

Testimony to the PA Senate Joint Hearing on Agency Consolidation

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Good afternoon. My name is Heshie Zinman. I am the founder of the LGBT Elder Initiative, a non-profit organization here in Philadelphia dedicated to helping lesbian, gay, bisexual, and transgender older adults to age successfully with access to LGBT-inclusive resources, services, and supports. I also have the honor of sitting on the Pennsylvania Long-Term Care Commission, where I serve on the Outreach and Workforce Subcommittees.

I would like to first extend my thanks to the members of the Pennsylvania Senate Aging & Youth Committee, the Intergovernmental Operations Committee, the Appropriations Health & Human Services Subcommittee, and the Senate Philadelphia Delegation. Thank you for taking the time today to hear public comments on the proposed consolidation of the Departments of Health, Human Services, Aging, and Drug & Alcohol Programs into a Department of Health and Human Services. I would especially like to thank Senator Haywood for the invitation to share comments with you today.

The problems associated with aging as an LGBT person are similar to those of the general senior population. However, discrimination and marginalization often make the solutions much more complicated. We know from the work that we do, as well as from consistent research findings, that LGBT older adults have systematically encountered obstacles to good health, and as a result, many face magnified health vulnerabilities such as drug and alcohol use, HIV/AIDS, depression, and an increased risk of some cancers. Many have experienced discrimination in healthcare settings, resulting in a tendency to avoid or delay seeking medical care.

We also know that the vast majority of caregiving in the United States is provided by family members. LGBT people, however, are disproportionately likely to be single, childless, and living alone, leaving us with heightened reliance on community-based services. Sadly, in many cases, these services end up not only being culturally incompetent and insensitive, but in some cases are even hostile, discriminatory and stigmatizing.

For the past few years, the LGBT Elder Initiative has been working with Secretary Osborne and her staff in the Department of Aging to develop a culture that is more LGBT-inclusive and that can support aging services providers across the Commonwealth to effectively deliver services to people of all sexual orientations and gender identities.

We commend Secretary Osborne's efforts in this area, which have included having her department represented on the Governor's LGBT Workgroup, appointing LGBT individuals to the Cultural Diversity Advisory Council and Long-Term Care Commission, and participating in our LGBT Elder Summit this past fall. Secretary Osborne also joined with Department of Human

Services Deputy Secretary Jen Burnett to host an LGBT cultural competence training for staff in the Department of Aging and the Office of Long-Term Living.

As we explore the issue of consolidation and the potential pros and cons that come with such a move, we want to be sure that this work within the Department of Aging around improving services for LGBT older adults does not get pushed aside in the reorganization of departments and service priorities.

We also echo the concerns that have been raised by others in the aging services field that services for seniors could potentially be cut due to this consolidation and that funding for aging services could be reduced. We cannot support any consolidation efforts that result in reallocating lottery dollars away from aging services and that would cut services to vulnerable populations of older Pennsylvanians.

However, we also see there being opportunity within a new Department of Health and Human Services to expand on the work of fostering services and resources that are inclusive of LGBT populations. We view this consolidation as an opportunity to rethink the system. Looking at the system as a blank canvas, we can imagine changes that will positively impact LGBT aging in Pennsylvania: LGBT cultural competence training for the workforce and for healthcare organizations; greater access to culturally competent resources, services and supports; and the sharing of information that is culturally appropriate in a way that will move people to act on this information for their benefit and well-being.

It is critically important that all parts of the aging and long term care services networks be LGBT culturally competent. If we are serious about helping older adults to age in place in their home communities, and the cost savings associated with this, we need to be offering services that are inclusive, affirming, and culturally competent. Knowledge of diversity and comfort in dealing with diverse populations increases professional competence. The end result is the best care possible for all older adults in Pennsylvania.

If done effectively, consolidation could lead to more efficient training procedures around core competencies for providers, including training around LGBT cultural competence across the spectrum of aging services and long-term care and supports. We would like to see there be an Office of Training within the Department of Health and Human Services that could ensure that providers within the fields of aging, drug and alcohol, health, and human services are trained and supported in developing the core competencies needed to deliver services to an increasingly diverse population.

We would also like to see a new Department of Health and Human Services improve the ways that data is collected. At this time, state offices are not collecting data on the sexual orientations and gender identities of the individuals accessing state-funded services. Data is a critical tool that can be used to address the disparities that affect LGBT older adult populations and to inform funding, program design, research priorities, and service delivery. Collecting data on sexual orientation and gender identity allows us to identify gaps, trends and other issues that need to be addressed. Even though there is great diversity among LGBT elders, collecting

this data can help improve well-documented health disparities, drive funding for needed research, and encourage LGBT-specific program planning to close service gaps and better meet needs.

It is also the reality of today's aging services landscape that we are facing a critical shortage of direct care workers for older adults. The Baby Boomers are aging and we simply do not have enough qualified workers to take care of our aging population. We would like to see some of the cost savings from this consolidation be put toward recruiting and retaining direct care workers who can provide us with the necessary care as we age. Reorganizing the structure of state departments will only lead to better outcomes if we have a qualified workforce able to provide effective and reliable care.

The consolidation of the Departments of Health, Human Services, Aging, and Drug & Alcohol Programs into a Department of Health and Human Services carries the potential to create a state office with efficient and effective training procedures, data collection methods, workforce support, and culturally sensitive resources and services. We can support this consolidation if it does in fact move the needle on supporting lesbian, gay, bisexual, and transgender Pennsylvanians through better training for providers around LGBT issues, data collection that is inclusive of sexual orientation and gender identity, and the development of a workforce that is prepared to meet the unique needs of LGBT people as we age.

Thank you again for taking the time to hear these comments today and for your thoughtful deliberation on this important matter.