

Aging with Visibility Advocating for Our Elderly LGBTQ Loved Ones

Candace Dellacona: Hi everyone, and welcome to episode four of the Sandwich Generation Survival Guide, caring for Your Children, your parents, and yourself. And today we are talking about aging with visibility, advocating for our elderly lgbtqia plus loved ones. I am your host Canona with my co-host Jody Argentino. Hi, Jody.

Jody Argentino: Hi. Good morning Candace, and good morning to our guests.

Candace Dellacona: Yes, so

Jody Argentino: excited for today's episode.

Candace Dellacona: Yeah, so, um, as Jody mentioned today, we have two wonderful and very established, uh, L-G-B-T-Q-I-A. Advocates in the aging space. Uh, from Sage, an amazing nonprofit organization that advocates for our aging, L-G-B-T-Q-I-A loved ones.

Nicholas Watson: I'm Nick Watson. I'm the managing director of Social Enterprise for Sage.

Sadiya Abjani: And I'm Sadia. I'm the Director of Learning and Instructional Design. Terrific.

Candace Dellacona: Well, thank you for joining us. So we brought you in here today, Sadia and Nick, um, primarily to tell us a little bit about your organization and kind of talk about what's on the horizon here, uh, to advocate for our, for our loved ones.

Candace Dellacona: Can you fill us in on Sage?

Nicholas Watson: I can start there. Um, SAGE is the country's, uh, oldest and largest organization dedicated to improving the lives and health situations and outcomes for L-G-B-T-Q older adults. And Sage, as an organization has been doing that work since 1978. Which is, I always like to give people a minute there to think about what it was like to found an organization like Sage in 1978

Candace Dellacona: in New York.

Candace Dellacona: Amazing.

Nicholas Watson: Amazing.

Jody Argentino: I can't even imagine that with a, I mean, that's like, I can't even imagine that there are, were elderly L-G-B-T-Q people out. In 1978, so, um, yeah. That's that's amazing.

Sadiya Abjani: Oh, yeah. There were a group of people that got together and, and decided like, oh, who's gonna take care of us? That was a central question, the central conceit of the, the creation of this organization, who's gonna take care of us?

Sadiya Abjani: And so they founded this organization called Seniors, acting in a Gay Environment, and that's how Sage started. There's some great pictures up at the Sage Center in New York. That have like the founding members and this muted rainbow.

Candace Dellacona: So Sage obviously is a national organization. Um, as an elder care attorney myself here in New York, I'm obviously very familiar with organization because it's a tremendous resource, certainly to New Yorkers and across the country.

Candace Dellacona: And really the reason why, maybe to jump off and why we brought you in here is. We would love to talk about the new protection, particularly here in New York State for our aging L-G-B-T-Q population. So I know Sadia, you've been putting in a lot of work, um, with this new law. Do you wanna kind of fill us in on the organization, the law and, and what we hope it will do?

Sadiya Abjani: Yeah, absolutely. Um, so the law SB 2 5 3 4, if I remember correctly. That's right. Um, it was introduced to focus on training for. CNAs, home health aides, folks that are actually going into people's homes and caring for them in their homes. And I think what we forget in this situation is that if we sat back and thought about the one place where we feel truly safe, where we feel truly able to be our whole selves, that's home.

Sadiya Abjani: And we're sending individuals into people's homes. Right. And I, I hate to put it this way, but this is what it feels like invading safe spaces.

Candace Dellacona: Yes.

Sadiya Abjani: And so the folks who do enter these spaces need to be trained. We need to avoid those moments where they're shocked at what they see or that they don't understand and put our older adult at ill at ease.

Sadiya Abjani: So this law or this regulation was put into place to. Train care providers on how to work with the diverse populations they engage with. Right.

Candace Dellacona: And so, you know, I found a lot of statistics on the prejudice, um, and the bigotry faced by our aging L-G-B-T-Q loved ones. There was this statistics that really stopped me in my tracks.

Candace Dellacona: I think that it was 25%, one in four. Older adults had either witnessed or sustained a disrespectful or abusive care towards an L-G-B-T-Q patient. And when you throw in diseases of the aged like dementia. And Parkinson's and conditions like that that cause memory impairment or a person to not really have agency over their physical being, they're incredibly vulnerable.

Candace Dellacona: New York state, I think with the help of sage. Organizations like Sage advocating for our loved ones to take notice. Can you tell me sort of about how SAGE was involved in, in getting this, this regulation implemented and this new training that is now required here in New York State for our home care attendance?

Sadiya Abjani: Yeah, well, Nick worked very closely with our advocacy department, so I'm gonna let him take this piece over.

Nicholas Watson: Sage today is a fully national organization, so we're still based in New York, although neither Sadie and I work from New York and in New York City we have our sage centers. We help with residential care and support, and we.

Nicholas Watson: Work nationally on supporting the development of new LGBT focused housing for older people. And we do advocacy at the national and the state level heavily in New York, of course, which is our, our spiritual and ancestral home as sage, but working at the state level everywhere. And then we have Sage Care, which both Sadia and I work on, which Sage Care is a training and consulting program that we offer.

Nicholas Watson: It's a social enterprise, so we're hired by long-term care facilities. And health home organizations and hospice care facilities and other communities that deal with the aging, to train the staff and the leadership there on how to be competent in serving L-G-B-T-Q older adults, which is, and we,

Candace Dellacona: which is so important.

Candace Dellacona: I mean, really what a service that you're able to offer, you know, and, and also, you know, bringing in management, right? The people that have expectations for their healthcare workers, as Sadia said, you know, sending these folks. Into the home of an elderly adult person and wanting to maintain that safe space in one's home.

Nicholas Watson: Yeah, and it's really important to us to start with the leadership. So if it, if it's at all possible, we always do leadership and management training for the C-suite and the department heads, and then we roll out training to staff in organizations because our belief, and I think it's. Sort of obvious when you say it out loud is that if the staff doesn't feel safe being whoever they are, then they're not able to honestly make the, the residents or the service recipients feel safe.

Jody Argentino: Right? Yeah. If, if your management is expecting it and your management is modeling it. Then there's a trickle down for it. Absolutely. I think I was reading a mental health article that was like, if one day, if, if mental health professionals or caregivers take one day of, um, LGBTQ plus cultural sensitivity training, it decreases the transphobia and, and homophobia that they put out there significantly.

Jody Argentino: So having programs like this is. Is phenomenal because it's not just that one day, right? It's the, the, the total pyramid impact. So that's, that's amazing to

Candace Dellacona: hear about. It's vital. And so to that end then, can I ask you about, you know, what, what the training encompasses?

Sadiya Abjani: Yeah, absolutely. Um, so there are a few different versions of the training.

Sadiya Abjani: They all satisfy the bill. The only difference is that they're all available in different modalities. So we have, you know, an online interactive training that you can put on your

learning management system. We have a video training, we have a, um, a curriculum that goes on along with the video training if you wanna deliver it.

Sadiya Abjani: Um, but really what it focuses on is correct language. Um, what. Definitions of common terms are like lesbian, gay, bisexual, transgender, um, it talks about words to use, words not to use, and this is incredibly important when working with the LGBT older adult population because what we're kind of exposed to most often is youth and youth culture when it comes to our LGBTQ plus community.

Sadiya Abjani: And so when it comes to older adults. Understanding that words like queer are really just not words that we can use, especially if folks are older than 72, right? That these words carry a lot of stigma and fear with them. So it's those, you know, nuances based on generation, based on age that are included in the training.

Sadiya Abjani: We talk about best practices. We talk about creating a historical context, so we're asking folks to adjust the way that they go about doing their work, right? And those adjustments need justification. LGBTQ plus people are not special. They're a group of individuals that have a particular history, a particular narrative, and you're not changing the way that you work because we're treating people special.

Sadiya Abjani: You're adjusting the way that you work because. There's a group of people that isn't receiving care, right? And so that contextualization helps justify these adjustments and changes that we're asking people to make to their daily work, right? And, and then it ends with common assumptions. Um, so what are some things that, uh, care providers are often seeing when going out into the field and how to address them, right?

Sadiya Abjani: How to ask open-ended questions and how to. Ask inclusive questions. So when we're first having that conversation, if you're doing, there are some organizations that have their care providers do intake interviews before they start care. So it talks a little bit about that interview process. And then if you don't do intake interviews, if you kind of just show up with a piece of paper that has a bunch of information, how to go about asking questions and introducing yourself in an inclusive way,

Jody Argentino: it's so important.

Jody Argentino: We've done that work with the courts, right? We've tried to make their forms. Inclusive, we've tried to make it so, you know, people say, my spouse and or who is your spouse rather than, who is your husband or who is your wife? We're assuming. But, um, what just struck me as you are, um, noting the word queer, because I would say like, even if I went in, like, and I, you know, I'm in this world all the time and I were talking to people in, you know, one of your programs, I would use the word queer all the time.

Jody Argentino: And so, um, this is one of those great examples, Candace, of where I would use the wrong language, right? Because it's the wrong language for the population that I'm talking to. And that's not something that I am, um, you know, I'm not awesome at that. Uh, 'cause I'm just like, I'm gonna use my language. But for people that don't know, right?

Jody Argentino: Queer was a very derogatory term. Um, in the, well, I'm gonna say. Up to maybe the nineties where it started being reclaimed, um, as a term for the younger generation. So those people, um, those people who suffered through it being, um, derogatory slang are now, you know, our elderly population. So I, um, so that's really interesting because we're talking about this.

Jody Argentino: Um, I, I wanna ask you more about the unique issues that L-G-B-T-Q people face. Because we talked, we started talking right about like, how, how we fix them, right? And how we accommodate them, and how we make it inclusive. But the, the underlying problem is that so many people have had to go, quote unquote, back in the closet, um, because of the lack of resources or the fear.

Jody Argentino: Um, and I sad, I loved what you said about making. Um, your home, which is supposed to be your safe space, unsafe, right? So, um, maybe one of you can talk a little bit about the unique issues that we're trying to address.

Sadiya Abjani: I would love to tell a little bit of a story, and then from the story I'll extrapolate all the different things, but it talks a little bit about this, it talks about this language component.

Sadiya Abjani: So, um, we have trainers that go out throughout the United States, especially before covid and deliver our management trainings. They're four hour in-person trainings. I know that sounds long, but they're a lot of fun. Um, and I was training a, um, older South Asian couple, older South Asian lesbian couple on delivering this four hour training.

Sadiya Abjani: And during the training, um, we were talking about language that's appropriate and language that isn't. And someone mentioned the word dike as being an inappropriate term, right? And so they waited. Um, one of the individuals, one of the trainers waited until the break and came to me and said, Sadia, people think dyke is a bad word.

Sadiya Abjani: And Right. She's right. She's, she's like a 60-year-old lesbian. She's like, dyke, when did dyke become a bad word? Yeah. And I think it's so indicative of, um, what happens to our older adults, right? So we're talking about a generation that fought for every step forward, that fought for visibility, that fought for their rights, that is so brilliant and resilient.

Sadiya Abjani: Little by little they're having to age into the services that they fought against, right? They're having to lean on Medicare, Medicaid, they're having to lean on these government programs that did not recognize them and in fact criminalize them. Absolutely. So of course there's a fear. Of course there's this, um, you know, understanding that discrimination has happened before.

Sadiya Abjani: And if we look at our court system right now, it's happening. We're seeing all of these laws, uh, go back into, into our legislative system, and so of course, LGBT, older adults, there's a. High percentage of LGBT older adults that are afraid of accessing services or delay accessing services out of fear, which means a lot of self-medication, a lot of, um, you know, waiting until it's too late.

Sadiya Abjani: Right? We also see this history of employment discrimination and economic discrimination catching up. And a lot of folks don't have retirement plans, right? They don't have

the money to go into these fancy, you know, um, elder care communities that have been trained. They're relying on. These services.

Jody Argentino: Could you tell us a little bit about the statistics around this?

Jody Argentino: Give us the, the concept of the environment that we're looking at.

Nicholas Watson: I think that's, that's a great question. 'cause I think we sort of forget the reality that, um, older L-G-B-T-Q people are living in, even compared to. That as sadly mentioned, the the youth culture and what, what the culture is aware of about the L-G-B-T-Q experience.

Nicholas Watson: A recent AARP study that I was just looking at, 34% of L-G-B-T-Q elders today fear and have good reasons to fear that they're gonna have to re closet themselves. To go in 40% of LGBT. Older adults aren't comfortable being out to their provider. A story that I heard not that long ago, but that I've been retelling a lot, is about a woman who was lesbian, had been lesbian her whole life, and her doctor was prescribing her the birth control pill, which like I think is just like a really salient indication of how you're not getting the kind of healthcare that you need if you're not able to be yourself when you come into healthcare settings and it's.

Nicholas Watson: From things like that, that you get 60% of L-G-B-T-Q. Older adults are concerned about discrimination. 40% are not out to their provider, and that's even higher among African American and Latinx populations that have even more reason to fear not being treated fairly in long-term care.

Jody Argentino: The, the, the crossover of minority communities is, um, just kind of adds on to the, um, the challenges.

Nicholas Watson: Yeah, and we, we really talk a lot in our training about how all of these are part of your identities are all identities that you bring into the room and that you bring into care and that hopefully you are comfortable being in your home. And then when you need get to a point of needing home care, you have to be in a position where you're confident inviting someone into your home.

Nicholas Watson: That's why, just to bring it back to the new legislation in New York, I think this is so important to say that. To give people the confidence, because what we find is because people have these negative experiences and they have these fears, they delay getting care until they need more care. Right. And it has negative health outcomes for them.

Candace Dellacona: Absolutely. I mean, we call that, you know, in my industry, crisis planning. Right. When you're at a point of crisis, I think what's really important that both of you just mentioned, Sadia and Nick in your own ways, um, are that. We're talking about visibility. We're talking about people who already, by virtue of their age, are less appreciated and recognized in our culture.

Candace Dellacona: Then we're adding on top of it the fact that they are part of these quote unquote marginalized groups. And in some ways, to Jodi's point about. As the group has evolved, you know, through our culture and through time, even the terms have changed for this

population. So at every turn we have this population of people who, in some cases don't have their families of origin, helping them advocate for themselves.

Candace Dellacona: They are invisible by virtue of their age. They're fearful of being out. They can't even be honest with their care. Providers because they're worried about the ramifications of it. I don't think we can define a more vulnerable subset of the population, which is why laws like this really bring it to the forefront for people like me, um, as a member of the sandwich generation in calling to mind how to advocate.

Candace Dellacona: For our loved ones who fall within this category. So, you know, and either Nick and Sadia, feel free to take this question. I was an advocate for, uh, my uncle who was part of the gay community living in the West Village, a block from Stonewall. And, um, this is very personal for me because I hired home care attendants who came into his home and one made a, a quite a bigoted statement that I was.

Candace Dellacona: Horrified by for, for the, the reasons that you bring up. But how do you impart upon the families and advocates, um, of the L-G-B-T-T person who's aging, how do they advocate specifically for their loved one in this context? Do you have any tips for our listeners?

Sadiya Abjani: There's a couple of things in this situation, right?

Sadiya Abjani: So first and foremost, the organization should be training their staff. When we deliver our trainings, it comes from a perspective that each individual is a human being. So it doesn't matter if you agree or disagree, it doesn't matter. I. Where your moral standing is, that's all out the door because it's about providing the best and most competent care to an individual, a human being, right?

Sadiya Abjani: So in that situation, the individual should have been trained, should not have made those statements. But then at each organization, the other piece, the other kind of advocacy component is. If this statement had been made about race or about religion or about any other identity component, how would it have been handled?

Sadiya Abjani: Right. And for some reason, when we're talking about lgbtq plus issues, they don't get handled that way. Yeah, right. People think that, oh, this is a moral issue and I can disagree with it. You can't. This is an individual's identity. It needs to be respected just like any other identity. Whether you agree with it or not is none of our concern.

Jody Argentino: I'm like snapping over here. I'm like, thank, thank you so much.

Candace Dellacona: And, and so Sadia to that point though, you're, you're a family member and, and you're a listener and you're thinking, well, how do I handle that? I know what I did. I fired the aide, right? Mm-hmm. AIDS are really hard to come by though. We're at crisis right now, and I think there was, believe it or not, opposition to this bill in New York.

Candace Dellacona: And the reason behind it, aside from bigotry was, in my opinion, was the fact that there is a healthcare shortage across the board. You know, cisgender straight L-G-B-T-Q. There is a healthcare crisis. So aside from firing the person, how does a loved one make sure, aside from training that the proper parameters are in place, um, to make sure that their loved

ones don't sort of go through this, or at least are in a position to ameliorate, um, opportunities like that.

Candace Dellacona: Do you have any tips for our listeners?

Nicholas Watson: There's a couple of resources that I would encourage people to look at when they're looking for care for themselves or their family. Great. One is our website, Sage usa.care, Sage Care. We have a find a provider section on there and you can search by the specialty or kind of community that you're looking for, whether it's long-term care or hospice care or home care, and you can search geographically.

Nicholas Watson: So that's good. All over. Amazing. The country. Amazing. That is an

Candace Dellacona: amazing resource. That's great. And we will link to that actually. Yeah. Thank you. There's

Nicholas Watson: also the National Resource Center on LGBT Aging. Which is up for renewal this year for funding, but it's a, has been a resource for, I think about 10, eight or 10 years now.

Nicholas Watson: SAGE is involved in that. It's a federal program. That website is full of resources, including a great resource guide on how to tell if you'll be accepted in a community. Sage runs a national LGBT Elder Hotline. I'm gonna read the number, but I'll ask you to put it in description two, which is 8 7 7 3 6 0 LGBT an LGBT, older adult, or somebody in their family or interested in.

Nicholas Watson: Getting care for. Someone can call that number for any number of reasons. The other thing I just wanted to say about our training that relates to your question is that. We were very involved as this law was, was working its way through the Senate and we kept in touch, although we are not with the advocacy folks, we kept in touch with them 'cause we wanted, we have opinions about how the training should be implemented that we, that are hard won.

Nicholas Watson: Um, and so they wanted our input. And then we also understand that there is this concern about the oneness of the requirement. 'cause this law applies in New York to CNAs PF HS and PCAs. Right? Um, which is. Something like 750,000 people altogether. And,

Candace Dellacona: and just to interrupt, Nick, you know, as an elder care attorney, what you just described is sort of the backbone of the home care piece for many of our loved ones, right?

Candace Dellacona: Home care attendants, personal care attendants, and home health aides. Um, they are not RNs and, but those are the people that we are inviting into our home. So, and then I'll let you finish. Yeah.

Nicholas Watson: They're, they're, thank you for that. Yes. I,

Jody Argentino: I was going, who are all these letters? So, so thank you, Candice.

Nicholas Watson: It's, it's, it's almost everybody that you experience on a regular basis when you're getting home care,

Jody Argentino: right?

Jody Argentino: It

Nicholas Watson: may literally be everybody. It's, it's more than the backbone. It's the backbone and the face and the hands, and, um, of a lot of, a lot of people's care. I think that our training is. Really, um, and I can brag about this because Satya writes, the training is really designed not to be onerous in taking, it's a, it's designed to empower people.

Nicholas Watson: And over years we've found that a lot of people, we, we end up talking more about the objections that we sometimes see. Most people are so grateful for this training because they are caregivers and they want to provide really good care, and they're unsure in this area, right? The way even. We, we all have been at different times on this call despite our familiarity with the topics.

Nicholas Watson: Like, well, do I, you know, do older adults have a different relationship to Q or queer and the acronym and so on. So we really try and go in and say, this is, this is empowering to you. This is how you know this is why. Identifying your pronouns may make somebody feel more comfortable and you wanna think about doing that.

Nicholas Watson: This is why you're gonna, when you ask people about their family, you should ask, who are the important people in your life? Do you wanna leave it open for them to answer about chosen family and the, the different family structures that we see in the L-G-B-T-Q community.

Jody Argentino: I love when people mention chosen family.

Jody Argentino: It's just, uh, you know, 'cause one of my questions was going to be, I can't imagine, I could be wrong, but I can't imagine that most of the people in the. I'm gonna say over 70 population right now, probably more of the people that are advocating for them are family members or chosen family members, and.

Jody Argentino: Biological or legal children is because of the timing of marriage equality, the timing of, you know, progressions with IVF and, you know, different adoption laws, et cetera. Am I correct in this and how does that

Sadiya Abjani: Absolutely, yeah. So every single one of our trainings talks about chosen family, every single one, right?

Sadiya Abjani: Because, um, depending on which community you're talking about and which specific decade age range. It goes from, you know, 44% to 60% of our LGBT older adults are aging in isolation, right? So their, you know, support networks are getting smaller and their support networks are on or around the same age as this person.

Sadiya Abjani: So they're aging, their support networks are not able to provide care in that same way. Right? So all of these statistics come with, like, there, there's so many of them. They talk about different, different things, but they're one kind of unique picture evolves that. A majority of our LGBT older adults are not relying on biological family, so paperwork is important.

Sadiya Abjani: Conversations are important. Understanding non congruence families and non congruent relationships is important. Respecting everyone involved is important. Being able to ask questions without assumptions about what the relationship might be is important.

Candace Dellacona: I couldn't agree with you more. Sadia. I think one of the things, and going back to just the general topic on aging in general, is acknowledging the dignity and sometimes the difficulty in aging and the feeling of loss of agency, whether it's because of immobility or, or deterioration in terms of mental capacity, but as anyone who wants to be an advocate for their loved one, knowing the things that.

Candace Dellacona: Organizations like Sage are helping people become educated in so that they can be the best possible advocate is such really a blessing if you, if you look at it in that context, because what you're talking about is making sure as their life may be changes, comes to an end that their. Dignity and their wishes and their families, however they define them, are respected.

Candace Dellacona: And the training piece, particularly when you are a healthcare proxy, let's say for someone, I think it's so fantastic that your training and SAGE and organizations like Sage are not only for the professional, for the actual home care attendant, it's for the family unit, the loved one, the family friend who is like.

Candace Dellacona: Family. So what an incredible resource for our listeners to know that that help and education is out there because of people like you, Nick, and you Sadia, creating these training modules in whatever form you need to make sure that you can advocate and love the person, because that's really what this is, right?

Candace Dellacona: Caring for someone is loving them as they age, so I can't say enough about your organization and the services that you're providing to our community. One question I do have and not to get all lawyerly is, you know, we are fortunate in many ways to live in a state that really takes the issues of non-discriminatory care and policies quite seriously.

Candace Dellacona: What do you tell people nationwide? When they call an organization like Sage, when. The call is coming in from Alabama and there aren't those parameters in place. What is your best advice for those family members to make sure that they are also being able to advocate for their loved ones who are more vulnerable?

Sadiya Abjani: Before we get into what to advocate for, Nick is gonna talk about like what we're doing in all of those different states. Great. But I do wanna share that there's actually a lot of really good work happening. Kentucky has come in and is training like a majority of their. Area agencies. Oh, I love it.

Candace Dellacona: Not only

Nicholas Watson: agencies on aging in Kentucky are gonna be Sage Care Platinum certified by the end of the

Jody Argentino: year.

Jody Argentino: Wow, fantastic. Yeah. Um, I have to say, I have to tell you, I was in Seattle and I walked past a building under construction and it was, um, and I was like, what is that to my friend? And she said, oh, it's an L-G-B-T-Q specific 55 and over senior community. And first of all, we're gonna put the 55 and over.

Jody Argentino: Qualifying as seniors aside for a moment. 'cause I had a little bit of a heart attack on that. But, um, but it was the most amazing feeling as a queer person, a queer dyke. 'cause someone's gonna have to learn terminology for me when I get into that, that place. But it was the most amazing feeling. So is that like, so hearing that like Kentucky is, is.

Jody Argentino: Learning or becoming open to it. That's amazing. So yeah, tell tell us more about that because I love it. Yeah.

Sadiya Abjani: So I'll raise you Kentucky and then also add Louisiana. The entire state of Louisiana is coming back for their second round of training.

Nicholas Watson: Wow. Wow. Those are basically the things I was gonna say, but I will just say that the reason that Sage Care exists in the National Resource Center exists is because Sage, though it started in New York is.

Nicholas Watson: Aware that there are BTQ people everywhere and living in. Because that is where they're from, that's their home, right? And our belief is that they should be able to live anywhere and we're, we're not giving up on anyone. I also would just point them back to those same resources. So we have Sage Care, uh, credentialed organizations in 49 of the 50 states, and we'll get to 50 any day now.

Nicholas Watson: So close. We've trained just this calendar year, so since January, about 20,000 professionals all over the nation for certification. We've been doing about 50,000 a year. Amazing. Um, awesome. And that that 20,000 is probably low. We only update the numbers at the end of the month. So say the end of. But those same, the National Resource Center on LGBT Aging is definitely not New York focused.

Nicholas Watson: If anything, it's focused in other areas of the country, so they have connections to resources everywhere. Also, there are LGBT community centers in and near every city in most regional areas. You should just Google, wherever you live in LGBT Community Center, someone is out there, look for those sage care providers and that hotline number.

Nicholas Watson: 8 7, 7 3 6 oh LGBT is good everywhere. It's fully national. That's perfect. There are all resources everywhere. And

Candace Dellacona: you know, Jody, just to sort of piggyback on what you said and Nick's bringing us back to the resources that Sage offers in terms of over 55 communities, there is one

in Brooklyn, there's one in the Bronx, they just opened, uh, an over 55 L-G-B-T-Q retirement apartment complex.

Candace Dellacona: On Long Island, and I know that there are a number of these communities in California and North Carolina, Ohio, and Oregon. So I'm very hopeful and that's one of the things that, you know, I think we can also share with our listeners that there is a lot of hope here in Bright Spots, Louisiana and Kentucky.

Candace Dellacona: My goodness.

Nicholas Watson: I just wanted to point out there are. Tons of those all over that a lot of them are working with us, so you'll find them on SAGE usa.care. But um, last week a new community opened in Palm Beach, Florida for LGBT, older adults, a new residential community. That's amazing. So, you know, we hear, we hear a lot of news from Florida that doesn't sound so great for this community, but, um.

Nicholas Watson: There, there are people everywhere doing great work and just need to connect with that.

Jody Argentino: You know, and this is one of the reasons why Candace and I wanted to do some L-G-B-T-Q focused episodes, like exclusively L-G-B-T-Q focused during Pride Month, right? Is because we were, I, I hate that it's just one month of the year, right?

Jody Argentino: We should be prideful all year long. But it gives us the opportunity to celebrate some of the joy. And we do, like you said, from Florida, we've hearing a lot of negative things and by study's, um, statement alone of like, I'll give you Kentucky and I'll raise you Louisiana. Like, it, it speaks to us. But this is, I'm sitting here with like a Cheshire grin on my face because I'm like, this is some of the queer joy that we in the L-G-B-T-Q community really need.

Jody Argentino: Because everything feels so freaking daunting sometimes because there's so much negativity out there that these moments of queer joy is, um, and this, this acknowledgement that this is actually happening and like, you know, those of us in the middle of this sandwich right, have like a future that is being looked toward or looked like, looked after, is, is.

Jody Argentino: I don't know. It takes, takes like a, a huge weight off and just gives a little bit of that, uh, shares a little bit of that pride. I

Candace Dellacona: mean, I think that's a great way to look at it. And overall, you know, as we would for anyone, the allyship piece is imperative, right? Absolutely. And so we come back to being an ally for our seniors, and particularly as they age, and they need our allyship because they can't do it all alone.

Candace Dellacona: And you know, I'll bring up. The fact that Sage is a nonprofit, and I know that they have a donate button here on their website. So if you're like me and you wanna support organizations like Sage that offer such incredible resources, just being able to search for the training programs that Sadia has worked so hard to create and Nick, um, you know, making sure that.

Candace Dellacona: The, the organization such a resource, you know, please support organizations like Sage so that they can help our loved ones and make sure that they receive the dignity and the care that everyone deserves as they age. So just thank you so much to Nick and Sadia for, for joining us and absolutely providing all this information.

Candace Dellacona: I've learned a lot. I hope, I hope our listeners have me. Yeah. See that.

Jody Argentino: Great. That's awesome. So thank you so much. This has been great. Yeah.

Nicholas Watson: Thank you very much. And thanks for the plug for please go to sage org and donate or there is, um, an advocacy newsletter you should get involved with that. There's something to do every week of something you could write your senator about, a demonstration to show up at.

Nicholas Watson: These are important.

Candace Dellacona: Absolutely. And thank you guys for the work that you do. Really, it's, it's amazing work.