sherbourne HEALTH

rainbow health ontario
SHERBOURNE HEALTH

health in focus: LGBT2SQ seniors

An evidence review and practical guide designed for healthcare providers and researchers

PURPOSE

This *Health in Focus* educational resource was created to highlight the healthcare and social service needs of LGBT2SQ seniors.

This document will help you to identify barriers for LGBT2SQ seniors accessing these services and to better understand what you and your work can do to create LGBT2SQ-affirming environments.

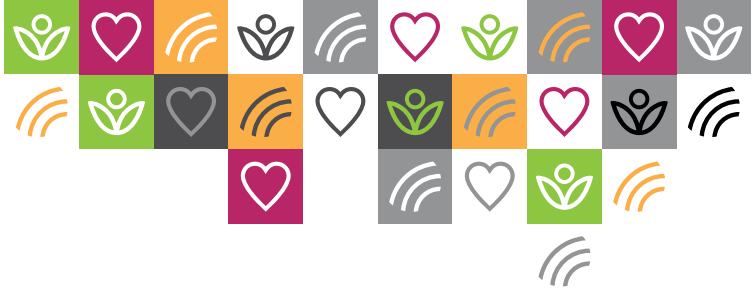

TABLE OF CONTENTS

summary

To provide inclusive, affirming services, and welcoming health care to LGBT2SQ seniors, healthcare and social service providers should appreciate that not all seniors are heterosexual and cisgender. As they approach their twilight years, LGBT2SQ seniors are confronted with uncertainty about how to navigate health care and social services. Much of this uncertainty is because of historic stigmatization and discrimination towards LGBT2SQ communities, which has defined the lived experiences of many LGBT2SQ seniors. Understanding the impacts of LGBT2SQ lived experiences is essential to addressing the health and social service needs of LGBT2SQ seniors.

When providing services to LGBT2SQ seniors, service providers' care will be enhanced by learning about the unique needs of LGBT2SQ seniors regarding:

1. **physical health:** frailty, sexual health, HIV and aging, dementia, minority stress;
2. **mental health:** impacts of stigma and discrimination, social isolation and belonging;
3. **social isolation:** chosen families, disparities in social determinants of health;
4. **spiritual health:** exclusion from communities of faith; and
5. **being out and inclusive environments:** fear of discrimination in healthcare settings, and the need for affirming service providers and care environments.

When caring for LGBT2SQ seniors in a clinical environment, service providers should know that:

1. LGBT2SQ seniors may be vulnerable to a "double effect" when service providers lack skills to care for geriatric populations and lack LGBT2SQ cultural competency;[2]
2. A therapeutic relationship with open, respectful, honest communications is important for LGBT2SQ seniors to disclose medical and social information;[2]
3. LGBT2SQ seniors should be assessed for the six effects of lifetime stigma:
   a. discrimination and violence, including social isolation;
   b. depression and anxiety;
   c. poverty;
   d. chronic illness;
   e. delayed care-seeking; and
   f. poor nutrition.[2]

Read on to learn in detail about the historical context and contemporary health needs of LGBT2SQ seniors.

historical discrimination: context

When providing affirming health care and inclusive social services, it's important for healthcare providers to acknowledge the political and social norms that have existed throughout the lifetimes of LGBT2SQ seniors.[3] In Canada, consensual sex between individuals of the same sex was a criminal offense until 1969.[4] These norms have impacted LGBT2SQ seniors' sense of self and their self-perception, given them fear of discovery, and compounded their internalized homo/bi/transphobia.

From the 1950s to the early 1990s, thousands of LGBT veterans and civil servants were part of the "LGBT gay purge." They experienced state-sanctioned homophobic discrimination and were demoted, denied promotions, transferred or fired because of their sexual orientation.[5] Homosexuality was viewed as a national security risk to Canada.

Additionally, many LGBT2SQ seniors experienced:

- overt discrimination;
- stigma;
- violence;
- assault;
- rejection from their biological families;
- imprisonment;
- lost employment;
- forced electro-shock therapy to be cured of "homosexuality"; and
- cumulative grief and loss, both from the impact of HIV/AIDS and the lack of access to transition-related care for transgender individuals until more recently.[1]

HISTORICAL EVENTS IN ONTARIO RELATED TO LGBT2SQ EXPERIENCES IN CONTEXT OF THE LIFESPAN OF AN LGBT2SQ SENIOR

YEAR	HISTORICAL EVENT IN ONTARIO	HYPOTHETICAL AGE OF AN LGBT2SQ SENIOR (ASSUMES THEY WERE BORN IN 1945)
1969	Consensual sex between same-sex adults is removed from Criminal Code of Canada	24
1970	Ontario Ministry of Health lists transition-related surgery (TRS) as an OHIP covered procedure	25
1973	Homosexuality is removed as a mental illness from the DSM-III	28
1981	HIV/AIDS pandemic begins	36
1981	Toronto Bath House Raids: Largest mass arrest in Canada	36
1986	Ontario recognizes sexual orientation in human rights legislation	41
1993	Supreme Court upholds denial of bereavement for same-sex partners	48
1998	Ontario Ministry of Health delists TRS as an OHIP covered procedure	53
2003	Ontario legalizes same-sex marriage	58
2008	Ontario Ministry of Health and Long-Term Care (MOHLTC) relists TRS as OHIP covered procedure	63
2012	Ontario recognizes gender identity and gender expression in human rights legislation	67
2017	Federal protection for transgender Canadians	72

Figure 1. Timeline of Major LGBTQ Human Rights Events in Ontario from the Perspective of Someone Born in 1945- adapted from the City of Toronto, Long-Term Care Homes & Service's ***LGBT Tool Kit: Creating Lesbian, Gay, Bisexual and Trans-inclusive Care and Services (2017)***.

historic discrimination's legacy: health disparities

The accumulation of stress, discrimination, stigma, and violence in someone's lived experience contributes to negative health outcomes and barriers to accessing health and social services.[6,7] Over time, these individual experiences become internalized, creating both acute and chronic stress, known as minority stress.[7,8]

The intersections of being LGBT2SQ with other elements of someone's identity, such as age, race, disabilities and/or immigration status, can exacerbate minority stress and lead to adverse health outcomes. The effects of discrimination of LGBT2SQ seniors based on sexual orientation and/or gender identity can be compounded by ageism.[9,10]

MINORITY STRESS The chronic psychological strain resulting from: stigma and expectations of rejection and discrimination; decisions about disclosure of sexual orientation or gender identity; and internalization of homophobia and transphobia that LGBT2SQ people face in a heterosexist and cissexist society.[7]

INTERSECTIONALITY Intersectionality explores how varied identities affect social relationships and individual relationships daily, such as: race, ethnicity, class, socioeconomic status, disability, sexual orientation, gender identity and gender expression. This can create experiences of domination, discrimination and oppression.[9,11,12]

health disparities for LGBT2SQ seniors, by area of health

Minority stress experienced across their lifetimes can impact the physical, mental, emotional, sexual and spiritual health of LGBT2SQ seniors.[3] In general, LGBT2SQ seniors have worse physical and mental health, and are more likely to participate in risky behaviours with negative implications for their health than other seniors.[13,14] Racialized LGBT2SQ seniors may experience a dual burden of health disparities due to their sexual orientation or gender identity and their race or ethnicity.[14]

PHYSICAL HEALTH

FRAILTY

Frail older adults typically have an increased number of comorbid conditions, and may experience chronic disability and cognitive impairment, impeding their capacity for self-care.[2] Frail seniors may have unique health risks and considerations such as falls, incontinence, and acute changes in mental health status, use of multiple pharmaceuticals (i.e., polypharmacy), and atypical and non-specific presentation of disease.[2] Note that high quality care for seniors typically requires:

- an interdisciplinary team often including family and friends; and
- all formal and informal caregivers to be culturally competent in caring for LGBT2SQ seniors.[2]

Promoting the health of frail LGBT2SQ seniors includes learning about "aging in place," which means making an effort to keep seniors within their communities, as opposed to within institutional care systems.[2]

SEXUAL HEALTH

LGBT2SQ seniors have intimacy and sexual needs, but they fear that expressing these needs will lead to mistreatment by service providers.[13] Distinguishing sexual orientation and gender identity from sexual behaviour when obtaining sexual history from LGBT2SQ seniors will support open communication.[2] LGBT2SQ seniors may also underestimate the risk of obtaining a sexually transmitted infection (STI),[2] plus:

- misconceptions regarding transmission risk when using sex toys may lead to higher rates of STIs in women who have sex with other women (WSW); and
- LGBT2SQ seniors coming out of long-term monogamous relationships and seniors who use drugs for erectile dysfunction both have a higher risk of acquiring an STI.

LGBT2SQ seniors are more likely to engage in risky sexual behaviour, with the highest percentage of risky sexual behaviour reported by gay and bisexual cisgender men, as well as by transgender seniors.[15] Note that:

- experiences of depression, social isolation and loneliness may increase risky sexual behaviours;[2] and
- despite participation in risky sexual behaviours, LGBT2SQ seniors report high levels of HIV testing.[1]

HIV AND AGING

Senior gay men who are HIV positive experience multiple forms of stigma that stem from their sexual orientation, ageism, and discrimination due to HIV status. They consequently report poor quality of life.[16] Healthcare providers and their patients alike should know that HIV no longer has to be a death sentence, and that antiretroviral therapy prevents the progression of disease related to HIV infection. Antiretroviral therapy can extend the lives of HIV-positive patients to a near-normal life expectancy.[17]

Regarding LGBT2SQ seniors and HIV, care providers should note that:

- approximately 50% of people living with HIV in Canada are older than 50 years of age. 1 in 5 new cases of HIV are in someone who is 50+ years old;[18]
- older adults who are diagnosed with HIV are more likely to have been unknowingly living with HIV for long periods of time;
- delayed diagnosis and treatment of HIV is associated with greater declines in immune function, as well as increased risk for other diseases related to chronic HIV infection;
- treatment of HIV becomes more complicated with age, since other health conditions needing treatment may increase the risk of drug interactions and side effects;[18]
- LGBT2SQ seniors have higher rates of HIV compared with gay and bisexual cisgender men. Transgender women have the greatest prevalence of HIV infection;[1] and
- Black and Hispanic LGBT2SQ seniors have higher rates of HIV than Caucasian LGBT2SQ seniors.[1]

HIV-ASSOCIATED NEUROCOGNITIVE DISORDERS (HAND)

A direct consequence of HIV infection, HAND is a spectrum of neurocognitive disorders that develops over many years and that ranges from minor cognitive impairment to severe dementia.[19] HAND is classified into three categories:

1. Asymptomatic neurocognitive impairment (ANI)
2. Mild neurocognitive disorder (MNI)
3. HIV-associated dementia

Regarding HAND:

- approximately 50% of people with HIV undergoing antiretroviral therapy develop milder forms of HAND, ANI and MNI;[17,20]
- HAND predominately presents as cognitive impairments to attention, memory, processing speed, and executive function.[17] Outcomes may include poor adherence to medication and a decreased ability to perform complex tasks;
- risk factors for HAND include lower levels of education, early immunosuppression, increasing age, cardiovascular risk factors, and lower nadir CD4 count;[17,20] and
- cisgender women, people with substance use disorders, major depressive disorder or Hepatitis C (HCV) coinfection are more likely to experience symptomatic progression.[20]

DEMENTIA

LGBT2SQ seniors with dementia are at risk for poor quality of care because healthcare staff may not understand the unique needs of this population.[13] LGBT2SQ seniors need to be able to trust caregivers to understand their needs, and may be concerned they will not receive adequate care if they regress prior to a time when they were out and "come out" accidentally.[21] Keep in mind that:

- LGBT2SQ seniors with dementia may accidentally out themselves without realizing the implications that may have;[22]
- transgender seniors with dementia may regress to a time prior to transition, might forget they have transitioned, and may become vulnerable to mistreatment by caregivers or families;[22] and
- service providers should be mindful about who is caring for LGBT2SQ people with dementia, since this person may be a "keeper of memories."[22]

mental health factors for LGBT2SQ seniors

Discrimination, violence and uncertainty about how to navigate healthcare and social services is a barrier to healthy mental aging.[23] 31% of LGBT2SQ seniors have symptoms of depression—2-3x greater than the general population—and 48% of transgender seniors report symptoms of depression.[3] 71% of trans seniors have a history of suicidal ideation.[3]

The Institute of Medicine study[24] called *The Health of Lesbian, Gay, Bisexual, and Transgender People* found that 65% of LGBT2SQ seniors have experienced verbal harassment and 40% have experienced physical violence. They also noted that:

- transgender seniors greater than 50 years old experienced higher level of verbal insults and physical violence; and
- gay cisgender men report higher levels of internalized homophobia, alcohol abuse, and suicidality.

social disparities and isolation

LGBT2SQ seniors have greater social disparities, including isolation and loneliness, compared to non-LGBT2SQ peers.[25] These social disparities are compounded over time with a shrinking social support network, financial hardship due to lack of employment opportunities, fear of being outed and alienation from seniors' community programs and services.

ISOLATION

LGBT2SQ seniors are less connected with biological families and have fewer options for informal caregiving, leading them to rely more heavily upon institutional support.[26] Note that:

- LGBTQ seniors are more likely to live alone, and less likely to marry and have children, compared to heterosexual older adults;[1,3,27]
- children of LGBT2SQ seniors are less likely to help their parents, and in some cases, LGBT2SQ older adults may conceal their identity from their children because they fear rejection;[1]
- bisexual men and women report higher levels of loneliness compared to gay and lesbian older adults;[1] and
- transgender older adults report higher levels of loneliness compared to cis-gender older adults.[1]

CHOSEN FAMILY

In the absence of biological relationships, aging LGBT2SQ people form "chosen families" or "families of choice" for social support, typically consisting of close friends and/or partners.[1] Regarding chosen family:

- LGBT2SQ seniors fear that partners and chosen family will not be recognized by health and care providers;[28]
- chosen families will have their own challenges related to health and aging, impeding their ability to provide social support;[1]
- LGBT2SQ seniors who have concealed their identity from care providers may end relationships with chosen families to avoid being outed;[27] and
- service providers must respect the client's chosen family and connections when chosen families are listed as the next of kin or substitute decision maker, and/or listed in living wills or designated as their power of attorney.

spiritual health

LGBT2SQ seniors are likely to have experienced exclusion from religious and faith communities;[29] however, service providers should avoid making assumptions about the attitudes of LGBT2SQ seniors towards religion or spirituality based on historical exclusion of LGBT2SQ people from religious and faith communities.[30]

Spirituality may become increasingly important to some LGBT2SQ seniors as they age.[30] More churches, temples, mosques, spiritual and faith traditions are declaring themselves to be welcoming and inclusive.[29]

Spiritual and religious caregivers have an important role in creating inclusive, welcoming, and affirming environments for LGBT2SQ seniors.[29]

resilience factors

In spite of the challenges throughout their lived experiences, many LGBT2SQ seniors have demonstrated strong resilience to overcome personal life challenges.[1] LGBT2SQ seniors may develop life skills known as crisis competency due to their experience of being a sexual and/or gender minority.[24] Crisis competency helps to build resilience, which better prepares LGBT2SQ seniors for aging.

In 2006, the MetLife Survey found that 38% of LGBT2SQ seniors reported positive consequences of being a sexual and gender minority.[24] LGBT2SQ seniors who report positive consequences also report being more accepting of others, and report having greater resilience, self-reliance and support networks.

creating an inclusive and welcoming environment for LGBT2SQ seniors in your care

Creating inclusive, welcoming, and affirming environments for LGBT2SQ seniors relies on cultural competency at the organizational and individual level.[29]

Cultural competency refers to behaviours, attitudes, and policies that support the provision of care and services in a sensitive and meaningful way to diverse populations.

6 STEPS TO CREATING AN INCLUSIVE ENVIRONMENT FOR LGBT2SQ SENIORS IN YOUR CARE

1. Use an intersectional approach to care, get to know LGBT2SQ seniors on an individual level and use inclusive intake forms and communications.[8]
2. Integrate lived experiences of LGBT2SQ seniors when conducting health and social assessments.[2]
3. Use culturally sensitive and age-appropriate language to build rapport.[2]
4. Support staff and seniors who are out. Create affirming services that validate LGBT2SQ sexual orientation and gender identity.[3]
5. Provide ongoing training to residents and staff on anti-oppression, anti-racism and LGBT2SQ-specific training on diversity and inclusion.[3]
6. Create a sex-positive environment, train staff to respect the privacy of residents, and train staff on signs of sexual abuse.[3]

TIPS TO INCLUSIVE CARE FROM THE *LGBT TOOL KIT* FROM THE CITY OF TORONTO LONG-TERM CARE HOMES & SERVICES, 2017

ORGANIZATIONAL AND INDIVIDUAL CULTURAL COMPETENCY

- Identify attitudes, skills, and knowledge (ASK model) towards LGBT2SQ seniors at the organizational and individual level.
- Identify what actions need to be taken to create leadership opportunities, and increase visibility of LGBT2SQ seniors, programs and initiatives throughout the organization.
- Evaluate systems and processes that create barriers and risks to LGBT2SQ inclusion, affirmation, and safe visibility.
- Evaluate personnel competence, systems and processes that create barriers to meeting care and service needs of LGBT2SQ seniors.

APPENDIX 1 • in detail: what the research shows about barriers to being authentic for LGBT2SQ seniors

Real or perceived negative attitudes of service providers contribute to LGBT2SQ seniors' fear of mistreatment and discrimination.[31] The broader social climate of cisgender heteronormativity, the idea that all people are assumed to be cisgender and heterosexual, can send a message to LGBT2SQ seniors that they are not welcome.[28] Cisgender heteronormativity usually takes the form of covert or subtle events, making it difficult to identify and address.[28]

Other barriers to care for LGBT2SQ seniors are that:

- many LGBT2SQ seniors fear that they will be judged by or receive inferior care from their healthcare providers;[29]
- intake forms and other methods for recording information follow a cisgender, heteronormative framework, focusing on biological problems associated with aging and neglecting needs related to sexuality or gender identity;[10]
- LGBT2SQ seniors may avoid care, delay seeking care or conceal their identity to feel safe when accessing services, leading to an overall worsening of health conditions;[1,31]
- lack of service provider awareness of LGBT2SQ health care and social service needs supports a "don't ask, don't tell" dynamic, where discrimination is replaced with silence and leaves LGBT2SQ health and social services needs unaddressed;[29,32]
- 40% of LGBT2SQ seniors have not told their primary healthcare providers about their sexual orientation or gender identity for fear of discrimination;[33]
- service providers are reluctant to ask questions about sexual orientation and gender identity, which exacerbates invisibility and silencing;[10] and
- LGBT2SQ seniors may not have access to or knowledge of how to seek information about their health and social service needs. This contributes to under-preparedness for end-of-life planning and lacking knowledge of legal resources or how to seek this information as they continue to age.[13,32]

Transgender seniors experience additional barriers not experienced by cisgender LGB2SQ seniors. This is largely a result of transgender people's identity being known to service providers (in contrast to sexual orientation, which may be more easily 'concealed' or less discriminated against), making transgender people more susceptible to discrimination and abuse.[1] For instance:

- service providers may question the need for gender-specific care, provide information or forms pertaining to the wrong gender, or question discrepancies on medical or legal notes related to biological sex, leading to the forced outing of transgender people accessing these services;[34]
- service providers are more likely to participate in overt forms of discrimination towards transgender people, including visible uneasiness, reluctance to touch patients, avoidance of eye contact and denial of service;[34] and
- transgender seniors are concerned about having access to services that support gender identity maintenance upon entering long-term care or community living.[34]

APPENDIX 2 • the current legislative and regulatory context regarding LGBT2SQ seniors

Policies that include sexual orientation, gender identity and gender expression create equitable environments for all service users and service providers. These policies create a framework for providing inclusive, welcoming, and affirming care, improving access to services for LGBT2SQ seniors and supporting LGBT2SQ identified service providers.

ONTARIO HUMAN RIGHTS CODE

The Ontario Human Rights Code[35] is a form of legislation created to recognize the inherent dignity and worth of every person and to provide equal rights and opportunities without discrimination within a social area. This includes employment, housing, facilities and services, contracts, and memberships in union/trade/professional associations.

Sexual orientation, gender identity, and gender expression are recognized as protected grounds for discrimination under the Ontario Human Rights Code.[35]

The Ontario Human Rights Code[35] supports non-discriminatory policies within recognized social areas including organizations providing health care services, social services, and housing accommodations. Policies under the code specific to sexual orientation, gender identity, and gender expression outline organizational and individual strategies for creating inclusive, welcoming and affirming environments for LGBT2SQ seniors.

POLICY ON DISCRIMINATION BECAUSE OF SEXUAL ORIENTATION[36]

- Protection of confidentiality of information
  - Service providers collecting information that directly or indirectly identifies an individual's sexual orientation must ensure maximum privacy and confidentiality of this information
- Barrier review
  - Organizations may have rules, criteria, or internal policies, practices and decision-making processes that perpetuate systemic discrimination, creating barriers that need to be addressed
- Development and promotion of anti-harassment and anti-discrimination policies that address homophobia
  - Commitment to fair and equitable environment free of discrimination and harassment
  - Statement of rights and obligations
  - Examples of harassment and discrimination as defined in the Code
- Complaint resolution procedure - How will complaints be handled?
  - To whom is the complaint made?
  - Confidentiality
  - Length of time for complaint to be investigated

POLICY ON PREVENTING DISCRIMINATION BASED ON GENDER IDENTITY AND GENDER EXPRESSION[37]

1. Anti-harassment and anti-discrimination policies
2. Barrier prevention, review and removal plan
3. Accommodation policies and procedures that meet the specific needs of trans people related to transitioning, identity documents, washrooms and change facilities, privacy and confidentiality, etc.
4. Development of an internal complaints' procedure
5. Education and training programs
6. Ongoing monitoring and evaluation

LEGISLATION FOR HOUSING ACCOMMODATIONS

In the past, the Ontario Human Rights Code[35] has been used to support policies and legislation for Long-Term Care (LTC) and retirement homes pertaining to the rights of residents living within these facilities.

LTC HOMES	RETIREMENT HOMES
• Regulated by the Ministry of Long-Term Care (MOLTC) • Anyone aged 18+ that meets specific eligibility criteria and health care needs • Care is government-funded, residents pay accommodation fees	• Regulated by Retirement Homes Regulatory Authority (RHRA) • Retirement homes are privately owned • Retirement homes do not receive government funding and residents pay the full cost of their accommodation and any care services they purchase

RESIDENTS' BILL OF RIGHTS[38] *Long-Term Care Act, 2007*	RESIDENTS' BILL OF RIGHTS[39] *Retirement Homes Act, 2010*
• 'Lifestyle' and choices must be respected • Right to safe environments • Rooms can be shared with anyone who mutually agrees to share a room • Residents can designate another person to receive personal/medical information on their behalf • Private rooms for intimacy must be available regardless of relationship status or sexual orientation • Residents have the right to raise concerns or recommend changes without fear of consequences	• 'Lifestyle' and choices must be respected as long as they do not substantially interfere with the enjoyment of the home by the licensee and other residents • Right to safe environments • Residents have the right to raise concerns or recommend changes without fear of consequences

APPENDIX 3 • recommended resources to learn more

1. Centres for Learning, Research & Innovation in Long-Term Care – LGBTQI2S Resources
2. National Resource Center on LGBT Aging (SAGE)
3. Rainbow Health Ontario – LGBT2SQ Health Connect
4. Rainbow Health Ontario Clinical Resources
5. Welcoming LGBTQ Resident: A Practical Guide for Senior Living Staff

references

1. Choi SK, Meyer IH. LGBT aging: A review of research findings, needs, and policy implications. Los Angeles: The Williams Institute; 2016
2. Eckstrand KL, Ehrenfeld JM. Lesbian, gay, bisexual and transgender healthcare. A clinical guide to preventative, primary, and specialist care. Switzerland: Springer; 2016.
3. Johnson, KK. Special issues in LGBTQ geriatric psychiatry. Psychiatric Times. 2018 May 29 [cited 2020 Jun 15];35(5). Available from https://www.psychiatrictimes.com/view/special-issues-lgbtq-geriatric-psychiatry
4. Government of Canada. Rights of LGBTI persons. [updated 2018 Sept 10; cited 2020 Jun 20]. Available from https://www.canada.ca/en/canadian-heritage/services/rights-lgbti-persons.html
5. Harris C. Our collective shame: Trudeau delivers historic apology to LGBT Canadians. CBC News [Internet]. 2017 Nov 28 [cited 2020 Jun 20]. Available from https://www.cbc.ca/news/politics/homosexual-offences-exunge-records-1.4422546
6. Dentato MP. The minority stress perspective. American Psychology Association: Psychology & AIDS Exchange [Internet]. 2012 April [cited 2020 Jun 22]. Available from https://www.apa.org/pi/aids/resources/exchange/2012/04/minority-stress
7. Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. Psychol Bull. 2003;129(5):674–697. doi: 10.1037/0033-2909.129.5.674
8. Johnston TR. Welcoming LGBT residents: A practical guide for senior living staff. London and New York: Routledge; 2020.
9. Bowleg L. When black + lesbian + woman ≠ black lesbian woman: The methodological challenges of qualitative and quantitative intersectionality research. Sex Roles. 2008;59(5-6):312–325. doi: 10.1007/s11199-008-9400-z
10. Simpson P, Almack K, Walthery P. 'We treat them all the same': the attitudes, knowledge and practices of staff concerning old/er lesbian, gay, bisexual and trans residents in care homes. Ageing Soc. 2018 May; 38(5):869-899. doi: 10.1017/S0144686X1600132X

11. Crenshaw K. Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory, and antiracist politics. Univ Chicago Leg For. 1989;1989(1:8):139-167. Available from https://chicagounbound.uchicago.edu/cgi/viewcontent.cgi?article=1052&context=uclf

12. Crenshaw K, Schulz P. Intersectionality in promoting equality [Interview].Petrova D. The Equal Rights Review. 16th ed. London: Equal Rights Trust; 2016. p. 207-219. Available from https://www.equalrightstrust.org/ertdocumentbank/Intersectionality%20interview%20with%20Kimberle%20Crenshaw%20and%20patricia%20schulz.pdf

13. Stinchcombe A, Smallbone J, Wilson K, Kortes-Miller K. Healthcare and end-of-life needs of lesbian, gay, bisexual, and transgender (LGBT) older adults: A scoping review. Geriatrics (Basel). 2017 Mar; 2(1):13. doi: 10.3390/geriatrics2010013

14. Saskatoon Council on Aging, OUTSaskatoon. Gay, lesbian, bisexual and transgender (LGBT) older adults and residential care environments – final report [Internet]. [cited 2020 Jun 27]. Available from http://www.scoa.ca/pdf/LGBTreport.pdf

15. Fredriksen-Goldsen KI, Kim HJ, Emlet CA, et al. The aging and health report: Disparities and resilience among lesbian, gay, bisexual, and transgender older adults. Seattle: Institute for Multigenerational Health; 2011 [cited 2020 Jun 27]. Available from: https://www.famillesIgbt.org/1463149763/Fredriksen-Goldsen%202011.pdf

16. Slater LZ, Moneyham L, Vance DE, Raper JL, Mugavero MJ, Childs G. The multiple stigma experience and quality of life in older gay men with HIV. J Assoc Nurse Aids C. 2015;26(1):24-35. doi: 10.1016/j.jana.2014.06.007

17. Oliver IS, Cacabelos R, Naidoo V. Risk factors and pathogenesis of HIV-associated neurocognitive disorder: The role of host genetics. Int J Mol Sci. 2018;19(11):1-33. doi: 10.3390/ijms19113594

18. CATIE. HIV in Canada: A primer for service providers [Internet]. [date unknown; cited 2020 Jun 27]. Avaliable from https://www.catie.ca/en/hiv-canada/8/8-1

19. Gonzalec-Scarano F, & Kolson DL. HIV-associated neurocognitive disorder after the start of combination antiretroviral therapy. Psychiatric Times. 2019 Sept 20. Available from https://www.psychiatrictimes.com/view/hiv-associated-neurocognitive-disorder-after-start-combination-antiretroviral-therapy

20. Rodriquez T. An overview of HIV-associated neurocognitive disorder. Infectious Disease Advisor. 2019 Oct 16 [cited 2020 Jun 29]. Available from https://www.infectiousdiseaseadvisor.com/home/topics/hiv-aids/associated-between-hand-and-combined-antiretroviral-therapy/

21. Putney JM, Keary S, Herbert N, Krinsky L, Halmo R. “Fear runs deep:” The anticipated needs of LGBT older adults in long-term care. J Gerontol Soc Work. 2018;61(8):887-907. doi: 10.1080/01634372.2018.1508109.

22. Peel E, Mcdaid S. “Over the rainbow” Lesbian, gay, bisexual and trans people and dementia project: Summary report. Worchester: Institute of Health and Society; 2015. Available from https://dementiavoices.org.uk/wp-content/uploads/2015/03/Over-the-Rainbow-LGBTDementia-Report.pdf

23. Brotman S., Ryan B. Healthy aging for gay and lesbian seniors in Canada: An environmental scan. Montreal: McGill University; 2008. Available from https://www.rainbowhealthontario.ca/wp-content/uploads/2009/06/Healthy-Aging-Environmental-Scan.pdf

24. Institute of Medicine. The health of lesbian, gay, bisexual, and transgender people: Building a foundation of better understanding. Washington DC: The National Academics Press; 2011. Available from https://www.ncbi.nlm.nih.gov/books/NBK64806/

25. Hardacker C, Ducheny K, & Houlberg, M. Transgender and gender nonconforming health and aging. Springer; 2019.

26. Kortes-Miller K, Boulé J, Wilson K, Stinchcombe A. Dying in long-term care: Perspectives from sexual and gender minority older adults about their fears and hopes for end of life. J Soc Work End Life Palliat Care. 2018;14(2-3):209-224.doi: 10.1080/15524256.2018.1487364

27. Sussman T, Brotman S, MacIntosh H, Chamberland, L. Supporting lesbian, gay, bisexual, & transgender inclusivity in long-term care homes: A Canadian perspective. Can J Aging. 2018;37(2);121-132. doi: 10.1017/S0714980818000077

28. Schwinn SV, & Dinkel SA. Changing the culture of long-term care: Combating heterosexism. Online J Issues Nurs. 2015;20(2):7.

29. City of Toronto, Long-Term Care Homes & Services. LGBT tool kit: Creating lesbian, gay bisexual and trans inclusive care and services. 2017 [cited 2020 Jul 4]. Available from https://clri-ltc.ca/resource/lgbt-tool-kit/

30. Cloyes KG, Hull W, Davis A. Palliative and end-of-life care for lesbian, gay, bisexual, and transgender (LGBT) cancer patients and their caregivers. Semin Oncol Nurs. 2018; 34(1):60-71. doi: 10.1016/j.soncn.2017.12.003

31. Schneider JS, Silenzio VMB, Schroth LE. The GLMA handbook on LGBT health: Societal issues and health promotion. Santa Barbara: ABC-CLIO; 2019.

32. Caceres BA, Travers J, Primiano JE, Luscombe RE, Dorsen C. Provider and LGBT individuals' perspectives on LGBT issues in long-term care: A systematic review. The Gerontologist. 2020;60(3):e169–e183. doi: 10.1093/geront/gnz012

33. Services and Advocacy for GLBT Elders [SAGE]. Out & visible: Experiences and attitudes of lesbian, gay, bisexual and transgender older adults, ages 45-75. 2014 [cited 2020 Jul 7]. Available from https://www.sageusa.org/wp-content/uploads/2018/05/sageusa-out-visible-lgbt-market-research-full-report.pdf

34. Flunker D, Knochal KA. Minnesota transgender aging project community report: Focus on providers. 2017 Dec [cited 2020 Jul 7]. Available from https://www.justushealth.org/sites/default/files/inline-files/MTAP_2017_PDF_Full_Report.pdf

35. Ontario Human Rights Code 1990 (R.S.O) c H.19. Available from https://www.ontario.ca/laws/statute/90h19

36. Ontario Human Rights Commission [OHRC]. Policy on discrimination and harassment because of sexual orientation. 2006 [cited 2020 Jul 10]. Available from http://www3.ohrc.on.ca/sites/default/files/attachments/Policy_on_discrimination_and_harassment_because_of_sexual_orientation.pdf

37. Ontario Human Rights Commission [OHRC]. Policy on preventing discrimination because of gender identity and gender expression. 2014 [cited 2020 Jul 10]. Available from http://www3.ohrc.on.ca/sites/default/files/Policy%20on%20preventing%20discrimination%20because%20of%20gender%20identity%20and%20gender%20expression.pdf

38. *Long-Term Care Homes Act 2007* (S.O.) c. 7. Available from https://www.ontario.ca/laws/statute/07l08

39. *Retirement Homes Act 2010* (S.O.) c. 11. Available from https://www.ontario.ca/laws/statute/10r11

This product was produced by Rainbow Health Ontario (RHO), a program of Sherbourne Health. RHO thanks our reviewers and authors for this product, including Kirstin Loates.