was very informative and begins a new and extremely important shift for our agency.					
Other: Thanks for an enlightening discussion!					
Other: Yes - For those who have not been exposed to or worked with LGBT					

**Table 4: Post Training Survey Results for Regional Training**

**N = 53**

QUESTION	CORRECT RESPONSE	CORRECT	
		N	%
1. Has your knowledge of standards of care for LGBT seniors increased as a result of today's training?	Yes	46	87%
	No	5	9%
	No Response	2	4%
	Other yes <sup>1</sup> : Definitely	6	11%
	Other yes: Less "101" please! As an LGBT provider, it was too elementary.		
	Other no: I am a lesbian who works with elders.		
	Other no: Very disappointed in the training - too much vocabulary, too few service issues. Need practical, not academic.		
	Other no: Wish we had spent more time at the end about senior-specific issues, less on "terminology" - seems like most people here already knew it.		
Other: My knowledge was reinforced			
2. Has your awareness of the issues LGBT seniors face increased?	Yes	48	91%
	No	3	6%
	No Response	2	4%
	Other yes: Could have focused much more on senior LGBT issues beginning in the morning.	3	6%
	Other: A bit		
Other: I am a lesbian who works with elders.			
3. Are you more likely to keep in mind that some of the older adults you work with may be LGBT?	Yes	47	89%
	No	3	6%
	No Response	3	6%
	Other no: I already had that in mind.	6	11%
	Other no: Most of my clients are LGBT.		
	Other: Already do		
	Other: And with other staff to be aware of.		
	Other: I am a lesbian who works with elders.		
Other: I presently do.			
4. If a client identified as LGBT, would you feel more comfortable talking with them after today's training?	Yes	47	89%
	No	2	4%
	No Response	4	8%
	Other no: Already comfortable.	7	13%
	Other no: I was already very comfortable.		
Other: Although I was comfortable before.			

<sup>1</sup> Most respondents used "other" to specify why "yes" or "no." "Other yes" means they selected both "yes" and wrote something in the "other" field; same with "other no"; "other" means they didn't select either yes or no.

QUESTION	CORRECT RESPONSE	CORRECT	
		N	%
	Other: I already felt comfortable.		
	Other: I am a lesbian who works with elders.		
	Other: My issue would be self-disclosure. Okay or inappropriate?		
	Other: Wasn't uncomfortable		
5. What are some of the changes that you would like to see happen within your agency or department as a result of the training? (Please specify)	Better intake forms - all forms being inclusive	39	74%
	Changes in the intake and assessment forms.		
	Changing intake, increasing visibility		
	Changing policies and procedures.		
	Check about transgender care training.		
	Clinical training for clinicians - intake and interviewing techniques		
	County agency complies with mandates.		
	Focus on aging and LGBT communities.		
	Formal policies of inclusion and acceptance		
	Fund LGBT-specific services		
	Handouts given to patients explaining the program to include inclusive language. Specific training for practitioners.		
	Have more specific policies regarding the conduct of employees who fail to tolerate LGBT or any other minority.		
	I am in private practice with a special area working with LGBTIQQ population. This presentation made me more aware of factors to consider in work with seniors as well as resources for seniors. Thanks!		
	I believe the training in entirety would be beneficial. However, more staff training on an ongoing basis, not just once, would be great. Also, increasing programs specific to LGBT elders and their families/caregivers/friends.		
	I work for a gay agency. Maybe the answer is I became more aware of the history - and trans issues.		
	I work in family practice with a specialization in helping family members who have an elder with dementia. I now feel much more informed about LGBT elders - a good start for me as MFT.		
	Improve intake and assessment forms to be more LGBT sensitive and inclusive.		
Increase visibility and open discussion of LGBT issues in day-to-day practice.			
LGBT awareness!			
More awareness re: health problems specific to LGBT patients and sensitivity			

QUESTION	CORRECT RESPONSE	CORRECT	
		N	%
	More caregiver awareness trainings		
	More direct addressing - values, customs		
	More education and training among floor staff, nurses, doctors and social workers on how to be more aware of the LGBT population and the needs of that population.		
	More inclusive paperwork, visible queer-friendly posters		
	More staff training and programs specifically designed to address the needs of the LGBT community.		
	More training, more awareness, education		
	More visibility and signage		
	Open discussions regarding awareness of LGBT and how we can help our clients feel more comfortable.		
	Review policies and procedures to make them more LGBT friendly. Complete emblem project certification document.		
	Review policies to ensure they're welcoming and inclusive.		
	Rework the gender, sexual orientation on our psychosocial assessment.		
	Start a caregiver support group for GLBT family caregivers		
	State/Federal paperwork terminology. Improved use of services for LGBT. Lavender Seniors literature at waiting room.		
	Stated/written accommodations for same-sex couples. Modifications/additions in activities.		
	Talking more directly about LGBT issues. Asking more about past relationships when client is "single" or lives alone now. Think about how to support and identify LGBT seniors who may not feel comfortable being out.		
	Training for staff		
	Training of other participant/clients about LGBTQ issues.		
	We are a two-person "home office" so we want to be visible and welcoming in the LGBT community as a resource.		
	We need to make aware to clients that we are open to discussing orientation and identity. Creating a safe environment.		
6. Would you recommend the training to your coworkers?	Yes	47	89%
	No	1	2%
	No Response	5	9%

QUESTION	CORRECT RESPONSE	CORRECT	
		N	%
	Other yes: I was hoping for content regarding LGBT elders and behavioral health, mental illness.	7	13%
	Other yes: Loved the cultural diversity on the panel!		
	Other yes: Some of my coworkers need a basic human sexuality class.		
	Other yes: Other organizations		
	Other: N/A		
	Other: QVMC - Ivy Stanley, LGBT Training PEI		
	Other: Some version of it		
7. Which of the following statements best describes the appropriate use of the term "homosexual"?	a. "Homosexual" is the best way to refer to anyone who is not heterosexual	0	0%
	b. Any use of "homosexual" should be criticized because it is a clinical term with a bad history	1	2%
	c. Some older LGBT people use the term, but others find it offensive and prefer terms like "gay" or "lesbian" or sometimes even "queer" – it is safest to use "LGBT" unless someone specifies otherwise	50	94%
8. The number of people who engage in same-sex behavior is about the same as the number who identify as lesbian, gay or bisexual; sexual identity and sexual behavior are the same thing.	False	48	91%
9. African Americans and Latinos are more likely to be out of the closet because they usually come from liberal religious backgrounds that embrace openly LGBT individuals and their children	False	52	98%
10. People who fear discrimination based on ethnicity or class status might not want to add to the chance of poor treatment by coming out as LGBT as well	True	52	98%
11. Asking about gender identity appropriately in oral and written intake requires two questions: one about gender assigned at birth, the other about current gender.	True	45	85%

QUESTION	CORRECT RESPONSE	CORRECT	
		N	%
12. There is no scientific evidence that efforts to change sexual orientation are effective, but ample evidence they produce long-term psychological, social and spiritual harm	True	49	92%
13. Most doctors and therapists agree that thousands of people have been helped by ex-gay ministries to successfully walk the difficult road to overcome unwanted same-sex attractions in a lasting manner	False	50	94%
14. Dealing with the stigma associated with being LGBT increases rates of depression and anxiety disorders, increases the incidence of suicidal ideation and attempts, increases levels of substance abuse including smoking, and leads to a host of chronic physical conditions associated with these risk factors	True	45	85%
15. LGBT elders are at a higher risk for isolation, poverty, homelessness and premature institutionalization	True	47	89%
16. To better serve LGBT elders, you should utilize written forms and interview guides that allow LGBT clients to disclose sexual/gender identities if they want to, and keep this information confidential if they choose	True	51	96%
17. To better serve LGBT elders, you should utilize openly LGBT people on staff, on the board of directors, and as volunteers	True	47	89%

QUESTION	CORRECT RESPONSE	CORRECT	
		N	%
18.To better serve LGBT elders, you should determine where to place transgender people by asking politely if they have had surgery, and assume that clients are straight unless they indicate otherwise	False	44	83%
19.To better serve LGBT elders, you should know local resources for the LGBT community, and find out if referral agencies are LGBT friendly	True	51	96%
20.Baby-boomer LGBT elders are more likely to be out of the closet than previous generations of LGBT, and more likely to expect nondiscriminatory treatment as LGBT people	True	42	79%
21.BBS Continuing Education Certification desired	Yes	35	66%