

Understanding the Needs of LGBTQ+ Elderly Adults in Nursing

Malak Abdullah Saad Alrasheedi ¹, Mashael Humaidan M Alanzi ², Sarab Naif Rahil Albanaqi ³, Amjad Abdualh Khalaf Alshammari ⁴, Reema Abdullah Muqbil Alanazi ⁵, Hilalh Abdullah Al Balawi ⁶, Alanazi, Areej Awad K ⁷, Nuwayyir Khalaf Musaad Alanazi ⁸, Mohammad Owaid Saud Alanazi ⁹, Nasser Salem Shaman Alanazi ¹⁰

- 1- Nursing specialist, Maternity and Children's Hospital, Hafar Al-Batin, Saudi Arabia
- 2- Nursing specialist, Badanh Primary Health Care Center in Arar, Saudi Arabia
- 3- Nursing specialist, North Medical Tower at Arar in Saudi Arabia
- 4- Nursing technician, Hail Health Cluster, Hail, Saudi Arabia
- 5- Nursing technician, Hail Health Cluster, Hail, Saudi Arabia
- 6- Nursing technician, Ohud Hospital, Al-Madinah Al-Munawarah, Saudi Arabia
- 7- Nursing technician, Department of Population and Public Health-Arar, Saudi Arabia
- 8- Nursing technician, Maternity and Children's Hospital in Arar, Saudi Arabia
- 9- Nursing Health Assistant, Hafar Al-Batin Central Hospital, Hafar Al-Batin, Saudi Arabia
- 10- Nurse Assistant, Crisis and Disaster Management Center, Hafar Al-Batin, Saudi Arabia

Abstract:

Understanding the needs of LGBTQ+ elderly adults in nursing is essential for providing inclusive and compassionate care. This population often faces unique challenges, including social isolation, discrimination, and a lack of tailored healthcare services. Many LGBTQ+ seniors grew up in a time when their identities were marginalized, resulting in deep-seated fears of rejection and inadequate support within healthcare systems. As a result, they may be less likely to seek medical care or disclose important aspects of their identity to healthcare providers, which can hinder the effectiveness of treatment and support. It is crucial for nursing staff to create an environment of trust and safety, where LGBTQ+ elderly patients feel comfortable and respected. To effectively address their needs, healthcare facilities must implement training programs focusing on cultural competency and sensitivity related to LGBTQ+ issues. This includes understanding the historical context of discrimination and the current health disparities faced by this community. Additionally, fostering social connections through support groups and community resources can significantly enhance the well-being of LGBTQ+ elderly adults, mitigating feelings of isolation. By incorporating comprehensive care strategies that acknowledge and respect their identities, nursing professionals can improve health outcomes and ensure that LGBTQ+ seniors receive equitable and dignified healthcare.

Keywords: LGBTQ+ elderly adults, nursing care, social isolation, discrimination, healthcare services, cultural competency, trust, community resources, health disparities, equitable healthcare.

Introduction:

The aging population in the United States and across the globe is diversifying at an unprecedented pace. Among this cohort, the elderly individuals who identify as part of the LGBTQ+ community—lesbian, gay, bisexual, transgender, queer, and other sexual and gender minorities—face unique challenges and needs that are often overlooked in traditional healthcare and nursing practices. As the baby boomer generation ages, the proportion of LGBTQ+ seniors is expected to rise, which necessitates an urgent examination of the healthcare

services available to them, particularly within nursing settings. Understanding the distinctive needs of LGBTQ+ elderly adults is crucial not only for improving their quality of life but also for fostering a healthcare environment that is inclusive, respectful, and responsive to the diversity of the older population [1].

Historically, LGBTQ+ individuals have faced systemic discrimination, societal stigmatization, and inadequate access to healthcare resources. These experiences have fostered a pervasive mistrust in medical institutions, resulting in reluctance among

LGBTQ+ seniors to seek medical attention or disclose their identities to healthcare providers. As a consequence, many LGBTQ+ older adults may experience poorer health outcomes, psychological distress, and social isolation. The need for competent care tailored to the specific challenges faced by this demographic thus emerges as an important area of inquiry within the nursing discipline [2].

Research indicates that LGBTQ+ elderly adults are more likely to encounter barriers to care that can be attributed to a variety of factors, including ageism, homophobia, and transphobia. Older LGBTQ+ individuals often grapple with complex health conditions, mental health issues, and the effects of lifelong marginalization. Nursing practices that fail to recognize the nuances of these experiences may inadvertently perpetuate a cycle of neglect, leading to inadequate support for this vulnerable population. Therefore, it is essential to investigate the specific health needs of LGBTQ+ seniors, as well as the perceptions and practices of nursing professionals when caring for these individuals [3].

The landscape of LGBTQ+ elder care is shifting as more organizations and healthcare providers begin to acknowledge and address these disparities. Nevertheless, significant gaps remain in knowledge and practice. For instance, training curricula for nursing students and practitioners often lack comprehensive education on LGBTQ+ health issues, which perpetuates misunderstandings and biases in clinical settings. A thorough understanding of the unique healthcare challenges faced by LGBTQ+ elderly adults can empower nurses to provide care that is not only culturally competent but also affirming of the identities of their patients [4].

Additionally, the intersectionality of various identities, including race, ethnicity, and socioeconomic status, further complicates the experiences of LGBTQ+ seniors. Marginalized groups within the LGBTQ+ population may encounter additional layers of discrimination and barriers to healthcare access, necessitating a more nuanced approach to understanding and addressing their needs. Research that highlights these intersectional experiences can contribute to a more holistic approach in nursing care and reinforce the commitment to equity in health services [5].

Furthermore, considering the unique social and emotional needs of LGBTQ+ elderly adults is vital for ensuring their well-being. Many members of this community may have faced rejection from their families and communities, leading to feelings of loneliness and isolation. Collaborative and interdisciplinary approaches that include mental health support and community resources can enhance the quality of care provided to LGBTQ+ seniors and promote their resilience and empowerment [6].

Historical Context and Discrimination:

The LGBTQ+ community has witnessed a remarkable transformation over the last century, moving from the margins of society to a more visible presence in the cultural and political landscape. However, the journey toward acceptance has been fraught with obstacles, particularly for older adults within the community who have lived through eras of systemic discrimination, social stigmatization, and legal persecution. This essay aims to explore the historical context of LGBTQ+ rights in the United States, the unique challenges faced by older LGBTQ+ adults, and the implications of historical discrimination on their health and well-being [7].

The history of LGBTQ+ rights is marked by a series of pivotal moments that highlight the long-standing discrimination faced by sexual and gender minorities. The early 20th century was characterized by widespread criminalization of homosexual acts. The American Psychiatric Association classified homosexuality as a mental disorder until 1973, reinforcing societal stigma and legitimizing discrimination [8].

During the 1950s and 60s, the Lavender Scare, which paralleled the Red Scare, led to the systematic firing of LGBTQ+ individuals from government positions, exacerbating the sense of fear and isolation. Social movements began to galvanize in response to this systemic injustice. The Stonewall Riots of 1969, often cited as a catalyst for the modern LGBTQ+ rights movement, marked a turning point that challenged societal norms and galvanized activism. However, the wave of progress that followed did not uniformly benefit all members of the LGBTQ+ community [9].

The generational differences in LGBTQ+ activism illustrate a varied landscape where aging individuals

often wrestle with a history of oppression that younger generations may not fully comprehend. While younger LGBTQ+ individuals have the opportunity to grow up in a more accepting environment, many older adults have lived through years of punitive laws, societal rejection, and a lack of visibility [10].

As the HIV/AIDS crisis emerged in the 1980s, older LGBTQ+ individuals faced an additional layer of discrimination. Many lost partners and friends to the disease, while the government's inaction fueled widespread despair and anger. The stigma surrounding HIV/AIDS not only targeted queer individuals but also affected how society perceived aging within the community. The crisis highlighted the disparities between younger and older LGBTQ+ individuals, as resources and support were predominantly directed toward those who were younger or affected directly by the epidemic, often overlooking the unique needs of older individuals [11].

Older LGBTQ+ adults today confront a unique set of challenges that stems from historical discrimination. One of the most pressing areas of concern is healthcare. Many older LGBTQ+ individuals report facing discrimination from healthcare providers, which can deter them from seeking necessary medical attention. Research shows that older LGBTQ+ adults are less likely to receive adequate preventive care, especially for issues related to gender identity and sexual orientation [12].

Additionally, social isolation compounds the difficulties faced by older LGBTQ+ adults. While younger LGBTQ+ people may have access to supportive networks, older adults often find that their significant peers and friends have died due to societal and health crises, leading to feelings of loneliness and abandonment. Many LGBTQ+ older adults are also fearful of revealing their identities in assisted living facilities or nursing homes, where they may face discrimination or a lack of understanding from staff and other residents [13].

This sense of isolation can have severe implications for mental health. Older adults in the LGBTQ+ community are at a higher risk of depression, anxiety, and suicidal ideation compared to their heterosexual peers, exacerbated by a lifetime of societal rejection and discrimination. Furthermore,

the onset of cognitive decline can further alienate these individuals, as they may struggle to find empathetic and understanding care [14].

To address the needs of older LGBTQ+ adults, there has emerged a growing call for inclusive policies that recognize and support their unique experiences. Aging services must be LGBT-competent, incorporating sensitivity training focused on sexual orientation and gender identity into staff development initiatives. This training can drastically improve the experiences of older LGBTQ+ individuals in healthcare and community services [15].

Community organizations play a crucial role in providing supportive resources. Programs geared towards social engagement, health education, and legal assistance targeted specifically at LGBTQ+ older adults can facilitate connection and ensure access to relevant services. Additionally, increasing visibility of older LGBTQ+ individuals through media representation can combat stereotypes and foster greater understanding among younger generations, creating intergenerational support networks [16].

Health Disparities in LGBTQ+ Elderly Adults:

As our society progresses towards inclusivity and acceptance, the aging population of LGBTQ+ (lesbian, gay, bisexual, transgender, queer/questioning, and others) individuals faces distinct health disparities that often go unnoticed or unaddressed. This demographic, comprising individuals over the age of 65 who identify as LGBTQ+, encounters unique challenges influenced by social, cultural, and economic factors. Understanding these disparities is crucial to fostering better health outcomes, ensuring equitable access to healthcare, and promoting overall well-being among LGBTQ+ elderly adults [17].

To appreciate the struggles of LGBTQ+ elderly adults today, we must consider the historical context that has shaped their experiences. Many older LGBTQ+ individuals grew up during times of profound stigma, discrimination, and criminalization of their identities and relationships. The societal attitudes prevalent in the mid-20th century fostered environments of fear and secrecy, often pushing these individuals back into the closet. Many of them lived through the AIDS crisis of the

1980s, a period marked by significant loss and trauma, further complicating their relationships with the healthcare system [18].

As a result, many LGBTQ+ elders entered older adulthood with deeply engrained feelings of invisibility or marginalization. They may carry a historical mistrust of medical professionals, stemming from experiences of discrimination or inadequate care when seeking treatment.

Health Disparities

Research indicates that LGBTQ+ elderly adults experience a variety of health disparities compared to their heterosexual and cisgender counterparts. These disparities manifest in various dimensions, including mental health, physical health, and access to healthcare services [19].

1. Mental Health Issues

Mental health remains a significant concern for LGBTQ+ individuals of all ages, but the elderly population is particularly vulnerable. The lifetime prevalence of mental health conditions such as depression, anxiety, and substance abuse is disproportionately higher in LGBTQ+ adults. According to a study by the National Institutes of Health, LGBTQ+ elderly adults report higher rates of depression and anxiety, often driven by experiences of discrimination, isolation, and loss. The fear of stigma can lead to reluctance in seeking help, making these mental health issues more acute [19].

Additionally, feelings of loneliness and social isolation are prevalent within this demographic. Many face the loss of lifelong partners and friends, which can exacerbate mental health struggles. The lack of inclusive social spaces for LGBTQ+ seniors further highlights the need for community-driven support systems that offer companionship and understanding [19].

2. Chronic Health Conditions

Chronic conditions such as heart disease, diabetes, and obesity are prominent within older populations. However, LGBTQ+ elderly adults often face additional barriers that exacerbate these conditions. Historical trauma and stigma can hinder regular health screenings and preventative care, leading to

later diagnoses of chronic illnesses and poorer health outcomes [20].

Research indicates that LGBTQ+ elderly adults are less likely to receive routine health checks and preventive screenings, such as cancer screenings, compared to their heterosexual peers. This reluctance can be linked to past experiences of discrimination in healthcare settings or a lack of culturally competent care providers. Consequently, many may enter older adulthood with unmanaged chronic conditions and higher rates of morbidity [21].

3. Access to Care

Access to healthcare presents another significant disparity for LGBTQ+ elderly individuals. Many face systemic barriers, including lack of insurance, high costs, and a healthcare workforce that may not be adequately trained to address the specific needs of LGBTQ+ patients. Discrimination by healthcare providers can further deter individuals from seeking care, perpetuating cycles of poor health [22].

Moreover, the intersection of ageism within healthcare settings complicates the experiences of LGBTQ+ elderly adults. Ageist attitudes can lead to assumptions about capabilities and needs based solely on age rather than individual circumstances, often resulting in diminished quality of care [22].

Legal and Policy Considerations

Legal protections for LGBTQ+ individuals in healthcare settings have improved in recent years, with many jurisdictions enacting nondiscrimination policies to safeguard against bias. However, gaps remain. The implementation of the Affordable Care Act (ACA) provided some advancements in access to care, yet many LGBTQ+ elderly individuals continue to face challenges related to Medicaid eligibility and coverage gaps [23].

Policies that recognize the unique needs of LGBTQ+ elderly populations are crucial for closing these health disparities. Advocacy for inclusive policies that promote cultural competency in healthcare training, mental health support services, and community-based resources can help mitigate some of the challenges faced by this demographic [24].

Community support plays a critical role in improving the health outcomes of LGBTQ+ elderly adults. Social organizations that foster inclusive environments, such as LGBTQ+ senior centers and support groups, can offer vital resources for companionship, mental health support, and advocacy. These spaces can provide settings where individuals can share experiences, build friendships, and engage in meaningful activities that enhance their quality of life.

Family structures may differ in LGBTQ+ communities, with many older adults relying on chosen families rather than biological ones. Recognizing the importance of these support systems can help drive initiatives aimed at providing social programs and resources that reflect the unique realities of LGBTQ+ elders [25].

Psychosocial Needs and Support Systems:

As society progresses toward greater acceptance of diverse identities, the needs of LGBTQ+ older adults have garnered increasing attention. This demographic is often overlooked in research and dialogue surrounding both the senior population and LGBTQ+ issues. Understanding the psychosocial needs and support systems for LGBTQ+ older adults entails recognizing intersectionality, the impacts of systemic discrimination, and the importance of tailored services that foster emotional and mental well-being [26].

To comprehend the current psychosocial needs of LGBTQ+ older adults, one must consider the historical context. Many individuals within this demographic lived through periods of legal discrimination and stigma, including criminalization of same-sex relationships and a lack of societal acceptance. This has left indelible scars, resulting in experiences of marginalization and isolation that shape their perspectives and well-being. For instance, the AIDS crisis of the 1980s decimated communities, leading to significant social loss and continued trauma [27].

Psychosocial Needs of LGBTQ+ Older Adults

Psychosocial needs encompass a range of factors that influence emotional and social well-being. For LGBTQ+ older adults, these needs are often exacerbated by societal stigma, discrimination, and

a history of marginalization. Key psychosocial needs include:

1. **Social Support and Connectivity:** Many LGBTQ+ older adults face social isolation, compared to their heterosexual peers. Those who have lost partners or friends to disease or have been estranged from family due to their sexual orientation may have diminished social networks. As a result, fostering connections through community organizations, social clubs, and peer support groups is crucial for combating loneliness [28].
2. **Acceptance and Validation:** Acceptance by peers and family is essential for mental health and emotional resilience. LGBTQ+ older adults often seek spaces where they can express their identities authentically without fear of judgment. Creating inclusive environments, such as affirming senior centers, can provide the validation and comfort these individuals need.
3. **Mental Health Services:** Mental health challenges, including depression and anxiety, are prevalent among LGBTQ+ older adults due to compounded stressors including ageism, homophobia, and trauma from past experiences. Access to culturally competent mental health services that acknowledge and address the unique challenges faced by this population is critical [29].
4. **Physical Health and Care Accessibility:** Aging brings a variety of physical health needs. LGBTQ+ older adults may experience barriers to healthcare, such as provider ignorance or bias. Culturally competent healthcare services that consider the specific needs of LGBTQ+ individuals can foster an environment of trust and encourage individuals to seek the medical treatment they require.
5. **Safety and Security:** Many LGBTQ+ older adults may fear discrimination or violence in various spaces, including healthcare settings, housing, and community centers. Addressing safety concerns and advocating for policies that

protect LGBTQ+ individuals from discrimination is paramount. Establishing well-monitored older adult living facilities inclusive of LGBTQ+ identities can enhance safety and security for this demographic [30].

Support Systems for LGBTQ+ Older Adults

To adequately address the psychosocial needs of LGBTQ+ older adults, a range of support systems must be established and sustained. This involves the participation of families, friends, community organizations, and institutional structures [31].

1. **Community Organizations:** Organizations that specialize in LGBTQ+ issues play a vital role in providing support networks, resources, and services tailored for older adults. For example, groups like Sage USA offer programs that range from social activities to advocacy efforts designed specifically for LGBTQ+ seniors, addressing both mental health and socialization needs [32].
2. **Peer Support:** Support groups specifically geared toward LGBTQ+ older adults can foster connections and shared experiences. Facilitating opportunities for these individuals to meet, share their struggles, and find camaraderie can significantly improve their psychosocial outlook and reduce feelings of isolation.
3. **Intergenerational Programs:** Promoting interactions between younger and older generations within the LGBTQ+ community can create rich social experiences and mutual learning opportunities, fostering empathy and understanding. Such connections can counteract feelings of isolation and provide emotional resources across age groups [32].
4. **Training for Service Providers:** Essential to the efforts for supporting LGBTQ+ older adults is the training of professionals across various fields, including healthcare, social work, and aging services. Anticipating and addressing biases through cultural competency training will empower service

providers to deliver better care while fostering an affirming environment.

5. **Public Policy Advocacy:** Advocating for policies that protect the rights of LGBTQ+ individuals and safeguard against discrimination in housing, healthcare, and other sectors is crucial. Engaging in activism enables LGBTQ+ older adults to voice their needs and concerns effectively, thereby influencing change on local, state, and national levels [32].

Barriers to Healthcare Access:

As the population of older adults in the United States increases, the nuances of healthcare needs and systems become more pronounced, particularly for marginalized groups. Among these are LGBTQ+ older adults, who face unique healthcare challenges exacerbated by historical, social, and systemic barriers. These challenges impede their ability to access necessary healthcare services, leading to discrepancies in health outcomes when compared to their heterosexual and cisgender counterparts. This essay will explore the multifaceted barriers that LGBTQ+ older adults encounter in accessing healthcare, focusing on discrimination, lack of culturally competent care, socioeconomic factors, and the impact of social isolation [33].

Historically, the healthcare system has been riddled with discrimination against LGBTQ+ individuals. Prior to the declassification of homosexuality as a mental disorder by the American Psychiatric Association in 1973, LGBTQ+ persons were routinely marginalized within medical settings. This legacy of stigma contributes to a pervasive distrust of healthcare providers among LGBTQ+ individuals, particularly older adults who may have faced severe discrimination throughout their lives. For many, the fear of being judged or mistreated can deter them from seeking medical assistance altogether [34].

Discriminatory practices such as refusal of services, disrespectful treatment, or outright hostility from healthcare professionals can result in LGBTQ+ individuals avoiding healthcare environments. Studies have shown that older LGBTQ+ adults often report experiences of discrimination based on their sexual orientation or gender identity, which can lead to feelings of shame and the belief that they are

unworthy of quality care. This not only affects their willingness to seek help but also influences their mental health, exacerbating problems such as anxiety and depression that are already prevalent in this demographic [35].

Culturally competent care is critical for ensuring all patients receive equitable treatment. However, many healthcare providers often lack training in LGBTQ+ issues, which inevitably impacts the quality of care LGBTQ+ older adults receive. This gap in education can lead to misunderstandings or misdiagnoses and creates further barriers to effective communication. For example, healthcare providers may not be aware of the specific health risks associated with LGBTQ+ populations, such as higher rates of certain cancers or mental health issues, which can lead to inadequate preventative care [36].

Moreover, the lack of LGBTQ+-friendly healthcare environments can discourage older adults from accessing care. Supportive spaces that acknowledge and respect a patient's identity and background are essential for fostering trust. Unfortunately, LGBTQ+ older adults often find themselves in environments that are heteronormative in practice, thereby contributing to feelings of alienation and discomfort. Consequently, many may avoid preventive care and routine check-ups, increasing their risk of severe health complications [37].

Socioeconomic determinants also significantly impact the health and well-being of LGBTQ+ older adults. Many in this demographic have faced discrimination in employment, housing, and education, leading to economic instability. The lack of financial resources can make accessing healthcare difficult. Insurance coverage remains a critical barrier, as many LGBTQ+ individuals, particularly those who are older, may not have had access to employer-sponsored health insurance due to historical discrimination in workplaces [38].

Moreover, many older LGBTQ+ adults may live on fixed incomes or experience poverty, making it challenging to afford healthcare costs, including co-pays for visits, medications, or various treatments. The cumulative effect of these socioeconomic stresses can lead to increased reliance on emergency services for healthcare needs, rather than regular visits to primary care providers, which in turn leads to poorer health outcomes [39].

Social isolation is a persistent issue for many older adults, and it can be particularly pronounced in the LGBTQ+ community. Many older LGBTQ+ adults have outlived their partners, friends, and support networks, often leading to heightened feelings of loneliness. Social isolation can have deleterious effects on both physical and mental health, limiting not only access to social support but also the motivation to seek medical care. Research indicates that loneliness can correlate with a range of serious health issues, including cardiovascular disease, depression, and cognitive decline [40].

Additionally, the intersection of social isolation and accessing healthcare is further complicated in instances where older LGBTQ+ adults may be reluctant to disclose their identities to new healthcare providers. Without a supportive community or trusted advocates, they may lack the necessary encouragement to pursue timely healthcare interventions. The profound impact of these social dynamics demonstrates the urgency for targeted services that address not only the healthcare needs but also the social well-being of LGBTQ+ older adults [41].

To mitigate these barriers, a multifaceted approach is essential. Policy efforts must focus on promoting health equity and inclusion in healthcare practices. This includes training healthcare providers in LGBTQ+ cultural competence and sensitivity to ensure that they are adequately equipped to serve these populations. Implementing policies that prohibit discrimination in healthcare settings can help restore trust and encourage individuals to seek care [42].

Furthermore, there is a pressing need for community-based programs that enhance social connections for LGBTQ+ older adults. Initiatives can include peer support programs, community centers that cater specifically to LGBTQ+ seniors, and outreach efforts that provide education about available resources. By fostering an inclusive environment, healthcare systems can not only improve access but also enhance the overall well-being of LGBTQ+ older adults [43].

Cultural Competency in Nursing Practice:

As the population ages and cultural diversity increases globally, healthcare providers face the pressing need to develop cultural competence,

particularly in the field of elderly nursing practice. Cultural competence in nursing is defined as the ability to understand, communicate, and effectively interact with people across cultures. It transcends mere awareness of cultural differences; it requires a comprehensive approach to provide the highest quality of care while respecting the unique cultural backgrounds and belief systems of elderly patients. This essay explores the significance of cultural competence in elderly nursing, the challenges faced by practitioners, and the strategies necessary for fostering a culturally competent healthcare environment [43].

Cultural competence is crucial in elderly nursing for numerous reasons. As the demographic landscape of many nations shifts, healthcare providers increasingly encounter patients from diverse cultural backgrounds. These elderly individuals may carry specific beliefs, values, and practices rooted in their cultures concerning health, illness, and treatment. Understanding these cultural factors can significantly impact healthcare delivery and patient outcomes.

First and foremost, culturally competent nursing care promotes respect and empathy between healthcare providers and their elderly patients. It encourages nurses to appreciate the beliefs and practices of their patients, fostering a trusting relationship that is essential for effective communication. Elderly patients often face issues related to autonomy and dignity, and culturally competent nurses are better equipped to advocate for their patients' preferences and rights [44].

Moreover, cultural competence can lead to improved health outcomes. Studies indicate that patients who perceive their healthcare providers as culturally competent are more likely to follow medical advice, engage in preventive care, and report higher satisfaction with their care experience. Timely and culturally appropriate interventions can mitigate disparities in health care that often affect marginalized communities, thereby enhancing overall health equity [45].

Despite its importance, achieving cultural competence in elderly nursing practice is fraught with challenges. One significant barrier is the lack of adequate training and education focused on cultural competence in nursing curricula. While many nursing programs include some coursework

on diversity, these courses may not delve deeply enough into the specific cultural issues impacting elderly patient populations. Consequently, nurses may find themselves ill-prepared to address the complex needs of diverse elderly individuals [46].

Additionally, biases and stereotypes can inadvertently influence nursing care. Even the most well-intentioned healthcare providers may harbor unconscious biases, leading to misinterpretations or miscommunications with patients. These biases can create an environment where elderly patients feel misunderstood or devalued, ultimately hindering the healing process [47].

Language barriers also pose a considerable challenge in culturally competent care. Elderly patients who are non-native speakers may struggle to communicate their symptoms, understand treatment instructions, or engage in shared decision-making with healthcare professionals. This lack of effective communication can lead to misunderstandings and poor health outcomes [47].

Finally, the structure of the healthcare system can impose limitations on culturally competent practice. The fast-paced nature of modern healthcare often prioritizes efficiency over personalized care, making it difficult for nursing staff to invest the time needed to understand their patients thoroughly. Furthermore, systemic issues such as limited access to culturally tailored resources and support services can hamper efforts to provide culturally competent care [48].

To surmount these challenges, healthcare providers, particularly those engaged in elderly nursing practice, must adopt several strategies aimed at enhancing cultural competence. First, ongoing education and training should be prioritized. Nursing programs must develop comprehensive curricula that address cultural competence specifically concerning elderly populations. This could include simulation-based learning, where students practice interactions with diverse patients, gaining real-time feedback to shape their cultural understanding and skills [49].

Secondly, healthcare organizations should implement mentorship programs that pair experienced nurses well-versed in cultural competence with newer staff. These mentorship arrangements can provide practical insights and

guidance, facilitating an organizational culture that values diversity and inclusion. Workshops and training sessions focused on cultural awareness, implicit bias, and effective communication can further reinforce these values throughout healthcare teams [50].

Additionally, the incorporation of translation services and technology can alleviate language barriers, ensuring that elderly patients receive clear and accurate information regarding their care. Providing access to interpreters or utilizing translation apps can significantly enhance the patient-provider communication process. Equally important is creating an environment where patients feel safe to express their cultural needs and preferences. Encouraging open dialogue enables patients to voice their concerns and empowers healthcare providers to adapt care approaches accordingly [51].

Beyond individual and organizational efforts, policy and advocacy also play critical roles in promoting cultural competence in elderly nursing. The development of national standards for culturally competent care should be a priority for health authorities and organizations. These standards can guide training programs, healthcare delivery models, and evaluation processes, ensuring a consistent and high-quality approach to care for diverse elderly populations [52].

Advocacy efforts should seek to eliminate systemic barriers that hinder culturally competent care. Healthcare providers can engage with local community organizations to develop programs and resources tailored to specific cultural groups within the aging population. By understanding the communities they serve, healthcare professionals can contribute to developing socially responsible healthcare practices that prioritize culture in care delivery [53].

Innovative Care Models and Best Practices:

As the population of older adults continues to grow, particularly among LGBTQ+ individuals, it is crucial to recognize the unique challenges they face regarding health care access and quality. The intersection of age and sexual-orientation identity often results in a myriad of barriers to optimal care, including societal stigma, discrimination, and a lack of culturally competent services. Innovative care

models and best practices tailored specifically for LGBTQ+ older adults can not only enhance their well-being but also ensure that they receive the comprehensive support they need and deserve. This essay explores several innovative care models and best practices aimed at improving the lives of LGBTQ+ older adults [54].

Before delving into innovative care models, it is essential to understand the unique needs of LGBTQ+ older adults. Research shows that this demographic faces higher rates of mental health issues, such as depression and anxiety, along with increased likelihood of experiencing social isolation, discrimination, and a lack of familial support—factors that are exacerbated by a lifetime of marginalization and stigmatization. Additionally, LGBTQ+ individuals often avoid accessing healthcare settings due to fear of discrimination, leading to poorer health outcomes. These realities underscore the importance of developing care models that promote inclusivity, respect, and holistic well-being [54].

Innovative Care Models

1. Community-Based Health Centers

Community-based health centers that specialize in providing care to LGBTQ+ individuals have emerged as essential players in addressing the needs of this population. These centers often employ culturally competent staff trained to understand the specific health challenges faced by LGBTQ+ older adults. They provide a range of services, including primary care, mental health services, and social support programs. By offering a welcoming environment, these centers create safe spaces that encourage LGBTQ+ older adults to engage in their healthcare [55].

For example, the SAGE (Services and Advocacy for GLBT Elders) organization runs various programs that cater to the needs of older LGBTQ+ individuals, providing access to healthcare, social services, and supportive networks. This model not only addresses physical health needs but also fosters a sense of community and belonging among participants [56].

2. Integrated Care Models

Integrated care models that combine physical health, mental health, and social services are particularly effective for LGBTQ+ older adults, as they often

experience multipronged issues that require comprehensive solutions. An integrated care approach facilitates collaboration among healthcare providers, mental health specialists, and social workers, ensuring that all aspects of a person's health—psychological, physical, and social—are addressed concurrently.

An example of an integrated care model is the "Whole Person Care" initiative, which focuses on tailored care plans that consider the emotional and social contexts of older LGBTQ+ adults. This approach includes interdisciplinary teams that engage with patients holistically, recognizing that factors such as loneliness or social isolation can significantly impact health outcomes [57].

3. Telehealth Services

The rise of telehealth services has revolutionized the accessibility of healthcare, particularly for older adults who may face transportation issues or mobility challenges. For LGBTQ+ individuals, telehealth can alleviate the anxiety associated with seeking in-person services, particularly in areas where healthcare providers may lack sensitivity towards their identity. Telehealth platforms can offer vital services, ranging from routine check-ups to mental health counseling, in a private and comfortable environment.

Telehealth enables healthcare providers to reach a broader audience, ensuring that LGBTQ+ older adults who live in rural or underserved urban environments have access to competent care. Moreover, many platforms now incorporate features designed to enhance privacy and support, aligning with the preferences and needs of LGBTQ+ individuals [58].

Best Practices for Supporting LGBTQ+ Older Adults

1. Cultural Competency Training

A cornerstone of providing effective care to LGBTQ+ older adults is employing culturally competent healthcare providers. Regular training sessions focusing on LGBTQ+ issues, including the impacts of discrimination, the importance of using correct pronouns, and understanding the historical context of LGBTQ+ health disparities, are essential. By equipping healthcare providers with knowledge and sensitivity towards LGBTQ+ issues, the

healthcare experience can become more affirming and respectful for older adults navigating these spaces [59].

2. Creating Safe Spaces

Healthcare facilities should strive to create safe and inclusive environments for LGBTQ+ older adults. This can involve visibly showcasing affirming materials, such as LGBTQ+ posters, literature, or even staff badges that signal acceptance. When individuals feel seen and understood in healthcare settings, they are more likely to seek help and engage in preventive care measures [59].

3. Collaborative Community Engagement

Establishing partnerships with LGBTQ+ community organizations and support networks can enhance the effectiveness of care for older adults. These collaborations can facilitate outreach efforts, increase awareness of available services, and ensure that the programs designed address the specific needs of the community. By working together, healthcare providers can leverage the expertise of organizations like SAGE or local LGBTQ+ centers to better support older adults [59].

Recommendations for Policy and Practice Change:

As society progresses towards greater inclusivity, the specific needs of LGBTQ+ older adults remain an often-overlooked element within broader discussions about aging and social equity. The LGBTQ+ community has faced unique challenges due to societal stigma, discrimination, and historical marginalization. As a generation of LGBTQ+ individuals—who were often forced to live in secrecy—ages, it becomes crucial to update policies and practices in healthcare, social services, housing, and community engagement to ensure their dignity, safety, and wellbeing. This essay outlines several recommendations aimed at changing policies and practices to better support LGBTQ+ older adults [60].

LGBTQ+ older adults often experience distinct challenges that impact their health and quality of life. Many have lived through eras marked by severe discrimination, including criminalization of their identities and marriage inequities. Consequently, they may harbor anxieties related to seeking care, especially in environments they deem unwelcoming.

Additionally, many LGBTQ+ older adults lack familial support due to estrangement or the loss of partners and friends during the AIDS crisis. This social isolation exacerbates feelings of loneliness and depression, making them particularly vulnerable in the context of the aging population [60].

To adequately address these concerns, it is essential for policymakers and service providers to first engage in thorough research and data collection to better understand the needs, preferences, and lived experiences of LGBTQ+ older adults. Existing studies, while beneficial, often fall short in their representation or focus. Therefore, a systematic effort to gather comprehensive data across different regions and communities can guide more effective policy formulations [60].

Policy Recommendations

1. Healthcare Access and Sensitivity Training

Healthcare is a fundamental area where LGBTQ+ older adults face challenges. Many older adults experience disabilities and chronic illnesses that require consistent medical attention. Unfortunately, healthcare providers may lack the training to understand the unique experiences of LGBTQ+ patients, leading to subpar care. Therefore, healthcare systems must implement sensitivity training focused on LGBTQ+ issues, particularly concerning the history of discrimination and its impact on health behaviors.

Policymakers should encourage healthcare organizations to incorporate LGBTQ+ health education into medical school curricula and continuing education programs. Creating incentive programs for healthcare providers that achieve certifications in LGBTQ+ health care can also drive improvement [61].

2. Inclusive Housing Policies

Safe and affordable housing is a critical concern for LGBTQ+ older adults, particularly those who are low-income or at risk of homelessness. Many LGBTQ+ individuals fear entering senior living facilities due to the potential for discrimination. To counter this, developing inclusive policies that emphasize the safety and acceptance of LGBTQ+ residents must be a priority.

Policymakers should provide funding to senior housing facilities that demonstrate inclusive practices, such as staff training and auditing for LGBTQ+ inclusivity. Additionally, state and federal governments should incentivize the construction and maintenance of affordable housing specifically designed for LGBTQ+ older adults [61].

3. Mental Health Support and Community Engagement

Mental health is a pressing issue for LGBTQ+ older adults, who may experience higher rates of anxiety and depression due to their life experiences. Service providers should consider implementing dedicated mental health programs that cater specifically to LGBTQ+ seniors. These programs can help destigmatize mental health treatment and foster peer connections.

Creating community engagement initiatives that promote socialization among LGBTQ+ older adults can help mitigate isolation. Local organizations should facilitate workshops, support groups, and events that allow LGBTQ+ seniors to connect and share experiences, thus fostering a sense of belonging and community [62].

4. Policy Advocacy and Legal Protections

Advocacy for legal protections against discrimination in all areas—housing, healthcare, and employment—is essential. Lawmakers must put forth legislation that recognizes and protects the rights of LGBTQ+ individuals, especially older adults, against discrimination. Such protections should be state and federally mandated to ensure uniformity and compliance.

Moreover, organizations advocating for LGBTQ+ rights must involve older adults in their policymaking processes. Their voices provide invaluable insight into the specific concerns faced by their demographic, leading to more effective strategies in advocacy and legal reforms [63].

5. Intergenerational Programming

Developing intergenerational programs can serve as a bridge between older LGBTQ+ adults and younger members of the LGBTQ+ community. By nurturing a sense of shared identity and mutual support, these initiatives can help dispel stereotypes, foster

intergenerational bonds, and create a more comprehensive support network.

Furthermore, these programs can allow for knowledge transfer, where older adults mentor young LGBTQ+ individuals navigating their identities, while younger members can assist older adults in adapting to new technologies and social landscapes, contributing to a reduction in feelings of isolation [63].

Conclusion:

In conclusion, understanding the needs of LGBTQ+ elderly adults in nursing is vital for delivering quality and compassionate care. This population faces unique challenges rooted in historical discrimination, social isolation, and health disparities that can significantly affect their well-being and access to healthcare services. By recognizing and addressing these challenges, nursing professionals can create an inclusive environment that fosters trust and encourages LGBTQ+ seniors to engage openly with their caregivers.

Implementing culturally competent care strategies, enhancing training programs, and advocating for policy changes are essential steps toward improving health outcomes for LGBTQ+ elderly adults. Furthermore, fostering supportive community networks can help mitigate feelings of isolation and enhance overall quality of life. Ultimately, by prioritizing the specific needs of LGBTQ+ seniors, nursing professionals have the opportunity to contribute to a more equitable healthcare system that honors the dignity of all individuals, regardless of their sexual orientation or gender identity.

References:

1. McGovern J. The Forgotten: Dementia and the Aging LGBT Community. *J. Gerontol. Soc. Work.* 2014;57:845–857. doi: 10.1080/01634372.2014.900161.
2. Kimmel D. Lesbian, Gay, Bisexual, and Transgender Aging Concerns. *Clin. Gerontol.* 2014;37:49–63. doi: 10.1080/07317115.2014.847310.
3. Rawlings D. End-of-life care considerations for gay, lesbian, bisexual, and transgender individuals. *Int. J. Palliat. Nurs.* 2012;18:29–34. doi: 10.12968/ijpn.2012.18.1.29.
4. Levac D., Colquhoun H., O'Brien K.K. Scoping studies: Advancing the methodology. *Implement. Sci.* 2010;5:69. doi: 10.1186/1748-5908-5-69.
5. Price E. All but invisible: Older gay men and lesbians: the sexuality of older people, and gay and lesbian sexuality in particular, is an issue that has largely been ignored in the nursing literature. But, says Elizabeth Price, older gay men and lesbians are becoming more vociferous about the health and social care services they have a right to expect. *Nursing Older People.* 2005;17:16–18. doi: 10.7748/nop2005.06.17.4.16.e2377.
6. Averett P., Yoon I., Jenkins C.L. Older Lesbians: Experiences of Aging, Discrimination and Resilience. *J. Women Aging.* 2011;23:216–232. doi: 10.1080/08952841.2011.587742.
7. Hatzenbuehler M.L., Bellatorre A., Lee Y., Finch B.K., Muennig P., Fiscella K. Structural stigma and all-cause mortality in sexual minority populations. *Soc. Sci. Med.* 2014;103:33–41. doi: 10.1016/j.socscimed.2013.06.005.
8. Hughes M., Cartwright C. LGBT people's knowledge of and preparedness to discuss end-of-life care planning options. *Health Soc. Care Community.* 2014;22:545–552. doi: 10.1111/hsc.12113.
9. Almack K., Seymour J., Bellamy G. Exploring the Impact of Sexual Orientation on Experiences and Concerns about End of Life Care and on Bereavement for Lesbian, Gay and Bisexual Older People. *Sociology.* 2010;44:908–924. doi: 10.1177/0038038510375739.
10. Brotman S., Ferrer I., Sussman T., Ryan B., Richard B. Access and equity in the design and delivery of health and social care to LGBTQ older adults: A Canadian perspective. In: Orel N., Fruhauf C., editors. *The Lives of LGBT Older Adults: Understanding Challenges and Resilience.* American Psychological Association; Washington, DC, USA: 2014.
11. Witten T.M. End of life, chronic illness, and trans-identities. *J. Soc. Work End Life*

- Palliat. Care. 2014;10:34–58. doi: 10.1080/15524256.2013.877864.
12. Arthur D.P. Social Work Practice with LGBT Elders at End of Life: Developing Practice Evaluation and Clinical Skills Through a Cultural Perspective. *J. Soc. Work End Life Palliat. Care.* 2015;11:178–201. doi: 10.1080/15524256.2015.1074141.
13. June A., Segal D.L., Klebe K., Klebe L.K. Views of Hospice and Palliative Care Among Younger and Older Sexually Diverse Women. *Am. J. Hosp. Palliat. Med.* 2012;29:455–461. doi: 10.1177/1049909111429120.
14. Brotman S., Ryan B., Collins S., Chamberland L., Cormier R., Julien D., Meyer E., Peterkin A., Richard B. Coming out to care: Caregivers of gay and lesbian seniors in Canada. *Gerontologist.* 2007;47:490–503. doi: 10.1093/geront/47.4.490.
15. Metlife Mature Market Institute®2. The Lesbian And Gay Aging Issues Network of The American Society On Aging Out and Aging: The MetLife Study of Lesbian and Gay Baby Boomers 1. *J. GLBT Fam. Stud.* 2010;6:40–57.
16. Masini B.E., Barrett H.A. Social Support as a Predictor of Psychological and Physical Well-Being and Lifestyle in Lesbian, Gay, and Bisexual Adults Aged 50 and Over. *J. Gay Lesbian Soc. Services.* 2008;20:91–110. doi: 10.1080/10538720802179013.
17. Ottawa Senior Pride Network & Ipsos Reid. Housing Survey. Ipsos Reid; Ottawa, ON, Canada: Oct, 2015.
18. Arksey H., O'Malley L. Scoping studies: towards a methodological framework. *Int. J. Soc. Res. Meth.* 2005;8:19–32. doi: 10.1080/1364557032000119616.
19. Griebing T.L. Sexuality and aging: A focus on lesbian, gay, bisexual, and transgender (LGBT) needs in palliative and end of life care. *Curr. Opin. Support. Palliat. Care.* 2016;10:95–101. doi: 10.1097/SPC.0000000000000196.
20. Hatzenbuehler M.L., Bellatorre A., Lee Y., Finch B.K., Muennig P., Fiscella K. Structural stigma and all-cause mortality in sexual minority populations. *Soc. Sci. Med.* 2014;103:33–41. doi: 10.1016/j.socscimed.2013.06.005.
21. Donaldson, W. V., & Vacha-Haase, T. (2016). Exploring staff clinical knowledge and practice with LGBT residents in long-term care: A grounded theory of cultural competency and training needs. *Clinical Gerontologist*, 39(5), 389–409.
22. Evans, M. (2013). The principle of subsidiarity as a social and political principle in Catholic social teaching. *Solidarity: The Journal of Catholic Social Thought and Secular Ethics*, 3(1):4.
23. Higgins, A., Sharek, D., McCann, E., Sheerin, F., Glacken, M., Breen, M., & McCarron, M. (2011). Visible lives: Identifying the experiences and needs of older Lesbian, Gay, Bisexual and Transgender (LGBT) people in Ireland. Dublin, Ireland: Gay and Lesbian Equality Network (GLEN).
24. Fredriksen-Goldsen, K., Teri, L., Kim, H.-J., Goldsen, J., McKenzie, G., & La Frazia, D. M. (2019). Aging with pride, idea: Lessons learned from the first tested clinical intervention addressing dementia and Alzheimer's disease in the LGBT community. *Alzheimer's & Dementia*, 15(7), P206–P207.
25. Holman, E. G., Landry-Meyer, L., & Fish, J. N. (2020). Creating supportive environments for LGBT older adults: An efficacy evaluation of staff training in a senior living facility. *Journal of Gerontological Social Work*, 63(5), 464–477.
26. de Vries, B., Gutman, G., Soheilipour, S., Gahagan, J., Humble, Á., Mock, S., & Chamberland, L. (2020). Advance care planning among older LGBT Canadians: Heteronormative influences. *Sexualities*, e1363460719896968.
27. Fredriksen-Goldsen, K. I., Jen, S., Bryan, A. E. B., & Goldsen, J. (2018). Cognitive impairment, Alzheimer's disease, and other dementias in the lives of Lesbian, Gay, Bisexual, and Transgender (LGBT) older adults and their caregivers: Needs and competencies. *Journal of Applied Gerontology*, 37(5), 545–569.

28. Cartwright, C., Hughes, M., & Lienert, T. (2012). End-of-life care for gay, lesbian, bisexual, and transgender people. *Culture, Health and Sexuality*, 14(5), 537–548.
29. Institute of Medicine. (2011). *The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding*. Washington (DC): National Academies Press.
30. Adshead, M., & Miller, M. (2003). Ireland as a Catholic corporatist state: A historical institutional analysis of healthcare in Ireland. *Limerick Papers in Politics and Public Administration* (5).
31. Daley, A., MacDonnell, J. A., & Pierre, M. (2016). *LGBTQI communities and home care in Ontario: Project Report*. Toronto, Canada: York University.
32. Hewa, S., & Hetherington, R. W. (1995). Specialists without spirit: Limitations of the mechanistic biomedical model. *Theoretical Medicine*, 16(2), 129–139.
33. Hoy-Ellis, C. P., Ator, M., Kerr, C., & Milford, J. (2016). Innovative approaches address aging and mental health needs in LGBTQ communities. *Generations* (San Francisco, Calif.), 40(2), 56–62.
34. Fredriksen Goldsen, K., & de Vries, B. (2019). Global aging with pride: International perspectives on LGBT aging. *International Journal of Aging and Human Development*, 88(4), 315–324.
35. Health Information and Quality Authority. (2019). *National standards for adult safeguarding*. Dublin, Ireland: Health Information and Quality Authority.
36. Central Statistics Office. (2015). *CSO statistical release: EU SILC: Central Statistics Office*.
37. Fredriksen-Goldsen, K. I., & Muraco, A. (2010). Aging and sexual orientation: A 25-year review of the literature. *Research on Aging*, 32(3), 372–413.
38. Fredriksen Goldsen, K., Jen, S., & Muraco, A. (2019). Iridescent life course: LGBTQ aging research and blueprint for the future - A systematic review. *Gerontology*, 65(3), 253–274.
39. American Nurses Association NA. (2015). *Nursing: Scope and Standards of Practice*, 3rd ed: American Nurses Association NA; Nursesbooks.org.
40. Department of Health. (2013). *The National Positive Ageing Strategy*. Dublin, Ireland: Stationary Office.
41. Kamiya, Y., Murphy, C., Savva, G. M., & Timonen, V. (2012). *Profile of community-dwelling older people with disability and their caregivers in Ireland*. Dublin, Ireland: The Irish Longitudinal Study on Ageing.
42. MacDonnell, J. A., & Daley, A. (2015). Examining the development of positive space in health and social service organizations: A Canadian exploratory study. *Journal of Gay & Lesbian Social Services*, 27(3), 263–301.
43. Mayor's Office of Housing and Community Development. (2020). *Transgender housing: Get help with housing services for transgender and gender nonconforming youth and adults*. City and County of San Francisco.
44. Roe, L., Galvin, M., Booi, L., Brandao, L., Leon Salas, J., McGlinchey, E., & Walrath, D. (2020). To live and age as who we really are: Perspectives from older LGBT+ people in Ireland. *HRB Open Research*, 3, 6.
45. Westwood, S., Willis, P., Fish, J., Hafford-Letchfield, T., Semlyen, J., King, A., Beach, B., Almack, K., Kneale, D., Toze, M., & Becares, L. (2020). Older LGBT+ health inequalities in the UK: Setting a research agenda. *Journal of Epidemiology and Community Health*, 74(5), 408–411.
46. Levesque, J.-F., Harris, M. F., & Russell, G. (2013). Patient-centred access to health care: Conceptualising access at the interface of health systems and populations. *International Journal for Equity in Health*, 12(1), 18.
47. Murphy, C., Whelan, B., & Normand, C. (2014). Formal home-care utilisation by older adults in Ireland: Evidence from the Irish Longitudinal Study on Ageing (TILDA). *Health & Social Care in the Community*, 23(4), 408–418.
48. Roe, L., Normand, C., Wren, M., Browne, J., & O'Halloran, A. (2017). The impact of frailty on healthcare utilisation in Ireland:

-
- Evidence from the Irish longitudinal study on ageing. *BMC Geriatrics*, 17(1), 203.
49. SAGE. (2020). We look out for you.
 50. Timonen, V., & Doyle, M. (2008). From the workhouse to the home: Evolution of care policy for older people in Ireland. *International Journal of Sociology and Social Policy*, 28, 76–89.
 51. Witten T. M. Elder Transgender Lesbians: Exploring the Intersection of Age, Lesbian Sexual Identity, and Transgender Identity. *J. Lesbian Stud.* 2015;19:73–89.
 52. Hughes M., Cartwright C. Lesbian, gay, bisexual and transgender people's attitudes to end-of-life decision-making and advance care planning: LGBT people and advance care planning. *Australas. J. Ageing.* 2015;34:39–43.
 53. Duffy F., Healy, J.P. A Social Work Practice Reflection on Issues Arising for LGBTI Older People Interfacing With Health and Residential Care: Rights, Decision Making and End-of-Life Care. *Soc. Work Health Care.* 2014;53:568–583.
 54. Lawton A., White J., Fromme E. K. End-of-Life and Advance Care Planning Considerations for Lesbian, Gay, Bisexual, and Transgender Patients #275. *J. Palliat. Med.* 2014;17:106–108.
 55. Corbett K. Lesbian women and gay men found that nurses often assumed they were heterosexual, which led to feelings of discomfort and insecurity. *Evidence-Based Nursing.* 2007;10:94.
 56. Porter K. E., Krinsky L. Do LGBT Aging Trainings Effectuate Positive Change in Mainstream Elder Service Providers? *J. Homosex.* 2014;61:197–216.
 57. Marie Curie. "Hiding who I am" The reality of end of life care for LGBT people.
 58. Bengston V. L., Elder G. H., Putney N. M. The Lifecourse Perspective on Ageing: Linked Lives, Timing and History. In: Johnson M. L., editor. *The Cambridge Handbook of Age and Ageing*. Cambridge University Press; Cambridge, UK: 2005. pp. 493–501.
 59. Alzheimer's Australia; Canberra, Australia: 2014. *Dementia, Transgender & Intersex People: Do service providers really know what their needs are?*
 60. Powell L.A., Neustifter R. An Updated Social Context for Therapy with Elder Lesbian Couples. *J. Fem. Fam. Ther.* 2012;24:213–229.
 61. Aldredge P. A., Conlon A. Reflections: Gay Men and Lesbians at End-of-Life. *J. Soc. Work End-Of-Life Palliat. Care.* 2012;8:113–118.
 62. Harding R., Epiphaniou E., Chidgey-Clark J. Needs, Experiences, and Preferences of Sexual Minorities for End-of-Life Care and Palliative Care: A Systematic Review. *J. Palliat. Med.* 2012;15:602–611.
 63. Cartwright C., Hughes M., Lienert T. End-of-life care for gay, lesbian, bisexual and transgender people. *Cult. Health Sex.* 2012;14:537–548.