



Aging With Pride:

End of Life Conversations in Tucson's Elder LGBT Communities

by Penelope Starr

INTRO

Death and Dying is a taboo subject. Add to that the invisibility of being an elder lesbian, gay, bisexual or transgender (LGBT) person and there is a lot to NOT talk about. What are the special problems this marginalized class of people might face and how are their needs being addressed? What are the challenges and strategies that are specific to the communities in addressing healthcare systems, social networks and end of life issues. Are there commonalities in the diverse communities that make up the alphabet soup of LGBT? How does Tucson measure up in providing appropriate support and services? These were some of the questions I asked myself as I prepared to become a "citizen folklorist" and delve into the nitty-gritty of LGBT death and dying.

My interest is in creating awareness and possibly planting seeds for change to improve the lives of LGBT folks. It is not actually such a big stretch for me since I have

spent many years as an LGBT advocate. I was lucky to be the program coordinator of Wingspan's Senior Pride for two years and was instrumental in transitioning the program to an all-volunteer group when funding ended for the program in 2009. Last year Wingspan succumbed to financial difficulties and that venerable twenty-year institution merged into another nonprofit, for the time being. The solid reputation and deep community work that is Wingspan's legacy still serves the LGBT community well.

The LGBT community is extremely diverse. The concerns of a lesbian couple that have children and grandchildren are very different than that of a transwoman coming out in her sixties who is estranged from her family of origin. In order to more accurately portray distinctions, I believe that the plural term, "LGBT communities" is more useful.

I interviewed eight people with distinctly different points of reference. Three of them worked at agencies that have specific programs for elder LGBT safety and visibility. They all were fascinating people doing extraordinary things and I am grateful for their open and honest words.

-  Carolyn Carter, executor of deceased former partner's estate
-  Merlin Spillers and Lee Roden, recently married couple that has been together for 45 years.
-  Phil Bossenbroek, peer counselor at Southern Arizona Aids Foundation
-  C. Michael Woodward, MPH, trans activist
-  Sandy Davenport, LMSW, Caregiver Specialist at Pima Council on Aging and coordinator of Project Visibility

 Rev. Joe Fitzgerald, BA, MA, MAPC, Chaplain Supervisor at University of Arizona Health Network

 Julie Kennedy Oehlert, DNP, BSN, RN, Vice President, Patient Experience at University of Arizona Health Network

The interviews were conducted informally either in a restaurant or at the informant's office. I recorded the conversations on my iPhone. Since the interviews were unstructured with no set of standardized questions, and because I knew most of the interviewees prior to the meeting, conversations tended to wander off subject, therefore transcripts would not be useful. I took notes from the recordings in order to refresh my memory and so that quotes would be more accurate.

Online research was done with an emphasis on LGBT healthcare, looking specifically for issues that pertain to elders. I looked at print media and at online videos, finding some information that was specific to end of life care and funerals. Resources are cited at the end of this paper.

INTERVIEWS: LGBT FOLKS AND ALLY ORGANIZATIONS



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Carolyn and I settled down for our conversation in a café over a bagel. We were both still wearing our workout clothes having just come from the gym.

We have known each other for many years so she was very comfortable talking to me even though the subject was quite painful. Her close friend, Jean<sup>1</sup>, died recently and Carolyn and her partner hosted a remarkable Celebration of Life reception for Jean's

friends and coworkers. Carolyn was also the executor of Jean's estate. Their friendship went back almost fifty years; the first ten of those were as partners. They had a special bond that reached back to their Southern families of origin and they were "always there for each other."

About sixty people, mostly women, attended the Celebration of Life, a very emotional affair with people sharing stories and remembering Jean's life. When I asked if it gave Carolyn a sense of closure she said, "Yes because I did not go to the funeral in [Jean's home town]. I was not invited but I could have gone. I did not feel that Jean was there. She was there against her will. She had specified that she wanted to be cremated, not buried." Jean's brother, who she was estranged from ignored her wishes and made the decision about the burial. "The memorial here was more appropriate."

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<sup>1</sup> Name have been changed to protect her privacy

We talked about grieving. Since Carolyn was no longer Jean's partner and she was not family, she said, "I did not realize how many people knew" about her status as an important member of Jean's family of choice. She felt that she has gotten support from her close friends and she had the opportunity to be comforted in her position of ex-partner / best friend, a role that seems unique to the lesbian community.

"How do we help each other as we grow older? [As older lesbians] we have fewer opportunities to socialize because of ailments or friends have died off. We do not get out as much, can not do as much, and feel more isolated. Couples tend to isolate. We need to develop new friendships unless you have maintained your old ones. How do you meet people? Get out more, but it is hard with physical handicaps and it limits what you can do.

"I have had to face the fact that I can no longer even lift my bicycle onto the bike rack without pain. I am used to being an Amazon and I realize that I can no longer do even the simplest things . . . I can kayak; I can even ride a bicycle so I can still do active things. I can not read any more because of my eyes but now I listen to books. So I am just trying to substitute so I can still be doing things I like.

"I am not religious but I can not believe there is not something else. To be born is miraculous. Maybe to die is miraculous. I do not know what to do in this in-between stage of being in decline. I worry about that more than anything else. Having to give up certain things I think, OK then I can do this or I can do that instead. If Jane [her partner] goes first I do not know what I would do without 'a person.'"

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Merlin and Lee's modest home looks very ordinary from the outside but when you enter you are met with an awesome eclectic art collection.

M: “The biggest thing for us is deciding where does everything in this home go [after our deaths]? We need to decide what goes to whom and put it in writing. It is a big job because we have so much art, I want them to go to someone who really wants them and would care for them.

“When we made our will, what we wanted, and I am still for this, was that the vast majorities of monies left would go to Wingspan. This is the way it could go to help the largest number of people. I want it to go to ‘our community’.”

L: “The two of us, no children, we are the youngest siblings, we have lots of nieces and nephews that are established, they do not need our money.”

M: “I am lucky that at 76 I do not have any serious health problems!”

L: “I am 73. I have the diabetes that affects my vision but other than that I am healthy. Neither one of us has any big diseases.”

I asked if they thought that there were different considerations in same-sex relationships than in straight marriages.

M: “Other than they have kids that they might leave their estate to. We are family and have a strong sense of belonging to that [LGBT] community.”

L: “We helped build the lesbian and gay community center in Santa Cruz many years ago, we have been somewhat active so the identification with the community is there. We do not have any other affiliations, do not belong to any other groups.”

M: “We created advance directives five years ago, everything is in place because if either one of us should pass, I do not know that I would totally trust the family, either his



or mine, to go along with what we want.” Now [that they are legally married] we have to go back and talk to the attorney, to find out if we have to change anything. I do not know if the family would intervene or not.

M: “Everyone is so amazed that you can get married in AZ now! We went right down when we heard about it. I did not want to wait one more day, I wanted to get it done because for one thing, history was made that day, we’re part of it.”

L: “The ceremony lasted a couple of minutes . . . our picture was in the Tucson Weekly, we are what equality looks like.”

M: “and I became quite emotional, I could hardly speak.”

In 1991 the couple designed and celebrated a commitment ceremony in Santa Cruz. When asked if it feels different to be legally married Merlin said:

“Not emotionally because after 45 years your emotions would not change that much because we are already a part of each other. It makes me feel better towards our government.”

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Originally I intended to interview Phil as a representative of Southern Arizona AIDS Foundation (SAAF) but when we sat down to talk over a cup of tea, I became fascinated with his story.

“I am a 65 year old man living with HIV/AIDS that was diagnosed thirteen years ago. I was pronounced dead three times. I had valley fever, spinal meningitis, toxemia and I was in dementia. It just was not my time



then. University Medical Center was wonderful, my partner, Linda, received all kinds of support.”

He has been working as a peer counselor at SAAF for twelve. He only works eight to ten hours a week yet he has a caseload of forty-seven people. Phil says,

“It is probably more rewarding for me than for the client because they provide me with all kinds of energy and stamina and enthusiasm and I learn a lot from them. Everyone has a different experience. About sixty percent of my clients are 55 and older, up to 78 years. Some have been living with HIV for a long time but a few have been diagnosed in the last few years. It is the age of Viagra, seniors are much more active than they used to be.”

He identifies as bisexual and has lived with Linda for 22 years. He said he “finds it easier to live with a woman.”

“When I found out about my diagnosis and thought I was dying I went through all the stages of grief, bouncing back and forth. Finally I came to acceptance. It is much better today than it was five years ago because of the medications. And support from my extended family. My family [of origin] is conservative, evangelical, from the Midwest and not happy about me being bisexual, but when I got sick they were all supportive.

“Some clients have been kicked out of their family for being gay and HIV. Gay is the bigger stigma. Their family says that they deserve HIV for living in a sinful way, especially some fathers of gay men.” He sees that LGBT seniors are more accepted by their families than youths and doesn’t know why.

Phil feels that at this stage of his life he is dealing more with aging issues and not so much HIV/AIDS. His medications are much less toxic than they used to be and he

only takes one pill a day. He still has some medical issues, some of which are side effects of all the medications he has taken and some can be attributed to normal aging.

Once a year at SAAF Phil assists clients with their “Permanency Planning,” to make sure their powers-of-attorney (POA), living wills and other planning documents are up to date.

“With marriage equality, now same-sex partners will finally be recognized and able to make decisions [for each other.] That was one of the biggest concerns of elderly clients. It is a very beneficial change.”

As far as he knows, his clients that are in hospice are out to their caregivers. He has not heard of any problems with caregivers.

“Maybe seven to ten years ago there were troubles getting nurses because of HIV, but not the gay thing.

I asked if SAAF had programs specifically for the elder LGBT community.

“We had some but they were not very well attended. Elders are more sure of themselves and comfortable being who they are.” SAAF holds HIV Updates that seniors attend and educate themselves.

When talking about his clients’ state of mind knowing that they have HIV/AIDS, Phil said:

“It is on their minds, especially if they have not accepted the reality of their lives. If they are in their early 60s they do not want to hear it even though life expectancy has greatly improved over the years.”

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“I am a female to male transexual, also known as a trans man.”

Michael was just finishing a Masters in public Health Policy and Management and a graduate certificate in Collaborative Governance when we spoke. He added,

“I hope to go back to LGBT diversity training and consulting or start a statewide transgender advocacy organization.”

We met at a local restaurant and chatted over salads. Michael is a young looking 50-something man with boundless energy and enthusiasm. He told me proudly that Tucson is a safer place to be trans than many other places. “We have the Southern Arizona Gender Alliance (SAGA), one of the first and prominent transgender support and social groups in this part of the country. I was the first executive director of SAGA. We merged with Wingspan. One of the reasons I went back to school was the Senior Program at Wingspan. I saw that the older you get, the more healthcare you need, and the more you face discrimination.

“A lot [of the discrimination] has to do with how well someone passes, how convincing they are in their new gender. Some transwomen have not had genital surgery and if the caregiver finds a penis and freaks out and goes running from the room [their care will be compromised.] There is the issue of housing, who you room with depending on how you identify. There is often a problem with the person’s legal name not matching the name they go by and their gender marker not matching what is on

their insurance if they have not changed their gender marker on their license or with social security.

“There has been some progress, for example you do not have to have surgery to have your passport changed so you can leave the country which was a huge problem because so many people leave the country to get their surgery. The requirement of surgery has been pretty much removed everywhere at the Federal level, although a good number of states and municipalities still require surgery to change your gender marker on your drivers license or birth certificate. In fact, a few states still will not even let you change your birth certificate, period. One of the requirements that has been dropped is that you had to live full time in your changed gender for a year. One of the new trans advocacy issues is death certificates. It is all about paperwork. If you have not legally changed it all in life it is possible that family will use your old gender at death.²

“And some people never do any of those things, they just live the opposite gender and that is the most challenging. If no one knows, your death can be complicated.

“Healthcare providers do not know anything about us. They are just now starting to get a little in medical school but they do not know how to talk to us, what our issues are, do not have the right questions on their forms, do not know what is the appropriate hormone dosage and what to look for in blood work. They have to learn to ask the right questions.

“Threats to translife? Not having access to healthcare. The good news is the Affordable Care Act (ACA) eliminated pre-existing conditions and gender identity disorder or gender dysphoria, is considered a pre-existing condition so transfolks were

² See article, “Transgender woman presented as male for her open casket funeral”

being denied insurance. The ACA includes nondiscrimination language. Health and Human Services said that ‘sex’ includes gender identity and expression so it is having a domino effect. Medicare is now covering surgery but how many plastic surgeons accept Medicare? So there is a big gap there. If you are 65 or over you can now transition if you can find a doctor. Over the next 20 years it will get better but at least it is happening.”

ORGANIZATIONS

~~ Pima Council on Aging ~~

Sandy Davenport greeted me warmly when we met in her office at Pima Council on Aging (PCOA.) In addition to her duties as a Caregiver Specialist, she is also the Coordinator of Project Visibility, PCOA’s program that trains healthcare providers to design a safe environment for their LGBT patients.



“There is a history of stigma and discrimination and older adults have reasons for their concern.

They have grown up at a time when homosexuality was considered a mental illness, they were harassed or fired from jobs or put in mental hospitals. That was their experience. It is hard to assure people that they will be safe in vulnerable situations, given their past experiences. [They are] fearful of discrimination, being neglected, misunderstood, and are frustrated by a lack of awareness.

“The training includes a fifty page booklet with a very practical checklist for facilities. They can look at how they phrase their intake questions and at how inclusive initial

assessments are. What do they have in the facility to assure this is a safe place? How is that communicated? Do they have signs that are saying this is an inclusive place that include sexuality and gender expression. Does the nondiscrimination policy state those things?”

They have presented this program to many Tucson agencies and over one thousand people since 2012. Their mission is to change the culture of care. When asked what are the specific issues that are different for LGBT elders, Sandy said:

“If you are a caregiver, you might be the only one that the client has contact with. If you do not create an environment where the person feels safe to tell their true story, they can be isolated from normal processes in aging. For example, if their partner dies and they do not feel safe talking about it, it could lead to disenfranchised grief, a situation where they have no where to tell, ‘this was not just my friend, this was my life-partner.’ They can not really express their grief so their healing is impaired which leads to greater depression and health issues.

“Elders need assurance that they will be safe in order to come out of the closet. LGBT seniors are five times less likely to access seniors services because of fear and uncertainty about safety issues.”

She had some good advice for lgbt seniors:

“Make sure you have your advance directives in place. They will determine who can talk to the doctors and have input with medical staff if the person is incapacitated. Your medical Power of Attorney (POA), in writing, financial POA, financial will, living will, all these must be written down. The advance directives for healthcare are available from State Attorney General's office. You have to spell it all out so there are no assumptions.

“Our culture has not healed from prejudice against LGBT elders. Studies say because they are less likely to have a partner, children, or a biological network of support, they are more isolated and at a greater risk for depression and self-neglect. There can be issues with substance abuse and self-medicating. They might be afraid to approach medical providers which creates more severe problems because of the wait for treatment.”

~~ University Medical Center ~~

In a past life Rev. Joe Fitzgerald led a monastic life but now he is very much engaged in the world as Chaplin Supervisor at University of Arizona Health Network (UAHN.) He is especially proud of his efforts in bringing Healthcare Equality Index (HEI) certification to UAHN. According to the Human Rights Campaign (HRC) website, HEI is a national program administered by the HRC that



“evaluates healthcare facilities policies and practices related to the equity and inclusion of their LGBT patients, visitors and employees.” UAHM has completed all of the policy and procedure requirements, which include:

1. Patient Non-Discrimination

Patient non-discrimination policy (or patients’ bill of rights) is fully LGBT inclusive and includes both the terms “sexual orientation” and “gender identity”

2. Equal Visitation

Visitation policy explicitly grants equal visitation to LGBT patients and visitors

3. Employment Non-Discrimination

Employment non-discrimination policy (or equal employment opportunity policy) is fully LGBT inclusive and includes both the terms “sexual orientation” and “gender identity”

The one step that is left to take is number 4: Training in LGBT Patient-Centered Care, and that is in the works.



I also had the opportunity to meet with the vivacious Julie Kennedy Oehlert. I asked her how she became interested in getting the best HCI rating and she answered:

“I am a nurse and my background is in emergency room nursing. In ER you must, with an open heart, love and care for all types of patients. In my job as Vice President for Patient Experience, I realized that we had to do some work on how our most marginalized patients were judged and treated in our healthcare setting. We know the data and statistics about LGBT concerns. Our job is to serve the community with the empathy and caring that it deserves. HCI seemed like a good fit.”

The certification impacts all LGBT people “so if we have a team that are allies, it will impact wherever elders access care. Their needs would be an area that could be grossly overlooked if we were not sensitive to LGBT issues, especially in our geriatric population. That is a subspecialty in a very marginalized population. People do not like

to think about gender identity and sexuality in elder people, it is an uncomfortable subject for a lot of people.

“We know that if LGBT people do not feel safe they will not give accurate health care information so correct diagnosis and treatment can be provided. If they are not safe, they may not even seek medical attention. The data on that is pretty alarming. I am thoughtful about family structure because people really need their families in their healing environment.

“At UAHN we are working on the concept that a patient can have whatever they need in their healing space. That gives a patient a right to choose who is there and what they want and it will be respected. We are on this journey, it is a big job and it feels really good. Our work has become a source of pride at UAHN.”

Julie is very committed to this project and her emotional connection is apparent. “We have employees who are transitioning and we are able to help them and be supportive, “ she said proudly.

“To serve the whole community we have to have the courage to do it. This journey is not for the faint of heart, this is a courageous journey and all health care organization have to do this.

“I think about what if my own parents were LGBT. I would be horrified if I couldn't leave them in a safe place that honors and respects them. I think about that because I think about the whole family. I have the best job in the whole world! I get to make a huge difference.”

SUMMARY

I was pleased to find that there are many Tucson citizens, gay and straight, doing good work with the goal of equity for all people. The City of Tucson was the first in the state to include sexual orientation, gender expression and familial status in their Notice of Non-discrimination. Tucson has some amazing resources for LGBT people. One of the things that fascinated me was the strong and adamant support of straight allies.

In the short time between when I chose this topic and actually wrote the paper, marriage equality was announced for all Arizona citizens. We were the 31th state to make that monumental change and since then, more states have joined. The Supreme Court is considering taking the case and hopefully the outcome would be a national policy of equality. Things are changing so quickly. Milestones such as the dissolution of the military practice of "do not ask do not tell," the demise of the federal Defense of Marriage Act, and progressive provisions in the ACA that directly benefit LGBT Americans are exciting and encouraging.

Although there are many subtle (and some obvious) obstacles and prejudices that elder LGBT people face as they age, they also share many of the same concerns as the general population. There are many resources available and each person (or their advocate) needs to be vigilant in finding and using the systems that work best to meet their particular needs.

"Until we are all free, we are none of us free." ~ Emma Lazarus

In addition to being able to meet with smart and interesting people, this project has benefitted me on a personal level. Having the opportunity to talk openly and unemotionally about death and dying has been quite liberating. I was struck by the candid and honest responses to my questions and found that the more I talked about

end of life issues, the more normalized it became. I thank all of wonderful people who shared their stories with me.

SUPPORTING MATERIALS

~~ Glossary ~~

🏳️‍🌈 Advocate - a person who actively works to end intolerance, educate others, and support social equity for a group

🏳️‍🌈 Ally – a non-LGBT person who supports and stands up for the rights of LGBT people

🏳️‍🌈 Bisexual - a person who is attracted to both people of their own gender and another gender. Also called “bi”.

🏳️‍🌈 Gay – a man who is primarily attracted to other men. The word is used as a generalized term to mean any person who is attracted primarily to members of the same sex.

🏳️‍🌈 Gender Expression - the ways in which we each manifest masculinity or femininity.

🏳️‍🌈 Gender Identity - our innate sense of being male or female.

🏳️‍🌈 Gender Marker – official documentation of one’s recognized sex

🏳️‍🌈 Lesbian - a woman who is primarily attracted to other women.

🏳️‍🌈 Sexual orientation - an individual's physical and/or emotional attraction to the same and/or opposite gender. "Gay," "lesbian," "bisexual" and "straight" are all examples of sexual orientations. A person's sexual orientation is distinct from a person's gender identity and expression.

🏳️‍🌈 Transgender – or trans – is an umbrella term for people whose gender identity or expression is different from those typically associated with the sex assigned to them at birth

 Transitioning - the process some transgender people go through to begin living as the gender with which they identify. This may or may not include hormone therapy, sex reassignment surgery and other medical procedures.

RESOURCES

~~ Tucson ~~

 **Pima Council on Aging (PCOA)**, 8467 East Broadway Boulevard, Tucson, AZ 85710, 520-790-7262, www.pcoa.org. PCOA is the designated Area Agency on Aging serving older adults and their families living in Pima County, Arizona. They are a membership-supported non-profit 501(c)(3) organization accessible to any individual or group seeking assistance or sharing our mission.

 **University of Arizona Health Network (UAHN)**, University Campus, 1501 N. Campbell Ave, Tucson, AZ 85724, 520-694-0111; South Campus, 2800 E. Ajo Way, Tucson, AZ 85713, 520-874-2000, www.uahealth.com. UAHN, Provides heart, cancer care, including transplants for adults and pediatrics, primary and specialty care services. (note: UAHN merged with Banner at the time of this writing so their name may have changed)

 **Wingspan's Senior Pride**, WingspanSeniorPride@gmail.com, 520- 704-5830, Facebook: Wingspan Senior Pride, www.wingspan.org/programs/senior-pride. Wingspan's Senior Programs recognize and respond to the unique concerns of lesbian, gay, bisexual, and transgender (LGBT) seniors, age 55+ and their younger allies, by creating volunteer, social, and educational opportunities for senior LGBT people,

increasing awareness of LGBT aging issues, and developing age-appropriate, LGBT friendly information and referral services.

 **Southern Arizona AIDS Foundation (SAAF)** 375 South Euclid Avenue, Tucson, AZ 85719, (520) 628-7223, www.sAAF.org. SAAF is the only community-based organization in Southern Arizona providing case management and ancillary support services for people living with HIV/AIDS and their families, culturally appropriate prevention and education programs to reduce the rate of infection, and extensive trainings and opportunities for community members to fill critical support roles.

 **Southern Arizona Gender Alliance (SAGA)**, P.O. Box 41863, Tucson, AZ 85717, info@sagatucson.org, 520-477-7096, www.sagatucson.org. SAGA is a non-profit organization that supports and advocates for southern Arizona's community of trans identities: transsexual, transgender, genderqueer, masculine of center, feminine of center, non-binary, two-spirit, butch, femme, gender fluid, intersex, and ALL of us who are gender fabulous! SAGA envisions a society in which transgender, non-binary, and gender-creative people are ensured of their basic rights and can be open, honest and safe at home and in the community. We provide support groups, advocacy, community education, and training for businesses, service providers, and community members on how our allies can be supportive and inclusive.

~~ Online Resources ~~

(All information gathered from organization's websites)

 **The Advocate**, www.advocate.com, print and online magazine with news of interest to the LGBT communities.

 **Family Equality Council**, <http://www.familyequality.org>, is changing attitudes and policies to ensure all families are respected, loved, and celebrated - especially families with parents who are lesbian, gay, bisexual, or transgender.

 **GLMA**, Health Professionals Advancing LGBT Equality (formerly Gay and Lesbian Medical Assoc. <http://www.glma.org/index.cfm?nodeid=1>), is the an association of lesbian, gay, bisexual and transgender (LGBT) healthcare professionals.

 **Healthcare Equality Index (HEI)** for LGBT patients, http://www.hrc.org/hei/for-lgbt-patients#.VLM4y2TF_qr is the national LGBT benchmarking tool that evaluates healthcare facilities' policies and practices related to the equity and inclusion of their LGBT patients, visitors and employees.

 **Human Rights Campaign**, <http://www.hrc.org/>, As the largest civil rights organization working to achieve equality for LGBT Americans, the HRC represents a force of more than 1.5 million members and supporters nationwide. HRC envisions a world where lesbian, gay, bisexual and transgender people are embraced as full members of society at home, at work and in every community.

 **LGBT Aging Project**, <http://www.lgbtagingproject.org/>, a non-profit organization dedicated to ensuring that lesbian, gay, bisexual and transgender older adults have equal access to the life-prolonging benefits, protections, services and institutions that their heterosexual neighbors take for granted.

 **National Resource Center on LGBT Aging**, <http://www.lgbtagingcenter.org/>, is a technical assistance resource center aimed at improving the quality of services and supports offered to LGBT older adults. Established in 2010 through a federal grant from the U.S. Department of Health and Human Services, they provide training, technical

assistance and educational resources to aging providers, LGBT organizations and LGBT older adults.

 **Services & Advocacy for GLBT Elders (SAGE)**, <http://www.sageusa.org/>, is a national organization that offers supportive services and consumer resources for LGBT older adults and their caregivers, advocates for public policy changes that address the needs of LGBT older people, and provides training for aging providers and LGBT organizations, largely through its National Resource Center on LGBT Aging.

 **SGBA** (sex-and-gender-based analysis), <http://sgba-resource.ca/en/>, rests on the understanding that both biology (sex) and society (gender) affect people's lives and their health. We have worked hard to design a fun and interactive experience that will provide you plenty of opportunities to practice SGBA, including the application of examples from your own work.

 **The Gill Foundation**, <http://gillfoundation.org/>, was established to provide charitable grants in pursuit of full equality for all LGBT Americans. We would become known as a preeminent social change entrepreneur.

 **U.S. Department of Health & Human Services, Affordable Care Act, LGBT Health and Well-being**, <http://www.hhs.gov/lgbt/resources/reports/health-objectives-2011.html>, HHS continues to make significant progress toward protecting the rights of every American to access quality care, recognizing that diverse populations have distinctive needs. Safeguarding the health and well-being of all Americans requires a commitment to treating all people with respect while being sensitive to their differences.

✚ “LGBT people 'let down' by end of life care services”, Dying Matters,
<http://dyingmatters.org/page/lgbt-people-let-down-end-life-care-services>

✚ “How Discrimination Affects Our Health, ” The Advocate,
<http://www.advocate.com/print/commentary/2015/01/13/op-ed-how-discrimination-affects-our-health>

✚ “Transgender woman presented as male for her open casket funeral,” LGBT Nation, <http://www.lgbtqnation.com/2014/11/transgender-woman-presented-as-male-for-her-open-casket-funeral/>

✚ “What Doctors Do not Know About LGBT Health,” the Atlantic,
<http://www.theatlantic.com/health/archive/2014/11/what-doctors-dont-know-about-lgbt-health/382792/>

✚ “Despite Disparities, Most LGBT Elders are Aging Well,” Starlight Caregivers,
<https://starlightcaregivers.com/blog/despite-disparities-most-lgbt-elders-are-aging-well/>

✚ “In The Hospital, There is No Such Thing As A Lesbian Knee,” NPR Shots,
<http://www.npr.org/blogs/health/2014/11/21/365469968/in-the-hospital-theres-no-such-thing-as-a-lesbian-knee>

✚ “Out, Proud And Old: LGBT Seniors More Likely To Age Alone,” wbur’s Common Health, <http://commonhealth.wbur.org/2015/01/lgbt-seniors-age-alone>

~~ Other Materials Included ~~

✚ City of Tucson Notice of Non-discrimination Chapter 17 of City Code

✚ Healthcare Equality Index Core Four Leader Criteria

✚ Project Visibility flyer from PCOA

 Patient Rights & Responsibilities brochure from (see section 28.)

 LGBT Caregiver Concerns brochure from the Alzheimer's Association

Respectfully submitted by Penelope Starr, February 23, 2015