

# MULTI-DISPLINARY APPROACH TO MEETING THE NEEDS OF LGBT OLDER ADULTS

October 20, 2016

**Leena Sharma**

*Project Manager/Senior Policy Analyst*



# BRIEF OVERVIEW



- Welcome and Housekeeping
- Center for Consumer Engagement in Health Innovation
- About this webinar

# Center for Consumer Engagement in Health Innovation



- Community Catalyst advocates for high-quality, affordable health care for all
- Networks in over 40 states
- The Center focuses on advancing the role of consumers in efforts to improve payment and delivery with a focus on vulnerable populations

# Center for Consumer Engagement in Health Innovation (CCEHI)



- Focus on Vulnerable Populations
- State and Local Advocacy
- Leadership in Action
- Research and Evaluation
- Federal Advocacy
- Support Services to Delivery Systems and Health Plans

# OUR POLICY PRIORITIES

1. Structures for meaningful consumer engagement
2. Payment arrangements that incentivize people-centered health care
3. Resources for community and population health
4. Consumer protection
5. Person-centered culture of care
6. Health equity for underserved populations



# ABOUT THIS WEBINAR



- This webinar made possible by the generous support of the John A. Hartford Foundation
- Great speaker line up today:
  - **Hilary Meyer Esq.:** Director of Social Enterprise & National Projects  
SAGE
  - **Jeffrey Kwong, DNP, MPH, ANP-BC, FAAN:** Program Director, Elder LGBT Inter-professional Collaborative Care Program (ELINC); Program Director, Collaborative Access for LGBT Adults (CALA)  
Columbia University School of Nursing
  - **Nate Sweeney:** Executive Director, LGBT Health Resource Center  
Chase Brexton Health Care
  - **Nora-Ann T.:** an LGBT older adult consumer
- We will take questions at the end through the chat function



The LGBT Health  
Resource Center  
of Chase Brexton Health Care  
*Be proud. Be healthy.*



COLUMBIA UNIVERSITY  
MEDICAL CENTER

# MULTI-DISCIPLINARY APPROACHES TO MEETING THE HEALTH NEEDS OF LGBT OLDER ADULTS

**Hilary Meyer**

*Chief Enterprise & Innovation Officer, SAGE*

**Jeffrey Kwong**

*Assistant Professor of Nursing, Columbia University*

**Nate Sweeney**

*Executive Director*

The LGBT Health Resource Center of Chase Brexton Health Care

**Nora-Ann T.**

LGBT healthcare consumer

# OBJECTIVES

1. Understanding the unique needs/concerns of the LGBT older adult populations and why they are less likely to seek services
2. Learn about the health disparities faced by LGBT older adults
3. Learn about two successful program interventions that incorporate a multi-disciplinary model
4. Hear from an LGBT older consumer regarding her experiences with the healthcare system





We are the voice of LGBT older adults receiving care.

**Annual in-person or web-based training credentials**



[www.sageusa.care](http://www.sageusa.care)

# LGBT Elders Face Unique Challenges to Successful Aging

## 1. Effects of stigma, past and present

A 70-year old lesbian has seen her expressions of love labeled:

- A psychiatric disorder (*until 1973*)
- Criminal (*until 2003*)
- Anti-family and immoral (still by many religious groups)
- A threat to security and morale



## 2. Need to rely upon “families of choice” for care and support



## 3. Unequal treatment under laws, programs and services for older adults



# LGBT Elders Face Unique Challenges to Successful Aging

## 1. Effects of stigma, past and present



## 2. Need to rely upon “families of choice” for care and support



## 3. Unequal treatment under laws, programs and services for older adults



- LGBT elders are 2X more likely to be single, 4X less likely to have children
- Families and social networks are critical to successful aging
- In the US, family members provide 80% of long-term care
- Social isolation linked to higher morbidity, infection, depression and cognitive decline
- Hostility (and closet) create distance from parents, siblings and relatives
- Rely on friends and partners

# LGBT Elders Face Unique Challenges to Successful Aging

1. Effects of stigma, past and present



2. Need to rely upon “families of choice” for care and support



3. Unequal treatment under laws, programs and services for older adults



- Design federal and state safety nets around marriage, excluded same-sex couples
- Fail to recognize families of choice
- Fail to address stigma and discrimination

# RESULTING HEALTH DISPARITIES

## Women:

- Higher rates of disability and mental distress
- Higher rates of cardiovascular disease and obesity
- Less likely to have mammograms
- Higher rates of smoking

## Men:

- Higher rates of disability and mental distress
- Higher rates of HIV
- Higher rates of smoking

Source: *The Aging and Health Report – Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults* - <http://caringandaging.org/>

# INTERPROFESSIONAL COLLABORATIVE PRACTICE



“When multiple health workers from different professional backgrounds work together with patients, families, carers [*sic*], and communities to deliver the highest quality of care.”

- *WHO, 2010*

World Health Organization (WHO). (2010). Framework for action on interprofessional education & collaborative practice. Geneva: World Health Organization

# TRADITIONAL TRAINING



# TRIPLE AIM

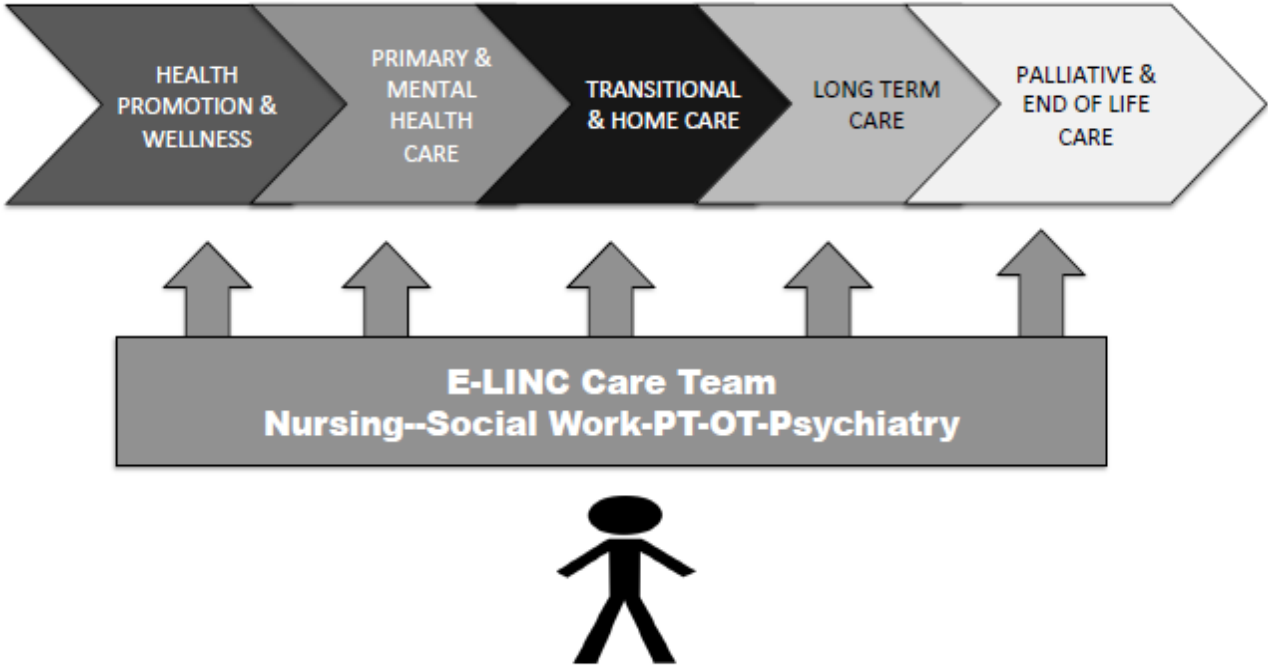
- Improving patient experience of care
- Improving the health of populations
- Reducing the per capita cost of health care

*\*\* Institute for Health care Improvement (IHI)*



# CONCEPTUAL MODEL

**OVERALL GOAL:**  
To improve the health of older LGBT adults through the implementation of a culturally appropriate, high-quality, interprofessional collaborative practice model of care



## Health Promotion & Wellness Services

**Health-E Living** (an on-going series of health education and wellness workshops – e.g., hypertension, improving sleep, cognition and aging, men’s health, women’s health, transhealth, falls prevention, etc.)

**Nursing Drop-In Hours:** Open drop-in hours staffed by an RN or NP. Provides 1:1 health education, blood pressure checks, medication adherence counseling, referral to community medical services.

**Occupational Therapy Drop-In Hours:** Open drop-in hours staffed by OT graduate students. Provides 1:1 OT evaluation and training.

**Physical Therapy Drop-In Hours:** Open drop-in hours staffed by PT graduate students. Provides 1:1 PT evaluation and assessment on falls risk and senior fitness testing.

## Care Coordination & Home Based Services

**Comprehensive Assessments:** Nurse Practitioner and Social Work Team provides comprehensive geriatric assessments for frail and home bound older adults.

**Care Coordination:** The e-linc team provides overall care coordination and cases are reviewed with the team of providers that include Nursing, Social Work, Rehabilitation Specialists, Mental Health and Patient Navigation.

**Mental Health Counseling:** Through an agreement with Columbia University School of Nursing’s Psychiatric Nurse Practitioner Program, psychiatric NP trainees provide individual and couples short-term counseling for home bound clients.

**Patient Navigation:** Patient navigation services provide a dedicated advocate who can go with clients to medical appointments and provide support and advocacy for clients. Additionally, the patient navigator can assist with case coordination and is a critical member of the e-linc team.

**Physical Therapy:** Physical Therapist and PT Students provide home consultations and can assist patients with therapeutic exercise, in-home safety and fall evaluations.

**Occupational Therapy :** Occupational Therapists and OT Students provide home consultations and can assist patients with medication management, cognitive training, in-home safety and fall evaluations.

## Mental Health & Primary Care Services

**Mental Health:** Outpatient mental health services are offered at the Lucy Wicks Clinic at Columbia University

**Primary Care:** Primary Care services are offered at the Columbia Doctors Primary Care Nurse Practitioner Group.

# E-LINC: SERVICE DOMAINS AND TEAM COMPOSITION

## Health Promotion & Wellness Services

Nurse Practitioner

Social Worker

Physical Therapist

Occupational Therapist

Patient Navigator

## Care Coordination & Home Based Services

Social Worker

Nurse Practitioner

Physical Therapist

Occupational Therapist

Patient Navigator

Psychologist

## Mental Health & Primary Care Services

Nurse Practitioner

Psychologist

# GRANT GOALS

## GOAL 1:

Improve the health of LGBT older adults through implementation of an innovative, culturally appropriate, IPCP model



# HEALTH PROMOTION & WELLNESS



# COMPREHENSIVE ASSESSMENTS



# GRACE MODEL



- Developed by the University of Indiana
- Nurse Practitioner and Social Worker Team
- Targeting frail older adults with complex needs
- Works to meet patient's interdependent health and social needs
- Mental health care is a key component

# GERIATRIC HOME ASSESSMENTS

- Comprehensive health history
- Medication reconciliation and education
- Assessment for home safety
- Assessment of mood
- Assessment of falls
- From these assessments -> Care Coordination Meetings with IPCP team
- Review information ->share with PCP



# GRANT GOALS

## GOAL 2:

Cultivate a practice environment for emerging nurse leaders to demonstrate leadership in interprofessional team building, collaborative problem-solving, and care coordination



# GRANT GOALS

## GOAL 3:

Provide interprofessional practice-based training opportunities for health professional students and residents with a focus on LGBT health.



# IPE STUDENT LEARNING



# ON-LINE WEBINAR SERIES



**Center for Practice Innovations<sup>SM</sup>**  
at Columbia Psychiatry  
New York State Psychiatric Institute  
*Building best practices with you.*

Sea

[Home](#) [Learning](#) [Knowledge](#) [Reports](#) [ILT](#) [Admin](#)

Transcript: Jeffrey Kwong (Scroll down to see all of the training you have registered for/completed) >

## E-Linc Webinar 2: Introduction to Transgender Health

CP, WEBINAR STARTING, CLOSING, Q&A, PDF

Attendees (4)

- Chris Robinson@nyu
- Mark (1)
- Center for Practice Innovations
- Practitioner (2)
- art
- centerforpracticeinnovations
- Participant (1)

CP, (10/20/2012)

Center for Practice Innovations call or information: 800-368-6522, [info@cpin.nyu.edu](mailto:info@cpin.nyu.edu)

Funded through a Cooperative Agreement with the U.S. Department of Health and Human Services.

[Mark Complete](#)

E-Linc | 0 Hours 0 Min

# EVALUATION STRATEGIES

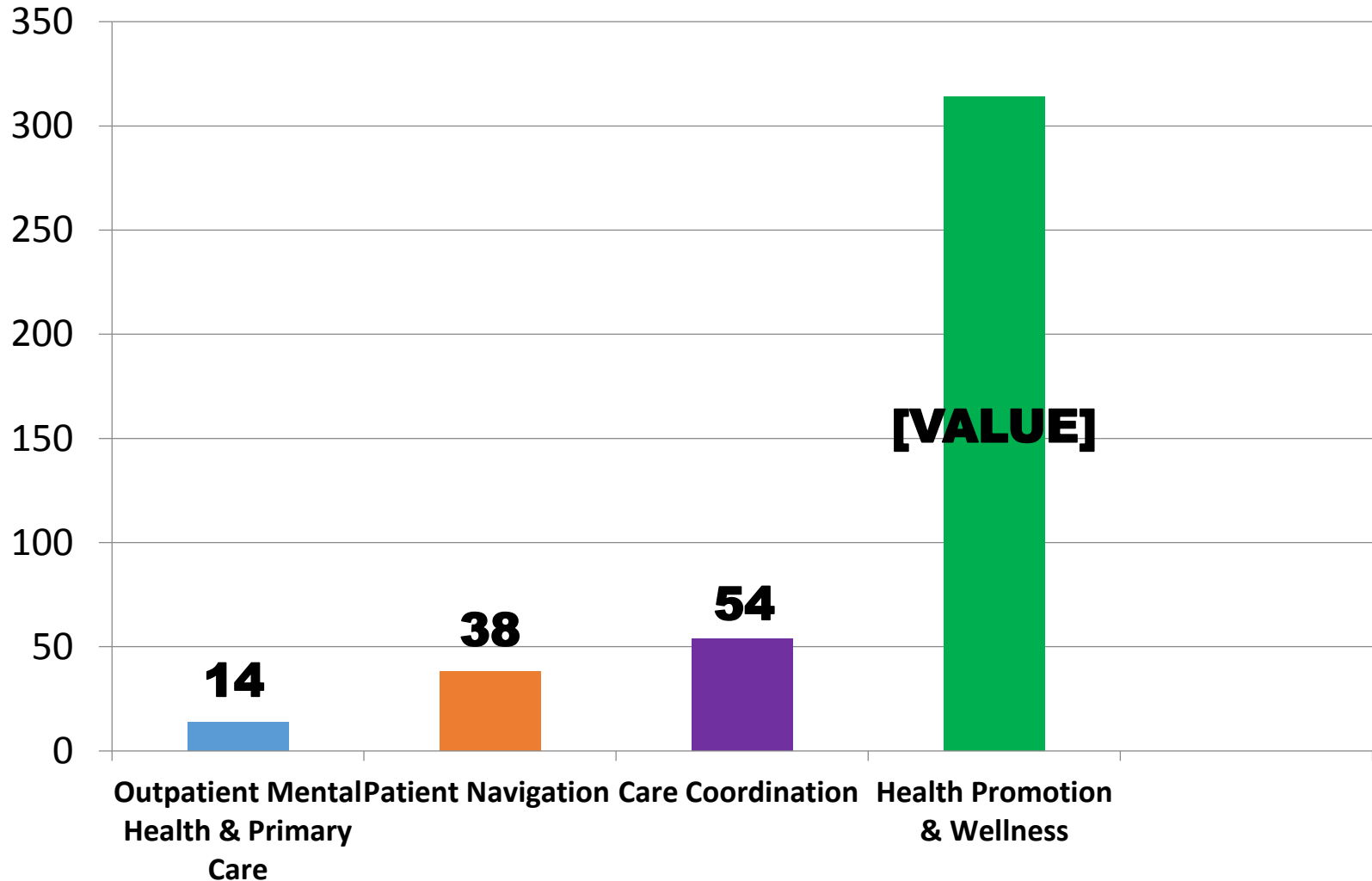
## Patient-Level

- PROMIS
- CAHPS
- Health Care Utilization
- HEDIS
- PHQ-9
- Falls Risk
- Geriatric Assessment

## Team-Level

- Attitudes Toward Health Care Team Scale (*ATHCT*)
- TeamSTEPPS (*Strategies & Tools to Enhance Performance and Patient Safety*)
- Collaborative Practice Assessment Tool (*CPAT*)
- LGBT Cultural Competency

# HOW ARE WE DOING?



# WHO ARE WE SEEING?

<b>Age Range</b>	52-98
<b>Gender</b>	Male 47% Female 44% Transgender 9%

<b>Condition</b>	<b>% of clients **</b>
Hypertension	50%
Depression	50%
Anxiety	37.5%
COPD	37.5%
Diabetes	25%

# WHO ARE WE SEEING?

- **40%** Physical Health “*Poor or Fair*”
- **36%** Quality of Life “*Good or Very Good*”
- **34%** Mental Health/Mood “*Fair or Poor*”
- **39%** Used the ER within preceding 6 months
- **46%** Received a pneumococcal vaccine
- **41%** Received a mammogram

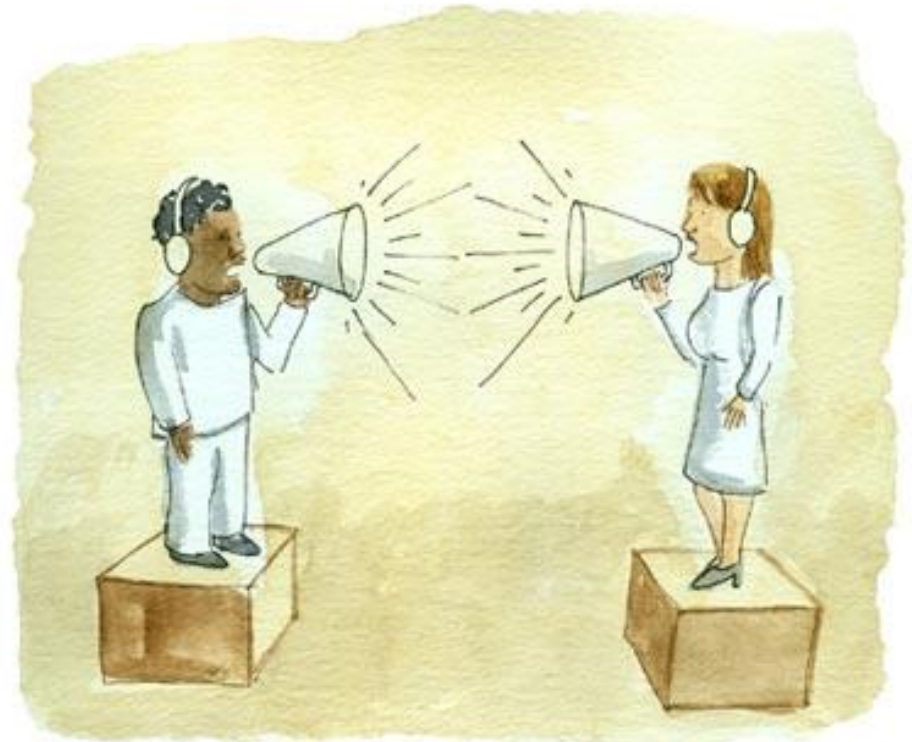
\*\* preliminary data through 3/2016 – “Promis Global Scale”



# HOW ARE WE DOING?

- **CPI Training:**
  - 11 webinars
  - 83 professionals completed (Goal is 135 by year 3)
- **Student Training: (Goal 60 trainees)**
  - IPE student series: 63 students
  - Health E Living, Home Visits, Health Consultations, Patient Navigation
- **Nurse Leader Training:**
  - Lead IPCP case conferences
  - Organizing students
  - Presenting at conferences

*Just putting people together to work in teams doesn't necessarily produce effective interprofessional teamwork.*



© Marcel Bokor 2004

# CHALLENGES

- New system
- Staffing
- Scheduling
- Building momentum
- Client acceptance



# SUMMARY

- LGBT older adults have unique issues which affect the aging experience
- Providers and organizations should be aware of the needs of this population
- Partnerships with academic institutions provide an opportunity for learning, research and expansion
- Efforts to train future healthcare workforce in caring for LGBT older adults are needed



**Chase Brexton Health Care**

*Because everyone's health matters.*

## **Nate Sweeney**

Executive Director

The LGBT Health Resource Center of  
Chase Brexton health Care

[nsweeney@chasebrexton.org](mailto:nsweeney@chasebrexton.org)

[lgbt@chasebrexton.org](mailto:lgbt@chasebrexton.org)

# A [brief] history of Chase Brexton Health Care

1978

- Volunteer run gay men's health clinic

1980's

- Beginning of the HIV/AIDS epidemic. Initially began to offer hospice care for AIDS patients. HIV care on a volunteer basis.

1991

- Hired first full time physician

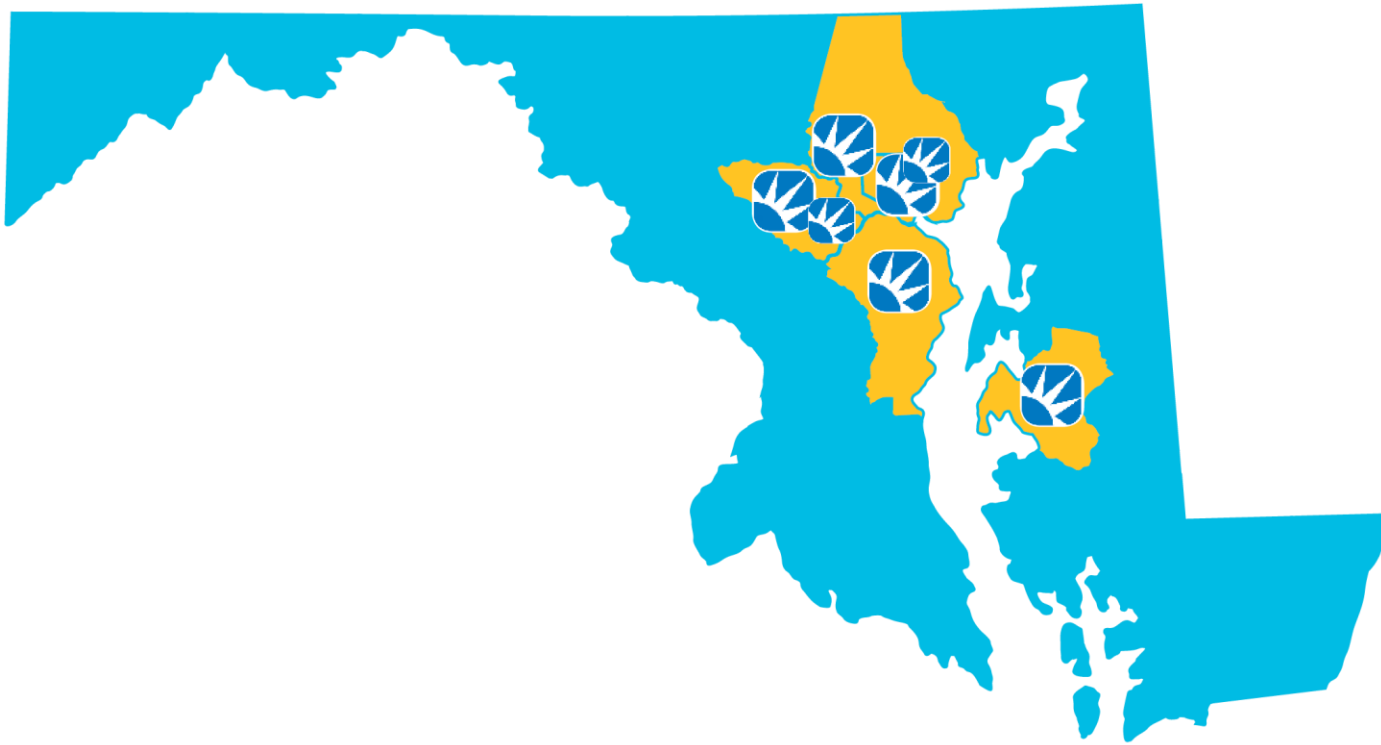
1999

- Accredited as an FQHC

2002

- Received Joint Commission Accreditation

# Chase Brexton Health Care



# Comprehensive Services and Programs



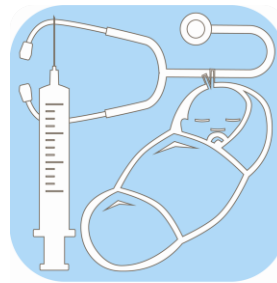
**Adult  
Medical Care**

Medical Care  
Adult



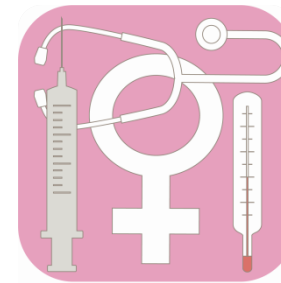
**HIV  
Medical Care**

Medical Care  
HIV



**Pediatrics**

Pediatrics



**Ob/Gyn**

Ob/Gyn



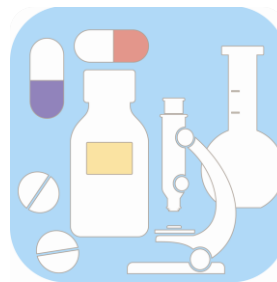
**Behavioral  
Health**

Behavioral  
Health



**Dentistry**

Dentistry



**Pharmacy**

Pharmacy



**Case  
Management**

Case  
Management



**Chase Brexton Health Care**

*Because everyone's health matters.*





2015!



**The LGBT Health  
Resource Center**  
of Chase Brexton Health Care

*Be proud. Be healthy.*

The purpose of the Resource Center is to provide LGBTQ individuals and their families with welcoming access to expert health information and resources that will enhance wellness and quality of life

# Who What Why Where When?

- The purpose of the Resource Center is to provide LGBTQ individuals and their families with welcoming access to expert health information and resources that will enhance wellness and quality of life



# So what does that mean?

- Collection of local resources
- Creation of new expertise
- Providing education
- Addressing health disparities in Baltimore and beyond

**You don't have to look around for  
very long to find who is missing...**



# First program: SAGE CAP



The LGBT Health  
Resource Center  
of Chase Brexton Health Care

*Be proud. Be healthy.*

sage<sup>SM</sup>

SERVICES & ADVOCACY  
FOR GAY, LESBIAN, BISEXUAL  
& TRANSGENDER ELDERS

# Who is an elder in Baltimore?

	Baltimore City	Midtown	Upton Druid Heights	North Baltimore Guilford Homeland
Life Expectancy	71.8	75.5	62.9	81.1
Heart Disease death rate*	28.4	26.5	48.1	17.6
Diabetes Death Rate*	3.5	3.7	7.7	1.5

**\*rates are per 10,000 residents**

*Source: Baltimore City Health Department 2011 Neighborhood Health Profiles*

# Who is being served?

- Percent of individuals reporting not having enough money for food in Maryland
  - Non LGBT 15%
  - LGBT 26%
- Percent of individuals reporting not having enough money for health care in Maryland
  - Non LGBT 14%
  - LGBT 21%

Source: The Williams Institute, "The LGBT Divide: A Data Portrait of LGBT People in the Midwestern, Mountain and Southern States. The Williams Institute"

# LGBT Caregivers



- One in five Americans will be a caregiver
- One in four LGBT Americans will be a caregiver
- More likely to be providing care in isolation without a family network
- Families of choice not legally recognized
- With a lack of culturally competent services and supports, caregivers forgo accessing care



# Caregiver Identification Barriers

- Typical among all caregivers, “I’m just doing the right thing.”
- The concept of *families of choice* often blurs the lines as to what constitutes a caregiver, “*We were partners 20 years ago- I’m all he has.*”
- Among LGBT older adults, there is often a protective reaction to “take care of our own” without outside help.

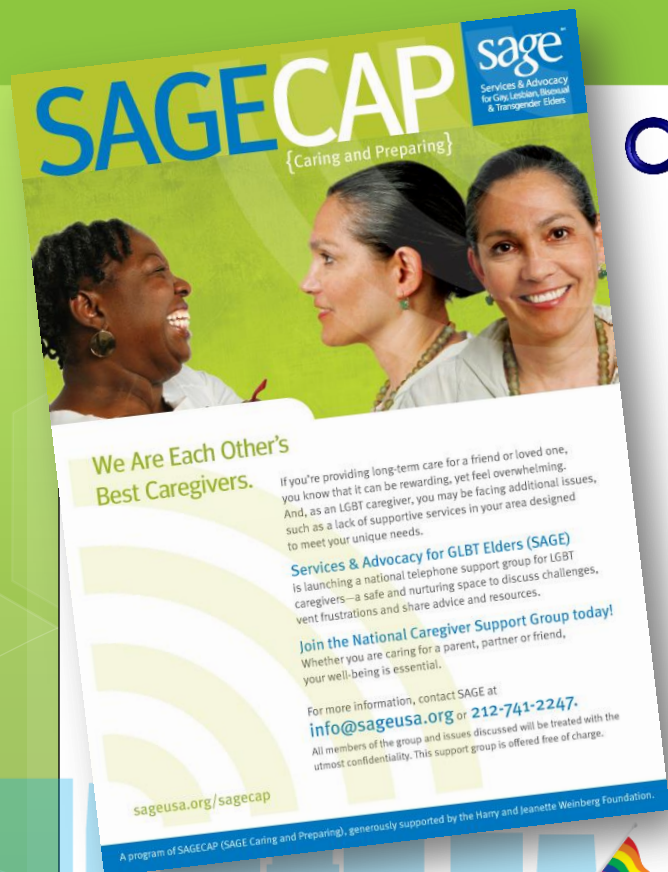
WHERE ARE WE HEADING?

# THE LGBT HEALTH RESOURCE CENTER



## CARING AND PREPARING (CAP)

- One-on-one counseling
- Bi-weekly caregiver support groups
- Educational seminars and online resources
- Help for caregivers planning for their own futures
- Information on benefits, entitlements and more



# LGBT Health Resource Center

**Information on benefits, entitlements and more**

Who can guess at what rate LGBT older adults access supportive services available to them through entitlement programs and community services as compared to non-LGBT people?

**20%**

*Source: SAGE Out & Proud*

# LGBT Health Resource Center

- How to connect LGBT seniors to services?
- Two pronged approach:
  - Partner with local organizations to increase their cultural competence around LGBT individuals and LGBT aging
  - Provide a “hot hand off” of individuals to services when needs are identified

# Decreasing isolation Building community





*May 16*

**NATIONAL HONOR OUR  
LGBT ELDERS DAY**

*For Creating the Path & Leading the Way*

The logo features a stylized sun with a rainbow-colored arc above it. The sun is yellow and orange, with rays extending outwards. Below the sun is a purple banner. The text "May 16" is written in a purple, cursive font. Below that, "NATIONAL HONOR OUR LGBT ELDERS DAY" is written in a bold, purple, sans-serif font. At the bottom, "For Creating the Path & Leading the Way" is written in a purple, italicized, sans-serif font.

# Nora-Ann T.

*Photo courtesy of NY Times*



# THANK YOU!



## Speaker Contact Information:

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