

**NATIONAL NEEDS ASSESSMENT  
AND TECHNICAL ASSISTANCE  
AUDIT**

**November 2003**

**Prepared for  
Senior Action in a Gay Environment  
by**

**Marj Plumb  
Marj Plumb and Associates**

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This report includes the voices, insights, and experiences of many people who have committed their lives to ensuring that LGBT elders can live with dignity and access appropriate care, when needed. Without them the world would be a much bleaker place to live.

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**Senior Action in a Gay Environment (SAGE)** is the oldest and largest LGBT organization in the country dedicated to meeting the needs and concerns of LGBT seniors. The Town Hall meeting is a part of a National Needs Assessment and Technical Assistance Audit that is planned to gauge the current level of services for lesbian, gay, bisexual, and transgender (LGBT) elders throughout the country, the current level of understanding about LGBT aging concerns among those working with the elderly, and a sense of the future direction for the LGBT aging movement in policy and program development.

For more information about this report contact:  
Amber Hollibaugh  
Director of Education, Advocacy & Communications  
Senior Action in a Gay Environment  
305 7<sup>th</sup> Ave., 16<sup>th</sup> Floor  
New York, NY 10001  
(212) 741-2247  
email: [ahollibaugh@sageusa.org](mailto:ahollibaugh@sageusa.org)

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# EXECUTIVE SUMMARY

As the nation's population of lesbian, gay, bisexual, and transgender (LGBT) individuals continues to become more visible on the national stage, and more comfortable in their individual identities, new concerns and needs are beginning to emerge. One area of increasing importance are the needs of LGBT elders. As the "baby boom" generation approaches retirement, with more and more of its members "out" about their sexual orientation and gender identities, the demand for LGBT-specific elder services is rising dramatically. At the same time, LGBT elders requiring services today, many of whom are not out, are nonetheless eager to find the presence of a welcoming network of LGBT-specific or LGBT-sensitive programs.

To survey the current landscape for LGBT elders in America, the level of awareness around their concerns, and to begin understanding their perspectives and preferences, SAGE conducted the first National Needs Assessment and Technical Assistance Audit. The audit consisted of 25 interviews with "key informants" – persons with a direct connection to existing LGBT elder services or communities; five town hall meetings held across the US; a transgender focus group, and an online survey utilized by over 500 individuals.

## *Among the audit's chief findings:*

- ⇒ **In a country with a high penetration of LGBT community centers, AIDS service providers, gay-straight school alliances, and programs for LGBT youth, there is a severe shortage of specific and sensitive services for LGBT elders.**
- ⇒ **Most LGBT elders do not believe they are, or would be, welcome in mainstream senior service programs, or that such programs would be sensitive to their particular needs and life experiences.**
- ⇒ **LGBT seniors of color as well as transgender elders feel unwelcome even among other LGB elders; many view existing LGB elder programs to be hostile to their participation.**

Though these and other findings paint a distressing picture of the environment for many LGBT seniors in this country, the audit also identified a vibrant interest in improving it. LGBT seniors of all descriptions feel strongly about affirming their sexual and gender identities throughout their older age, believe they are entitled to welcoming, sensitive, accessible, and quality services, and are eager to participate in the development and

shaping of those programs. Uniformly, they believe the time has come for America and its LGBT community to actively embrace its oldest members.

More specific findings include:

**Overall shortage of services:** The majority of LGBT elders live in communities with no specific or sensitive services. This is especially problematic given that today's elders came of age in an era of widespread hostility toward LGBTs. This has caused many elders to turn away from mainstream services, do without services entirely, to return to the closet, and to isolate. As the majority of LGBT elders have no children of their own, and no or little support from their family of origin, this is of great concern for those who care about their well-being.

Not uncommon for the LGBT community in general, those elder services that do exist are more likely to be found in larger urban settings. Where there are any services at all, they are most often social activities – primarily self-organized activities for LGBT elders to find each other, reduce isolation, and share common interests. For rural LGBT communities, the problems and the challenges are often even more dramatic and difficult to address.

**Hostility or insensitivity from providers:** The majority of key informants believe that mainstream senior service programs do not understand the unique and specific needs of LGBT seniors, that transgender seniors would not be welcome, and that senior sexuality overall is neither discussed nor acknowledged in either mainstream or LGBT-specific programs. LGBT seniors of color share a similar feeling of being unwelcome in LGBT-specific programs. These beliefs paint a troubling image of programs and community for LGBT elders, ranging from insensitivity to outright hostility.

**General consistency on prioritizing needs:** Among key informants and those taking the online survey, there was agreement in identifying priorities for action.

- ⇒ Housing was ranked first by both groups, followed by health care, social services, mental health, legal services, and home care services.
- ⇒ In the realm of national organizing, both groups identified the need for education and training of mainstream senior service providers, and the necessity for inclusion of LGBT elder issues on the agendas of national aging advocacy organizations.
- ⇒ Both groups identified legislation to legally recognize and support LGBT families as the top priority for federal advocacy, followed by inclusion of LGBT elder issues within the advocacy carried out by mainstream aging organizations, and adequate federal funding of LGBT-specific elder services and projects.
- ⇒ Both groups identified the development and distribution of a training

curriculum for use with mainstream aging service providers, help in finding funding sources for services, and training and consultation on LGBT aging disability issues as the top priorities for local technical assistance.

**Transgender-specific priorities:** Education and training (especially of health care and housing services providers), legal advocacy, and research were important needs raised by participants in the transgender focus group.

**No clear mandate on the form needed to organize a national LGBT aging movement:** One of the audit's focuses was to consider different approaches to national organizing. As is evident from the responses, no clear mandate exists. Of those surveyed, an LGBT program or office in a national aging organization was chosen most, followed by a coalition of local LGBT aging organizations, a stand-alone national LGBT aging organization, and an aging office in an LGBT organization. These top four responses reflect the importance of coordinated efforts between national aging organizing, local LGBT aging organizing, and national LGBT aging leadership.

**Visibility, media and communication** were considered the highest priority among the online respondents and the second highest priority among the key informants. Among the key informants, public policy was ranked high due to the overwhelming impact policies have on social services, entitlement programs, housing, and health care services aimed at the elderly.

**SAGE recognized as effective leader.** In general, SAGE is considered organizationally sound with experience, expertise and visibility. This "track record of successful work," affords the organization with the respect that leads to great potential for national leadership in the LGBT aging movement. The reports stated challenges for SAGE in doing national organizing around LGBT aging include concerns about the infrastructure required to adapt to and sustain national work and the difficulty working with homophobic and ignorant individuals to accomplish the work that is needed.

# PROJECT BACKGROUND

Senior Action in a Gay Environment (SAGE) wished to conduct a national survey of Lesbian, Gay, Bisexual, and Transgender (LGBT) aging services and advocacy in the United States. SAGE is the oldest and largest LGBT organization in the country dedicated to meeting the needs and concerns of LGBT seniors and is often called upon to provide technical assistance to local organizing efforts and to provide national leadership on LGBT aging issues.

With partial funding from the Gill Foundation, AARP Andrus Foundation, and the Lily Auchincloss Foundation, Inc., and individual donors and members, the National Needs Assessment and Technical Assistance Audit was planned to gage the current level of services for lesbian, gay, bisexual, and transgender (LGBT) elders throughout the country, the current level of understanding about LGBT aging concerns among those working with the elderly, and a sense of the future direction for the LGBT aging movement in policy and program development. The project included in-depth phone interviews with “key informants” (individuals throughout the country who had expanded knowledge of services in their community), town hall meetings, an on-line survey, and a focus group on transgender aging issues.

While *OUTING AGE*, the first LGBT senior policy report published by the National Gay and Lesbian Task Force, began to capture the universe of service and policy issues for LGBT elders, there is little information available to inform us about what is occurring across the country, or what is succeeding or floundering and why. And there is no mechanism to gather the voices across the country into a national strategy.

The hope was that the National Needs Assessment and Technical Assistance Audit will help to give significant answers to many of the questions facing LGBT aging organizing and that it will contribute to the building of a national LGBT aging movement.

## **Needs Assessment and Technical Assistance Audit:**

The SAGE Needs Assessment and Technical Assistance Audit was planned specifically to address the following issues:

- **The state of LGBT Aging services and organizing.** What projects exist around the country for LGBT elders? Who is organizing them? What needs are they filling?
- **What services and technical assistance is needed.** Have communities identified what services are needed? If technical assistance were available what would be most beneficial for local communities?
- **National LGBT Aging Movement strategy.** What do local communities think should be prioritized for a national movement? What federal policy advocacy would have the most impact on LGBT elders?

Consultant Marj Plumb conducted numerous activities to assess these issues:

- **Advisory Panel.** The consultant assisted SAGE in identifying individuals for consideration for the National Advisory Panel who would be representative of different geographic regions, race, age, and gender, and would represent both LGBT organizations working with elders as well as aging organizations working on LGBT issues. The National Advisory Panel met by phone several times to assist in the development of the national survey tool and protocol and to assist in identifying individuals to be interviewed and towns to hold the town hall meetings in.
- **Key Informant Interviews.** The consultant, assisted by SAGE and the National Advisory Panel, developed a questionnaire to use in in-depth phone surveys of 25 pre-selected individuals. The 25 individuals represented different geographic regions, race, age, and gender, and included both individuals working in LGBT organizations working with elders as well as aging organizations working on LGBT issues. Each survey took approximately one hour. The consultant took notes during the surveys and then transcribed the salient themes for this report.
- **On-Line Survey.** The consultant, assisted by SAGE and the National Advisory Panel, developed a questionnaire to use on-line. The survey was installed on a free survey site. The survey URL was distributed via email networks, at Town Hall meetings, and via a link on the SAGE website. Data from the on-line survey was downloaded, compiled, analyzed, and is presented in this report.
- **Town Hall Meetings.** The consultant, working with SAGE staff, and in consultation with the National Advisory Panel, identified 5 locations for Regional Town Hall Meetings. The two-hour Town Hall meetings were held in: Bangor, Maine; Boston, Massachusetts; Seattle, Washington; Chicago, Illinois; and Fort Lauderdale, Florida. Local LGBT aging organizations and/or experts were identified at each site to assist in the

meeting planning and outreach. The meetings were audio taped and transcribed, salient themes from the meetings are presented in this report.

- **Transgender Focus Group.** The consultant, working with SAGE and several members of the National Advisory Panel, identified individuals around the country who are themselves transgender elders or work with transgender elders. A two-hour conference call was held. The meeting was audio taped and transcribed, salient themes from the meeting are presented in this report.

# FINDINGS

This project was designed to gather information from a variety of sources and a variety of methods in an attempt to reach diverse communities and voices. The data discussed here represents a snowball convenience sample of participants, gathered through known contacts of individuals working in LGBT aging, as well as self-selected individuals who participated via an on-line survey and five Town Hall Meetings held in various locations throughout the U.S. It is therefore not representative of the entire field of LGBT aging.<sup>1</sup> That said, there was remarkable consistency between the Key Informant Interviews, the On-Line survey, and the Town Hall meetings as to the types of services available in communities for LGBT elders, the identified needs, and priorities for national organizing. Throughout the various methods for gathering data and input, individuals showed thorough knowledge of the issues and familiarity with available services and identified needs.

The key informant interviews were conducted with 25 individuals who identified themselves as primarily having knowledge in Aging Issues (72%), LGBT Communities (64%), and Community-based Organizing (44%). Most worked with either Poor and Working class elders (68%) or Middle and Professional class elders (64%). They were spread equally among the various regions of the country. Most were gay/lesbian (84%), with 12% bisexuals, and 1 individual identified as heterosexual. Most were white (64%), with 24% Hispanic/Latino (6 out of the 25 interviewed), 8% African Americans (2 individuals) and 4% Native American (1 individual). The breakdown of the gender of the participants was 60% female and 40% male with three individuals identifying themselves as having some “Transgender History” as either questioning, cross dressing, or gender bending. The average age of participants was 55 years of age, the youngest was 37 years

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<sup>1</sup> The limitations inherent in the methods chosen are born out by the demographics of the participants. While an effort was made to recruit individuals to ensure racial and ethnic diversity, the participants were primarily white, especially for the on-line survey and the town hall meetings (the two methods used that relied on participants self-selecting their participation). Therefore, findings presented in this report are insightful and yet are not representative of LGBT aging services and issues of the entire United States.

old and the oldest was 79. Seventy-two percent (18) of those interviewed were over 50 years of age.

The On-Line Survey was completed by 509 individuals who identified themselves as primarily having knowledge LGBT Communities (47%), Aging Issues (45%), Health Care (30%), and Community-based Organizing (21%). Of those who responded, 55% lived in an Urban environment, 33% in a suburban environment, and 13% from a rural community. Most lived in the North East United States (46%) with the other regions fairly evenly distributed. The majority of the respondents were Gay or Lesbian (81%), with 7% identifying as bisexual, 8% as heterosexual, and 4% as other. Most were White race (89%), with 3% African American, 2% Hispanic/Latino, 1% Asian/Pacific Islander, 5% other, and 2 individuals identified as Native American. The gender of the respondents was 51% female, 47% male, and 2% other. Eight percent (40 individuals) identified as being transgender or having a transgender history. The ages of participants in the online survey include 35% of individuals 49 years and under, 34% were 50 to 59 years of age, 22% were 60 to 69 years of age, and 9% as 70 and over. Sixty-five percent of the on-line survey participants were 50 years of age and over.

Town hall meetings were held at five locations throughout the country: Bangor, Maine; Boston, Massachusetts; Seattle, Washington; Chicago, Illinois; and Fort Lauderdale, Florida. Each meeting drew from 40-60 individuals. Most attendees were white and lesbian/gay. Each meeting had about 10-15% people over 60, except in Florida, where virtually everyone was over age 60. Each meeting included individuals representing both mainstream aging service providers and LGBT aging service providers

The Transgender Focus Group included eight individuals who have a mix of personal or professional experience with transgender aging issues. Six of those individuals were white and four individuals identified as transgender. Four individuals were from East Coast cities, three from Midwestern cities, and one from the West Coast. One individual is from a rural community.

## **THE STATE OF CURRENT LGBT SERVICES**

Three questions were asked in the key informant interview and the online survey to determine the state of LGBT aging services in communities throughout the country. One question was to determine what types of “specific” services were available in each community, another question was to determine the level of “sensitive” services available, and the third question was a specific query regarding special types of services of interest to SAGE and the National Advisory Panel.

Overall, this national project has identified a dearth of specific and sensitive services for LGBT elders throughout the country. It would not be an overstatement in any way to say that the majority of LGBT elders in this country live in communities with no specific or sensitive services. Not uncommon for the LGBT community in general, those services that do exist are more likely to be found in larger urban settings. Where there are any services at all for this population the service is most often social activities – self-organized activities for LGBT elders to find each other, reduce isolation, and share common interests. While social activities are important they are but one service in the range of services needed by LGBT elders. In a few communities (no more than four that we are aware of) such as large urban centers like San Francisco and New York, where there are more services for the LGBT community in general, there exists a greater range of services yet there is no city that provides the complete range of services (listed below) considered essential for the LGBT elder population.

The range of services considered essential for LGBT elder support include:

- Social Activity Programs
- Religious or Spiritual Services
- Mental Health Services
- Legal Services
- Care Giver Support Services
- Case Management
- Senior Center
- End of Life/Hospice Care
- Meal Sites/Nutrition Programs
- Home Care Services
- Senior Housing
- Transportation
- Adult Day Health Programs
- Elder Abuse Programs
- Employment Programs

### **Specific Services for LGBT Elders**

For the purposes of this project, specific services were defined as “services that have been developed and are run for the sole or primary needs of LGBT elders.” Eight of the

twenty-two individuals<sup>2</sup> responding in the Key Informant Interviews reported that there were NO specific services in their community for LGBT elders. In the on-line survey, 44% of respondents did not indicate any specific services for LGBT elders in their area.<sup>3</sup>

*“Essentially there is nothing [in the mainstream].”  
Boston Town Hall Participant*

Of those communities where services did exist the most common services were Social Activity Programs followed by Religious or Spiritual Services. Also mentioned, by fewer than 5 of the 22 Key Informants interviewed, were Mental Health programs, Legal Services, and Care Giver Support Services. There were some communities, such as San Francisco, Chicago, and Boston, where programs such as LGBT retirement communities are being developed.

The majority of specific programs can be found in larger urban settings and are run by LGBT agencies. Most of the specific LGBT Aging programs in the U.S. appear to be in LGBT Community Centers, LGBT Mental Health programs, or run by an LGBT Social Activity group. That these specific programs are part of larger LGBT agencies might reflect the lack of resources available for communities to develop “stand-alone” programs for this population. The few cities that have stand-alone LGBT Aging Programs, for the most part, provide one or two types of services (such as information and referral or training for aging service providers) but don’t provide the range of services important to the health and well-being of LGBT elders.

There were a few examples mentioned in the interviews of mainstream aging programs that have or are trying to develop LGBT projects, such as case management for LGBT elders or a caregiver support program for the caregivers of LGBT elders. For the most part these projects were developed through individual initiative such as an Area Agency on Aging (AAA) Director, or an LGBT employee of a mainstream agency, who was willing to take the risk of negative public reaction. In each of the Town Hall meetings specific services could be identified but were most frequently, although not solely, social in nature (i.e., Prime Timers) or were LGBT services for individuals of all ages that had significant elder participation.

There are many ways that services can be provided in the LGBT Aging community as described above. Stand-alone services might have less financial resources and stability yet could have the autonomy needed to fully address client concerns. An LGBT elder program in an LGBT or mainstream agency might have access to important resources available in the parent organization yet would be vulnerable to changes in priorities of the host organization. Each avenue has its pluses and minuses.

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<sup>2</sup> Of the twenty-five individuals chosen to be key informant interviewees, three represented national organizations and therefore were not included in questions about local services.

<sup>3</sup> The on-line survey neglected to provide a “No Services Exist” option. This percentage reflects those respondents who did not answer affirmatively to any of the services listed. For the most part this probably reflects the participants’ belief that no services exist in their area. It could also include, however, individuals who chose not to answer this question or skipped the question for other reasons.

Some communities, like Boston, had specific LGBT Aging projects that did not provide services but were advocacy and organizing projects. “The Greater Boston LGBT aging project exists to be a catalyst for change.” Said the Director, “We exist to educate the mainstream aging services system so that LGBT elders and their caregivers are welcomed. The project doesn’t attempt to provide direct services. Rather it operates on a presumption, and that is that significant aging services infrastructure and expertise already exists which we do not need to replicate. We are based on the presumption that LGBT people pay taxes to support much of this infrastructure and we have a right to use it.” In 2001 they convened focus groups, a summit meeting, and developed an action plan, which they are now implementing.

At this point in time, there are extremely limited specific services available for LGBT Elders throughout this country.

### **Sensitive Services for LGBT Elders**

Sensitive services were defined as “services that are provided for all elders, primarily heterosexual-based, but are sensitive to the needs of LGBT seniors evidenced by having non-discrimination policies, training of staff on LGBT issues, or specific outreach to LGBT seniors.” The majority of individuals participating in the Key Informant Interviews, On-Line Survey, or the Town Hall Meetings responded that there were no or very limited sensitive services in their communities for LGBT elders. Fifteen of the twenty-two (68%) Key Informant interviewees identified less than 5 sensitive services in their communities for LGBT elders. In the on-line survey, 37% of respondents did not indicate any sensitive services in their community at all.<sup>4</sup>

There were examples of sensitivity efforts that are notable including a few AAA’s across the country, not just in coast cities but in the Midwest, as well, where the Director mandated that every service provider that was funded by the AAA had to provide some kind of LGBT sensitivity training and education for their staff and providers. And there were several LGBT aging projects that had developed training curriculums, and training programs, that have been working with mainstream service providers.

*“...we are creating the first LGBT training curriculum for long-term care facilities and assisted living and home health care workers, and we’re piloting it in three different nursing homes right now. And then it will become a national curriculum.”*

*Florida Town Hall Participant*

The identification of sensitive services was most problematic for key informant interviews (and possibly the on-line participants as well). What was most difficult was how to identify the degree that a program was or wasn’t sensitive. Additionally, in most

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<sup>4</sup> The on-line survey neglected to provide a “No Services Exist” option. This percentage reflects those respondents who did not answer affirmatively to any of the services listed. For the most part this probably reflects the participants’ belief that no services exist in their area. It could also include, however, individuals who chose not to answer this question or skipped the question for other reasons.

communities there were examples of one program, perhaps a senior center, that had done some work on sensitivity issues but other senior centers in the area hadn't so it was difficult to rate an entire "type" of service. And for others, the true proof of sensitivity was elusive. Is sensitivity judged by the presence of a training program or affirmative policy or do the LGBT elders who participate in a program determine sensitivity?

*"My impression of that particular facility, which is obviously for aging people, was that it was a 'don't ask/don't tell' approach."  
Chicago Town Hall Participant*

In the chart below you will notice that the rates of sensitivity vary between the key informants and the on-line survey participants. Are the higher rates of sensitivity identified by the key informant interviews reflective of the individuals chosen being from more progressive communities than the self-selected individuals from the on-line survey, or wishful thinking on behalf of the service providers interviewed as key informants, or a difference of opinion of what is "sensitive" between service providers and program participants? We won't know the answers to these questions but the issue of what is a sensitive service and how that should be identified is an area for future study.

In the Seattle Town Hall meeting participants brainstormed factors that they would want to know about a mainstream aging program to begin to determine the level of sensitivity.

Those factors were:

- LGBT Elders reporting that a service is sensitive,
- That the agency know and are currently serving LGBT elders,
- That they are currently working with other LGBT programs,
- That they do ongoing trainings of all their staff,
- That they know and have LGBT staff,
- That they include LGB and T on their demographic form (including seeing T as a gender not a sexual orientation),
- That they include gender as more than male and female,
- That they have a positive attitude about healthy aging and the aging process,
- That they have legal forms available for all clients to designate power of attorney, etc., and
- That they define family inclusively for purposes of visiting hours, etc.

A mainstream housing service provider, at one Town Hall meeting, used the occasion to encourage LGBT seniors to become residents of a low-income senior housing project she represents. They also have a home sharing program that they will be considering how to include an LGBT specific aspect to.

**Table 1: Sensitive Services Available**

Aware of LGBT sensitive mainstream services in their own community	Key Informant Interviews (n=22)	On-Line Survey (n=509)
Home Care Services	45%	17%
Religious or Spiritual Services	41%	36%
Mental Health Services	36%	31%
End of Life/Hospice Care	36%	26%
Legal Services	41%	25%
Social Activity Programs	41%	22%
Case Management	36%	19%
Meal Sites/Nutrition Programs	36%	18%
Care Giver Support Services	36%	17%
Senior Center	36%	17%
Senior Housing	36%	13%
Transportation	27%	12%
Adult Day Health Programs	27%	11%
Elder Abuse Programs	36%	11%
Employment Programs	27%	6%

**A Note on the Use of Tables<sup>5</sup>****Services for Transgender Elders**

Not surprisingly, there are very few programs in the country that focus on or are sensitive to the needs of Transgender elders. Some Transgender organizations, local and national, have had specific programming or support groups for transgender elders. Transgender conferences and social events have had aging specific workshops and activities. There is

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<sup>5</sup> Throughout this report tables are used, when appropriate and available, to show side-by-side the responses from both the key informant interviews and the on-line survey. Readers should be cautioned, however, when comparing the percentage rates between those two survey methods. Percentage rates are more greatly impacted by one or two responses in a small survey, such as of the key informant survey, which was completed with 25 individuals compared to 505 individuals who participated in the on-line survey. For instance, a 4 percentage point difference in the key informant survey is equivalent to one response while in the on-line survey is equivalent to 21 individual responses. Comparing percentages from two methods that have such significant differences in the sheer number of individuals should be judged accordingly.

some research being conducted on transgender elders. There are a few Transgender Aging advocates who have developed written materials (such as “Transgender Elders and Significant Others, Friends, Family and Allies: A Primer for Service Providers and Advocates” by Loree Cook-Daniels) and there are presentations on transgender aging at conferences such as the American Society on Aging (ASA). The Lesbian and Gay Aging Issues Network of the ASA published a special issue of their newsletter on Transgender aging. The National Center for Lesbian Rights has some written materials on the legal issues affecting Transgender elders and includes Transgender aging issues in their presentations. There are also on-line Transgender elder support groups and web-based information resources.

**Other Aging Services in Communities**

SAGE and the National Needs Assessment Advisory Committee were interested in other services, not LGBT Aging specific, but progressive programs that might offer other venues for LGBT elders to participate. Approximately half of all Key Informant or On-Line Survey respondents indicated that there were specific programs in their community on the topic of “Healthy Aging” which was followed in frequency by “HIV services for people over 50.” Probably not surprisingly programs that dealt with sexuality and aging, anti-racism and aging, transgender aging, and bisexual aging were not as common in the communities surveyed. The chart below provides the response rates for the specific services asked about.

**Table 2: Specific Programs Available**

Aware of specific programs in their own community on these issues	Key Informant Interviews N=22	On-Line Participants n=509
Healthy Aging	56%	47%
HIV Services for people over 50	48%	30%
Sexuality and Aging	28%	20%
Anti-Racism and Aging	28%	9%
Transgender Aging	20%	3%
Bisexual Aging	12%	3%

**LGBT ELDERS WELCOMED, UNDERSTOOD, OR COMFORTABLE**

Participants of the Key Informant Interviews were asked if they (1) strongly agreed, (2) somewhat agreed, (3) were neutral/didn't know, (4) somewhat disagreed, or (5) strongly disagreed to 10 specific questions about how LGBT seniors were welcomed, understood, or visible in mainstream senior service programs or the LGBT community. The average rating of the responses to these questions indicated that the majority of respondents believed that mainstream senior service programs did not understand the unique and specific needs of LGB or Transgender Seniors, that Transgender Seniors would not be welcomed in senior service programs in their community, that senior sexuality was not discussed by mainstream senior service providers nor the LGBT community, and that LGBT seniors of color would not feel welcomed in the LGBT Senior community. These beliefs paint a troubling image of programs and community ranging from inhospitality to hostility for LGBT elders.

*“I’ve been in public health and I’ve made home visits. And I see people that are making visits who don’t even recognize that there’s a couple here.” Boston Town Hall Participant*

**Table 3: Attitudes Toward LGBT Elders, Mostly Disagree**

<b>Mostly Disagree (Ranked highest (5-disagree) to lowest (1-agree))</b>	<b>n=22</b>
Mainstream senior service providers in my community understand the unique and specific needs of Transgender Seniors.	4.32
Transgender Seniors would be welcomed in senior service programs in my community.	4.18
Senior Sexuality is comfortably discussed by mainstream senior service providers.	4.00
Mainstream senior service providers in my community understand the unique and specific needs of LGB Seniors.	3.64
Senior Sexuality is comfortably discussed in the LGBT community.	3.41
LGBT Seniors of color feel welcomed in the LGBT Senior community.	3.27

The respondents somewhat agreed that LGB Seniors would be welcomed in senior service programs but based on the above information those programs would not understand their unique and specific needs. The respondents also agreed that LGBT Seniors were visible in the LGBT community although that belief was higher among those who reside in communities where there is visible LGBT aging organizing.

*“I am transgendered, Female to Male...I am concerned about the treatment of transgendered folks as they enter the care system. Many transgendered folks have not been able to afford SRS (Sexual Reassignment Surgery) to complete their transitions. What happens to these folks as they develop health problems and are cared for by members of the health care community?”*  
*Online Survey Participant*

It also may seem contradictory that individuals did not feel that mainstream service providers “understood the unique needs of LGB Seniors” yet felt that seniors would be welcomed. This might reflect a genuine openness to LGB Seniors and an awareness of a lack of training and education.

**Table 4: Attitudes toward LGBT Elders, Mostly Agree**

<b>Mostly Agree (Ranked highest (5-disagree) to lowest (1-agree))</b>	<b>n=22</b>
LGB Seniors would be welcomed in senior service programs in my community.	3.09
LGBT Seniors are visible in the LGBT community.	2.82

The respondents also mostly agreed that there was more fear of aging in the LGBT community than among heterosexuals. Some of the reasons stated to describe the reasons for the fear include: fear of needing help and assistance, fear of institutionalization, and the fear of not being attractive to potential partners and being alone.

**Table 5: Attitudes about Aging by LGBT Elders**

There is MORE fear of aging in the LGBT community than among heterosexuals.	2.77
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*“Ageism is alive and well in the lesbian/gay/bi/trans community. Work needs to be done with the community as well as without.”*  
*Online Survey Participant*

## **WHAT SERVICES ARE NEEDED MOST IN COMMUNITIES**

Both the on-line survey and the key informant interview included a question asking the participant to identify three priority services “LGBT Seniors in your community need most?” The survey included, as options: Social activities, Home care services, Legal services, Housing (i.e., nursing home, assisted living facility, retirement community), Social services, Health care, Mental health (i.e., counseling, support groups, etc.), and other.

There was consistency between the key informant interviews and the on-line survey in the prioritization of needed services (see chart below). Housing was ranked the greatest need by both the key informant interviews and the on-line survey, followed by Health Care, Social Services, Mental Health, Legal Services, and Home Care Services. Housing is a very visible issue, both in terms of the significant numbers of individuals (increasingly the elderly and families) who are homeless, as well as the organizing efforts of many communities to establish senior housing, including LGBT senior housing. Housing and health care are also significant issues for Transgender elders – both are services that often require gender identification and in some cases gender separation, which can create barriers to program participation.

The issue of housing as a prioritized service need requires additional exploration. It would be important to look at what is driving housing as a priority. Is it the desire to be connected to our community when we get infirm, lack mobility, etc., is it fear of discrimination in an institutionalized setting, is it the crisis of housing in general in our society? As a priority issue it is important to look at whether it is a reasonable goal to build housing for all the LGBT elders in the country. If the urgency is the issue of safety and community, then that will have to be provided in other ways because it will not be possible to provide housing to everyone.

*“I’m just beginning to be struck by the fact that some of our outreach workers are identifying more and more elderly gay people who are homeless. Maybe there are just more homeless people that we’re going to see more gay homeless elders.”*

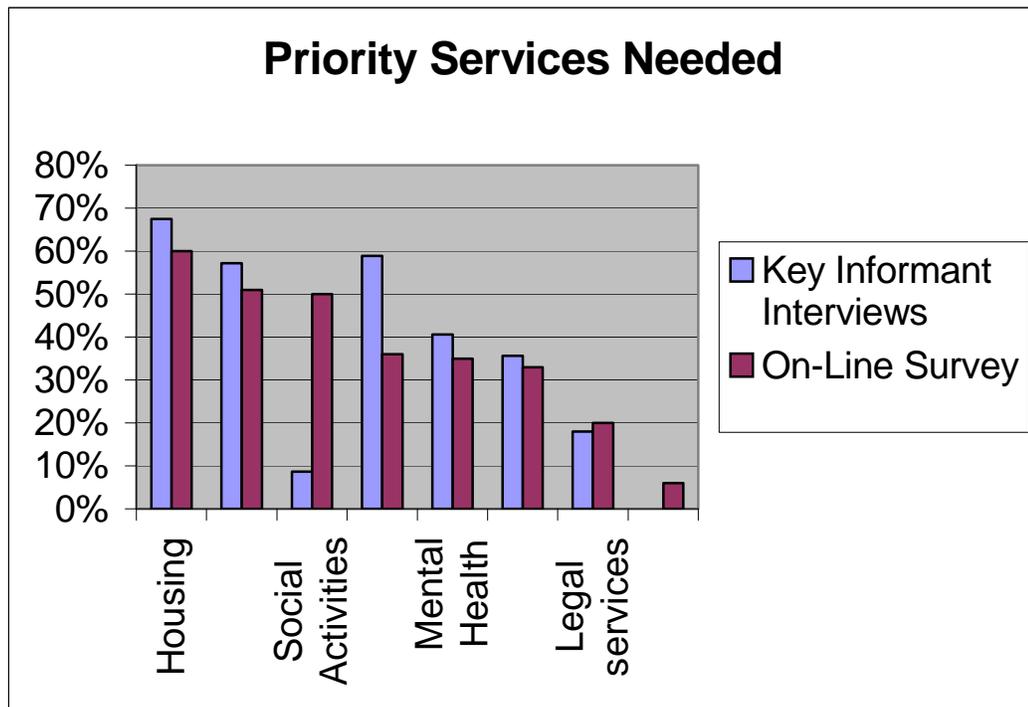
*Boston Town Hall Participant*

One service, social activities, was prioritized significantly differently between the two groups (9% by key informants and 50% by on-line survey). This could reflect the differences between the types of individuals involved in each interview format with the key informant interviews being primarily program administrators and the on-line survey being promoted significantly among LGBT aging individuals. Of those key informants who prioritized social activities most indicated that social activities helped to break isolation and were an efficient process for sharing information and resources. It is an interesting issue to investigate further as social activities were the one service most commonly identified by both the key informants and the on-line survey as already existing in many communities yet perhaps more social activities are needed, as well.

Many Key Informants focused on two primary issues when choosing their priorities: 1) what elders in general need and 2) what is specific to the LGBT elder population. Social services, health care, and housing were prioritized primarily because of the consistent nature of the need for these services among all elderly (not just LGBT), especially for the poor and rurally isolated. High levels of the uninsured, lack of understanding of social services and eligibility requirements, and issues such as poverty and illiteracy were raised as significant concerns for all elderly, not just LGBT, and therefore requiring of social services.

*“In my community, people can’t read or write. They need help looking up phone numbers. And there is a lot of isolation in the heart of redneck, Bubba radical right country.” Key Informant*

**Figure 1: Priority Services Needed**



Several respondents also addressed concerns specifically about the LGBT senior population. In particular, generational differences were raised especially with regard to the impact of having been gay during extremely hostile times on an LGBT elders’ willingness to be openly gay or lesbian, to seek out services or companionship, and the degree that they may or many not be able to access support from their family of origin. This was addressed several times by individuals discussing the importance, for the LGBT elders, of having options for the spectrum of housing services. For instance, in-home care is often preferred to institutionalization for all elders but to an LGBT elder having a stranger come into their home – maybe the only place that the elder was truly able to be and express their gayness – can be equally as terrifying as living communally with people

who will presume they are straight. One key informant raised the concern that this particular LGBT aged cohort might have lived as gay during the period of time when homosexuality was universally treated as a psychiatric disorder thus leaving distrust of the mental health system which can compound issues such as dementia, which may go untreated.

Service priorities raised during the Town Hall meetings, include:

- Extensive education and training about transgender issues because the transgender community is still quite open to blatant discrimination, including simply being refused health care.
- Sensitive services are needed that don't require an LGBT person to be out, especially in rural communities. There was quite a lengthy conversation at one Town Hall meeting about how in rural communities neighbor reliance is often more important than LGBT community support.
- Financial planning, funeral planning, trusts, legal arrangements.
- Intergenerational programs and services to join LGBT youth with LGBT elders for mutual support and learning.
- Housing was mentioned at each Town Hall meeting. In particular, needs were expressed regarding low-income senior housing, services to allow older LGBT's to stay in their home, and shared housing programs.

### **Transgender Service Needs**

Education and training (especially of health care and housing services providers), legal advocacy, and research were important needs raised by participants in the Transgender Focus Group. It was noted by one participant that education begins “with ourselves as much as we purport to educate others.” Training of service providers must include helping providers remove their assumptions about all people, not simply adding Transgender as another “category” to have some understanding about. The transgender community is a diverse community of individuals who identify their gender in multiple and varying ways. Training of service providers must also include “how to respond to transphobic events.” Research is needed on transgender aging including community research and needs assessments, as well as biomedical research on issues such as the health affects of long-term steroid use.

*“I...know that many transgendered folks are concerned about the long-term effects of HRT (Hormone Replacement Therapy) on their bodies. There seems to be very little information in this area and as we get older, this becomes a great concern.”*

*Online Survey Participant*

The other issue raised was the importance of including the “mixed orientation marriages” of some transgender elders. Lesbians and gay men, if they are coupled, are most often coupled with a lesbian or gay man. Transgender elders (and some bisexual elders) might be partnered or in family structures with individuals who identify as heterosexual, or who don't identify as transgender or bisexual. When including transgender elders in programs it's important to address the inclusivity of their partners or families.

*“The other primary issue that we’ve got is the fact that we have mixed orientation marriages where, unlike most lesbians [who] are coupled, if they’re coupled, they’re couple with another woman, and most gay men are couple with another man. With trans couples, you’ve got a partner who may not identify as either LGB or T, but still gets transphobia and homophobia, and may not be eligible for LGBT services.”*

*Transgender Focus Group Participant*

### **Views on Sensitive vs. Specific Services**

Participants in the key informant interviews were asked to comment on the advantages and disadvantages of communities developing sensitive vs. specific services, what the issues were that needed to be considered in whether to develop specific or sensitive services, and how both strategies could best be balanced.

Overall, many key informants addressed what a complex issue this is and that different communities need different types of programs. Most of the key informants urged that local communities are best situated to consider this question and that most LGBT elders would probably prefer to have a choice between sensitive and specific services. People should be able to get what they want. It was also clear that each community should look at each area of service in a community and decide what is needed. The decision of whether to have sensitive or specific services, and in what combinations, must be community-specific and self-determined.

*“There are some people who want to be in retirement communities with all women, or all lesbians and gay men, and some folks who want to be in mixed retirement communities, but want to be able to be out. Want to be able to be visible and sane. And there are a lot of us who also don’t mind being somewhere where we’re not visible, we just don’t want to be harassed. But want to just be able to coexist.”* Seattle Town Hall Participant

What everyone can probably agree with is that individual choice is very important. Communities should look at a multi-pronged approach: meeting needs through stand-alone programs, meeting needs through LGBT organizations, and meeting needs through mainstream organizations.

Reflecting on the advantages and disadvantages of each, the following is a list of direct responses from key informants. It is meant solely to give a sense of the variety of comments. Those responses include:

**Table 6: Views on Sensitive vs. Specific Services**

<b>QUESTION</b>	<b>Key Informant Direct Responses</b>
<b>Importance of Specific services developed for LGBT seniors</b>	<ul style="list-style-type: none"> <li>• Meets the needs of some LGBT elders</li> <li>• Are important models even if they won't reach a lot of people</li> <li>• They help break down isolation for those who participate in them</li> <li>• They provide visibility of LGBT aging to the mainstream aging movement – it means a lot in a meeting when you introduce yourself as representing an LGBT aging program</li> <li>• Visibility of specific services is important for LGBT elders – they know who to call</li> <li>• You can use specific services as leverage to encourage education among mainstream services that will contract with you to provide aspects of your program</li> <li>• Useful as a resource for mainstream aging programs wishing to become sensitive</li> <li>• We are taking care of our own</li> <li>• Especially important for social groups and senior centers</li> </ul>
<b>Concern about Specific Services</b>	<ul style="list-style-type: none"> <li>• They can be isolated in a community including not being seen as a part of the larger aging service network</li> <li>• They require tremendous amount of funding which might have a bigger “bang for the buck” being spent on educating mainstream services</li> <li>• You need so many services as you get older you can't duplicate the entire senior service network</li> <li>• Makes more sense to educate existing professionals rather than to try to hire new professionals</li> <li>• There is a lack of aging service professionals so it will be hard to find people to staff specific programs</li> <li>• There is a sense of a class dichotomy – luxury retirement communities cropping up yet basic services are not being developed</li> <li>• LGBT elders may have heterosexual children, siblings, friends, etc. Will specific services be sensitive to providing support to the heterosexual families of LGBT elders?</li> <li>• Communities need to consider whether they are “adding” specific services where those services don't exist or whether they are duplicating services</li> </ul>
<b>Importance of Sensitive Services</b>	<ul style="list-style-type: none"> <li>• Some elders say they don't need or want LGBT specific services they want to blend in</li> <li>• Mainstream aging programs are, for the most part, funded by our tax dollars so we should demand that they are open to</li> </ul>

	<p>everyone.</p> <ul style="list-style-type: none"> <li>• Divisions disappear as you get older. Age overtakes sexuality as a primary focus.</li> <li>• Always try to build bridges, be open to others – this shows how to be inclusive by example.</li> <li>• In conservative areas important to work with mainstream services providers by building in policy changes and ongoing sensitivity training.</li> <li>• You would serve more LGBT elders through sensitive services.</li> <li>• Need to focus on home health, nursing homes, and care management services – services to help people stay in their homes.</li> <li>• Important to identify and engage providers who are already sensitive.</li> <li>• Helps you build an ally network in case your specific services are ever attacked.</li> </ul>
<p><b>Concern about Sensitive Services</b></p>	<ul style="list-style-type: none"> <li>• Sensitivity training programs are inconsistent and haven't been proven as effective. What is known is that creating knowledge change is easier than behavioral change and that may not be enough to make services truly sensitive.</li> <li>• To achieve sensitive services you can't just educate the staff. A lot of homophobia is expressed by fellow participants which is much more difficult to deal with.</li> <li>• Certain service providers are more easily trained to be sensitive than other providers.</li> <li>• Sensitive services must include the hiring, support, and promotion of LGBT staff</li> </ul>

## **NATIONAL LGBT AGING MOVEMENT STRATEGY**

Both the on-line survey and the key informant interview included a question asking the participant to identify five priority areas that a “National LGBT Aging Movement should focus on.” The survey’s included twelve options (there were thirteen on the original key informant survey, but two questions (one on educating all providers and the other on educating some providers, were combined.) For the key informants, prioritization was impacted by the individual’s knowledge of what was already occurring, by how best to leverage others to do some of the advocacy work, and by the identified needs from their community.

There is consistency between the key informant interviews and the on-line surveys regarding the ranking of priority areas for the National LGBT Aging Movement. As you can see from the below table, the top two priorities identified by the key informants and the on-line survey is to “educate and train mainstream senior service providers” (84% by key informants and 65% by on-line survey respondents) and to “ensure LGBT issues are included on the agenda of national aging advocacy organizations” (64% by both key informants and on-line survey respondents.)

*“We need to be advocating for legal and legislative changes that in one fell swoop take care of 50 to 75% of the problems that we all face in these matters. Changing of a form can happen because you institutionally change the culture of a particular health care provider, or it can be mandated if the state says ‘there shall be domestic partnerships.’”*  
*Boston Town Hall Participant*

Other areas prioritized include “working toward changes in federal and state policies to protect LGBT Seniors and their families” (52% by both key informants and on-line survey respondents) and “conducting more research to increase knowledge about LGBT seniors” (52% by key informants and 46% by on-line respondents). On-line respondents differed with key informants on two areas, “ensuring that aging issues are on the agenda of LGBT organizations” (53% by on-line respondents and 40% by key informants) and “developing LGBT-specific services” (50% by on-line respondents and 24% by key informants.)

**Table 7: National LGBT Aging Movement Priorities**

<b>What do you think are the FIVE priority areas the National LGBT Aging Movement should focus on?</b>	<b>Key Informants n=25</b>	<b>On-Line Survey n=509</b>
Educate and train mainstream senior service providers to ensure LGBT-sensitive services are available.	84%	65%
Ensure LGBT issues are on the agenda of national aging advocacy organizations (i.e., AARP, Older Women’s League, etc.)	64%	64%

Ensure aging issues are on the agenda of LGBT organizations (i.e., NGLTF, Human Rights Campaign, etc.)	40%	53%
Work toward changes in federal and state policies and laws to ensure legal protection of LGBT Seniors and their families.	52%	52%
Develop LGBT-specific services like Retirement Communities for Seniors (primarily or solely designed for LGBT Seniors).	24%	50%
Conduct more research to increase knowledge about the basic demographics of LGBT seniors and to identify their unique needs.	52%	46%
Ensure LGBT inclusion in federal aging work and initiatives (including the White House Conference on Aging).	48%	40%
Change perceptions of aging & fighting ageism in the LGBT community.	24%	34%
Ensure LGBT inclusion in local Area Agencies on Aging work.	36%	34%
Ensure health insurance and health program coverage for transgender seniors.	24%	18%
Educate and train LGBT aging services and advocacy groups on gender.	8%	10%
Educate and train LGBT aging services and advocacy groups on race.	20%	5%
Other	4%	3%

Issues raised during the Town Hall meetings, regarding the priority areas for a national LGBT movement, include:

- A national movement needs to take on the good fight in Washington, DC. To fight for social security reforms, including the legalization of our relationships, so that LGBTs can access the benefits that are due us.
- A national LGBT aging movement should be a part of the movement for more and better housing.
- A national effort should focus on aging couples. Making visible our relationships as we age. Visibility of what we look like. Making LGBT elders visible in our diversity.
- A national movement should be a clearinghouse for sharing information, so that we can share with each other what we're doing. Many of us have innovative ideas that other people would like to know about.
- Explore the possibilities of a partnership with AARP. See if you can get some advocacy from them and get articles about us in their magazine. Focus on including LGBT information in materials that are likely to show up in mainstream aging programs.
- Get the "Nightlines" and the "20/20s" of the world to show specifically the problems of LGBT elders.

- Focus on the Older Americans Act. Most people may not know that the whole community based social service system in this country is really a creature of the Federal Government. And as such the Federal Government can play a HUGE role in determining the direction and sensitivity of all the programs that the Older American Act funds, which includes Meals on Wheels as an example.
- Take advantage of timing of things like the White House Conference on Aging.
- We need to define over and over and over again that this is a civil rights issue. Civil rights, use those words, civil rights, civil rights.

### **Federal Advocacy Strategy**

Both the on-line survey and the key informant interview included a question asking the participant to identify three federal advocacy priority areas that a “National LGBT Aging Movement should focus on.” The survey’s included seven options pulled primarily from the National Gay and Lesbian Task Force publication “Outing Age.” For the key informants, prioritization was impacted by what felt achievable and what would have the greatest impact on LGBT elders lives. It’s unknown what the on-line survey participants were considering.

There is, again, remarkable consistency between the key informant interviews and the on-line surveys regarding the top federal advocacy priority area. As you can see from the below table, the top priority identified by the key informants and the on-line survey respondents is to “Legally recognize and support LGBT families.” Many of the key informants felt that if LGBT families were legally recognized then programs would be forced to provide services and become sensitive to the LGBT population. The second priority area for the key informants was to “Ensure mainstream national aging organizations include LGBT elder issues in their federal advocacy.” The second priority area for the on-line survey respondents was to “Ensure that government agencies that fund services for older Americans encompass LGBT services and projects.”

*“Federally funded programs for elders should serve LGBT elders.”*  
*Key Informant*

Of note, the key informants ranked “pass a federal non-discrimination law” lower than the on-line survey respondents. This is quite possibly a reflection of the experience of the key informants, many of whom are program directors and policy advocates, and their belief that a federal non-discrimination law being passed anytime soon in the U.S. is unlikely. Additionally, both the key informants and the on-line survey respondents ranked “Ensure the funding for Area Agency on Aging offices includes a mandate to serve LGBT Seniors” as a low priority. The Needs Assessment Advisory Council was curious about this ranking as the AAA’s are the most extensive network of aging services providers in the country. Impacting the AAA’s would have tremendous impact on LGBT access. Perhaps the low ranking reflects awareness that some AAA are already engaging in sensitivity projects so it does not need to be prioritized or perhaps the respondents were unaware of the importance of the AAAs.

**Table 8: Priority Areas for Federal Advocacy**

<b>Areas for Federal Advocacy</b>	<b>Key Informant Interviews n=25</b>	<b>On-Line Survey n=509</b>
Legally recognize and support LGBT families to ensure equal access to Social Security benefits by partners and children and to minimize discrimination against LGBT seniors in nursing homes and senior housing.	64%	65%
Ensure that government agencies that fund services for older Americans encompass (include) LGBT services and projects.	48%	55%
Pass a federal non-discrimination law to ensure LGBT seniors are not vulnerable to discrimination because of sexual orientation or gender identity.	24%	44%
Ensure that government agencies that are charged with serving the needs of older Americans must fund and actively initiate research on LGBT seniors.	28%	37%
Ensure that funding for Area Agency on Aging offices includes a mandate to serve LGBT Seniors.	32%	32%
Ensure mainstream national aging organizations include LGBT elder issues in their federal advocacy efforts.	52%	30%
Amend the Older Americans ACT to explicitly include services, training, and research on issues of concern to LGBT seniors.	36%	29%
Other	8%	1%

**Local Community Technical Assistance Needs**

Both the on-line survey and the key informant interview included a question asking the participant to identify five priority areas that are “most important for local communities to receive technical assistance support specific to LGBT Senior issues.” The surveys included fourteen options. For the key informants, prioritization was impacted by the need for tools and models for skills development, by what would have the greatest impact, and what they thought was least likely to be found elsewhere in the community.

There is, again, remarkable consistency between the key informant interviews and the on-line surveys regarding the federal advocacy priority areas. As you can see from the below chart, the top priority identified by the key informants and the on-line survey is a “Training curriculum for use with mainstream aging service providers” (68% by key informants and 59% by on-line survey respondents). The vulnerability an LGBT elder

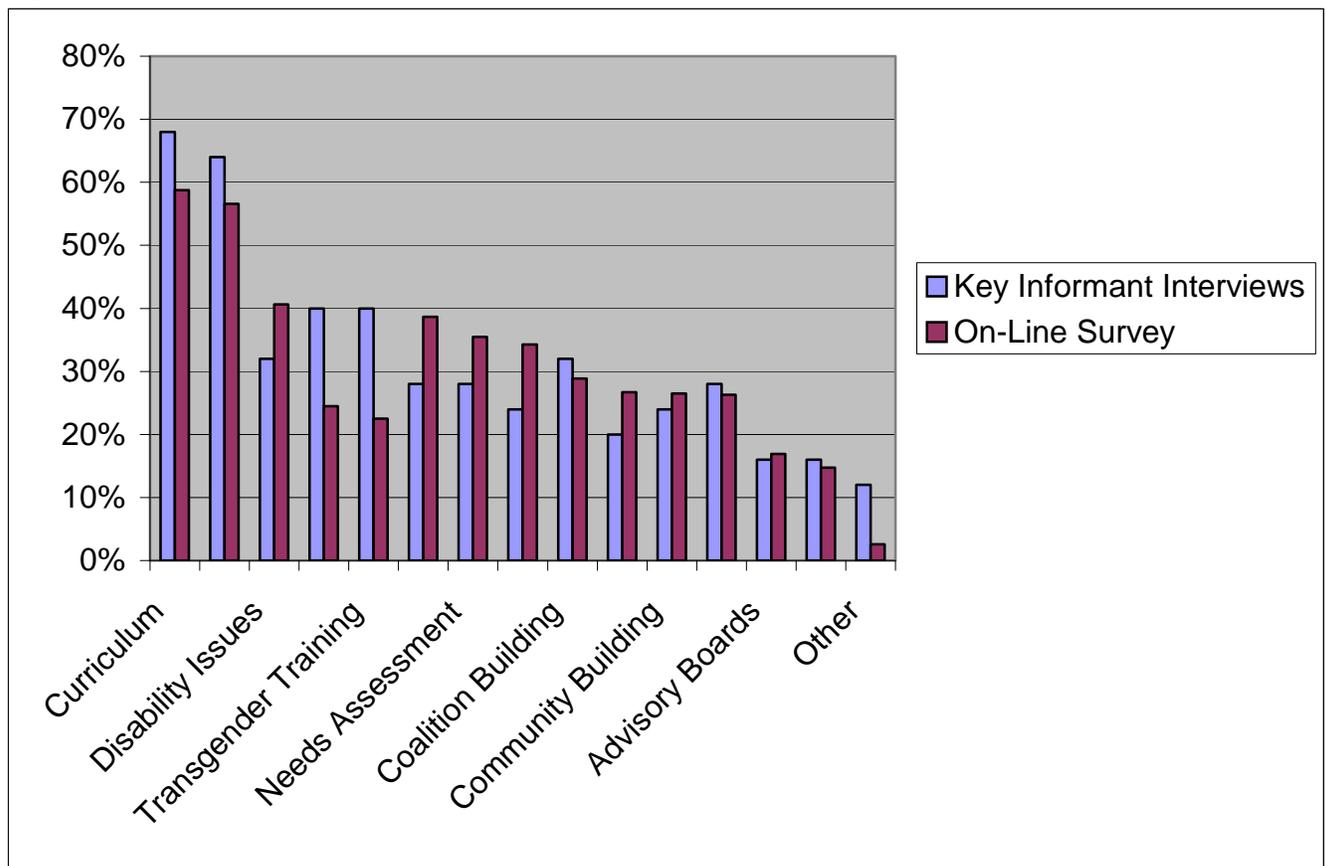
feels when engaging with a service provider, as a client or partner, is an unnecessary barrier to care.

*“My partner was very ill and dying of cancer. I could get no response from the doctor because I was not a relative, even though I had papers to prove I was his lover and we lived together 35 years.”*  
*Florida Town Hall Participant*

Other technical assistance needs identified: “Help in finding funding sources for services” (64% by key informants and 57% by on-line survey respondents), “Training and consultation on LGBT aging disability issues” (32% by key informants and 41% by on-line survey respondents), “Race, gender, and intergenerational training and support” (40% by key informants and 25% by on-line survey respondents), and “Training on transgender elder issues and needs” (40% by key informants and 23% by on-line survey respondents.)

*“I have often said to my colleagues, sometimes I think it’s not so much that people think we’re homophobic, we just don’t say anything about it at all.”* Chicago Town Hall Participant

**Figure 2: Technical Assistance Needs**



Issues raised during the Town Hall meetings and the Transgender Focus Group, regarding technical assistance needed in local communities, include:

- Funding, training curriculums, videos, provider education, and TV commercials that can be shown around the country.
- Fighting ageism specifically in the LGBT community. Positive images of LGBT elders such as winning gold medals at the Gay Games.
- A place where mainstream and LGBT aging providers could download images of LGBT elders for free use in their brochures and other media materials.
- Help figuring out how to get mainstream aging organizations to request training or how to get a policy passed so that training is mandated, and information about the pros and cons of each strategy.
- Help priority setting especially for small rural populations with greater barriers to accessing services.
- Empowering LGBT elders to speak for themselves, especially with the media and in the public policy process.
- Training and education around teaching providers how to ask open questions. Don't use training curriculum that perpetuate the box problem by defining LGBTs in a limited way.
- Focus on LGBT case management program and home health programs so that as we get older, we don't have to worry about who is coming into our houses, who's going to be violating our sense of safety.
- Community Centers are important places for LGBT aging services. Provide technical assistance to communities without Centers.
- Work with federal, state, and local policy makers to explore mandating LGBT sensitivity training when possible.
- Have a kind of a cafeteria plan of professional educational materials and power point presentations for health care provider trainings.
- Support more research on LGBT aging.
- Get LGBT aging into the curriculums of social welfare schools and medical schools.
- Making sure LGBT really is inclusive of T. That the service provider didn't just do a search and replace on their computer to take out LGB and add T. That they are actually doing something on transgender aging.
- Work to make sure that mainstream Aging service providers have powers of attorney and durable power of attorney for health care decision-making available for all their clients, including their LGBT clients.
- Cooperate with the Transgender aging organizing that is occurring around the country.

### **Structure of National Organizing on LGBT Aging Issues**

One of the focuses in this National Needs Assessment and Technical Assistance Audit is to consider whether there are nationwide priorities for a national LGBT aging movement. As an aspect of considering those priorities, we asked "In your opinion, which of the following approaches to national organizing around LGBT aging issues would you

prioritize?” Respondents were allowed to choose more than one approach. As is evident from the responses, no clear mandate exists. Of those surveyed, an LGBT program or office in a national Aging organization was chosen most, followed by a coalition of local LGBT Aging organizations, followed by a stand-alone national LGBT aging organization, followed by an aging office in an LGBT organization. These top four responses reflect the importance of coordinated efforts between national aging organizing, local LGBT aging organizing, and national LGBT aging leadership.

**Table 8: Preferred Structure of National Organizing**

	<b>Key Informants</b>
<b>National Organizing</b>	<b>n=25</b>
LGBT program/office in Aging Organization	52%
Coalition of Local LGBT Aging Organizations	40%
Stand-alone National LGBT Aging Organization	36%
Aging program/office in LGBT Organization	32%
Support for State-based LGBT Aging Leadership	8%
Other	4%

The key informants reflected on the pros and cons of the top three approaches to national organizing. An LGBT program or office in an aging organization might benefit from financial support and access to that organization’s resources and contacts. Also, that some national aging organizations were already doing work on LGBT (such as LGAIN in the American Society on Aging) makes them a likely candidate for such efforts. There was concern, however, that such an effort would be too reliant on individuals and organizational priorities that are not LGBT specific and could change. There was also concern raised that the priorities and programs of the host organization would limit the LGBT office/program’s effectiveness

A coalition of local LGBT organizations would be more connected to the work of the LGBT aging movement, more likely to have a strong grassroots base, and could provide the structure for national work. Concerns were raised about whether local groups could drop their concerns about competition and whether they could commit the resources necessary to work in a national coalition.

A specific stand-alone National LGBT organization would provide the most visibility to the issue of LGBT aging, would be less affected by other organizational politics (from either a parent organization or organizations working in coalition), and could develop a

national base of LGBT elders and aging service providers. Concerns raised included whether there would be funding for such an effort and whether it could be sustained.

Several respondents were dismayed that the National Gay and Lesbian Task Force, which has in the past had an LGBT Aging prioritization, did not appear to be committed to the issue as there was no longer a staff point person. The Human Rights Campaign published some materials on LGBT aging, the National Center for Lesbian Rights has an aging project, and organizations such as the Older Lesbians Organizing for Change is active in confronting ageism in the LGBT movement and homophobia in the aging movement. None of these efforts, however, provide a comprehensive national organizing approach.

**Prioritization of National Work for Senior Action in a Gay Environment**

Senior Action in a Gay Environment (SAGE) is the nation’s oldest and largest organization serving LGBT seniors and is a model for the provision of services, advocacy and community organizing, and support to LGBT seniors throughout the country. As SAGE evaluates and refines its focus to clarify the work it does at the national level respondents of both the key informant interviews and the on-line survey were asked to identify three priority areas that SAGE should focus on. The surveys included six options. For the key informants, prioritization was impacted by what they considered was most needed and what they considered was logical for SAGE given their experience and expertise.

“Visibility, Media, and Communication” was considered the highest priority among the key informants and third highest priority among the on-line respondents. Key informants discussed the importance of making LGBT elders visible in the general public and among aging service providers. Several respondents expressed the importance of having images of LGBT elders within mainstream aging publications as a means of educating mainstream aging providers and advocates who are specifically looking for LGBT aging information. “Public policy advocacy” was considered the highest priority among the on-line respondents and the second highest priority among the key informants. Among the key informants public policy was ranked high due to the overwhelming impact policies have on the elder – social services, entitlement programs, housing and health care services are impacted by public policy.

**Table 9: Priority Areas for National Organizing**

	<b>Key Informant Interviews</b>	<b>On-Line Respondents</b>
<b>Priority areas for SAGE to focus on at the national level.</b>	<b>n=25</b>	<b>N=509</b>
Visibility, Media, and Communications (inclusion of LGBT senior issues within the national LGBT movement, publication projects related to LGBT senior issues, response and message development for national media outlets).	72%	50%
Public policy (pensions and entitlements, insurance, long-term care, housing, healthcare and decision-making control, mental health, and	56%	70%

other policy issues).		
Technical assistance and education to the mainstream Aging movement and service providers, such as senior centers, long-term care facilities, health care, social service and aging organizations, on LGBT senior issues.	44%	60%
Technical assistance and education to the LGBT community at the national, local, and regional levels for programmatic, education and advocacy efforts on LGBT senior issues.	44%	35%
Advocacy and Community Organizing (identifying advocacy gaps and needs for increased community organizing resources).	44%	34%
Information and Research (identification of significant information and research gaps re: LGBT seniors).	28%	31%
Other	12%	2%

# SAGE Strengths and Challenges

Key informants were asked two open-ended questions about what they perceive to be SAGE's greatest strengths and greatest challenges. In general, SAGE is considered organizationally sound with experience, expertise, and visibility. This "track record of successful work," according to one respondent, affords the organization with the respect that equates to great potential for national leadership in the LGBT aging movement. The challenges identified include concerns about the infrastructure required to adapt to and sustain national work and the difficulty working with homophobic and ignorant individuals to accomplish the work that is needed.

The following is a list of the comments by the key informants on SAGE's Strengths and Challenges:

## SAGE's Strengths

- Size of staff and funding/ trained and qualified staff
- Has track record of successful work/good reputation/ respected
- Has contact with aging leadership through meetings and conferences
- Has been around a long time
- Well-known/ visible/ nationally recognized
- Good relationship with LGBT elders in New York city
- Conference is great for networking
- Has expertise working with LGBT elders/ can provide TA/ informed
- Vitality and vigor of staff/ activism
- History of helping other communities/ has held leadership role in aging community/ credibility
- Strong infrastructure
- Variety of services/ mostly social services not social club/ thoughtfully grown services
- On leading edge
- Has generational mix
- Unified/ one group/ common purpose

- Healthy outlook on life and aging
- Already known as a national organization
- Are a symbol of what can be done

### SAGE's Challenges

- Lots of work to do without financial resources/ limited funding/ finding resources
- Easy to prioritize when one thing is more important but not so easy when everything is important/ need to prioritize/ how to plan for everyone not just the most vocal/ remain focused/ being strategic
- Communication with LGBT aging programs around the country will be difficult
- SAGE will need a different infrastructure if it is going to take on national work
- It's hard to be a social service provider and national advocacy agency at the same time/ hard to do both at once
- Getting the message out/ getting voice heard
- New York City is different than the rest of the country. Will SAGE's experience be able to be translated to other communities?
- Getting accepted nationally
- SAGE not known for working with communities of color
- Keeping it going/ maintaining commitment over time
- The work will be stigmatized and therefore more difficult to accomplish
- Important not to be seen as subversive
- Dealing with idiots and bigots will be challenging
- To be able to lead folks to the water hole but not make them drink it.
- Breaking "youth" myth of LGBT community
- Breaking cliques/ who is talked to
- Translating local work to national and regional advocacy
- Visibility/ Not well known
- Advancing relevant and effective public policy/ better opportunities in state policy work than federal

# RECOMMENDATIONS

The National Needs Assessment and Technical Assistance Audit was planned to gauge the current level of services for lesbian, gay, bisexual, and transgender (LGBT) elders throughout the country, the current level of understanding about LGBT aging concerns among those working with the elderly, and a sense of the future direction for the LGBT aging movement in policy and program development. The project included 25 key informant interviews, an on-line survey (utilized by over 500 individuals), five Town Hall meetings, and a Transgender focus group. The information gathered in this project has led to the following recommendations (these are not in priority order):

## **Programs and Services**

1. Local communities should aim to develop multi-pronged systems that meet the service and programming needs of LGBT seniors. That system would include:
  - LGBT Aging services offered by stand alone LGBT aging organizations
  - LGBT Aging services offered by non-aging specific LGBT organizations (ie: Community Centers, etc.)
  - LGBT Aging services offered by mainstream aging organizations
2. A standard needs to be developed that defines and identifies sensitive and affirming programs and services provided by non-LGBT aging organizations
3. Community building among old LGBTs can be seen as an effective response to the isolation, marginalization, discrimination and other challenges they (we) face.

## **Training and Education**

1. On Transgender aging – the need to develop training and education materials on transgender aging
2. For Mainstream providers –
  - Sensitivity and cultural competence training on LGBT aging issues
  - Technical assistance to help mainstream providers develop programs that are welcoming to and responsive to the needs of LGBT seniors
3. Within the LGBT community, training and education on
  - The realities of LGBT aging
  - Re-inventing / conscious aging

- Technical and program development assistance on how to seed LGBT aging activism and services at the local level.

### **Housing**

1. The need to see the desire for housing as an expression of the need for community, connectedness and support in aging. The need thus to see housing as just one response to a much larger issue of the need to remain connected to our community in old age along with the need to be assured of non-discriminatory care and treatment.

### **National LGBT Aging Advocacy Strategy**

1. Ensure that LGBT Aging issues are included in the agenda of national aging advocacy organizations and national LGBT organizations.
2. Work to improve access to government funding streams for the development of aging services that specifically target LGBT seniors.
3. Work to gain greater recognition for and support of LGBT constructed families and support systems – the need for the widest possible definition of ‘family.’
4. Work to have all federally funded aging research to have an LGBT identifier so as to increase the data available for researchers interested in LGBT aging issues.
5. Work to ensure a significant presence of LGBT representatives at the next White House conference on Aging (WHCoA) in 2005, and develop an LGBT platform for same.
6. Work to create visibility for LGBT aging issues and LGBT seniors
7. Work to develop effective collaborations with other organizations working on aging issues (both LGBT and non-LGBT).

### **Community and Technical Assistance**

1. Training Needs
  - Cultural change curriculum for mainstream providers
  - Disability, aging and LGBT issues
  - Race, gender, sexuality, multi-generational issues
  - Transgender aging
  - Policy issues and ageism
2. Training on fund raising and accessing government support
3. Help with Program Development
  - Best practices dissemination
  - Needs Assessments – how to and tools
  - Coalition building
  - Community building and activism

## **Appendix A: Key Informant Interview Survey**

### **SENIOR ACTION IN A GAY ENVIRONMENT (SAGE) National Lesbian, Gay, Bisexual, and Transgender (LGBT) Aging Survey and Needs Assessment**

**Confidentiality:** The information you provide throughout this survey will be reported in the aggregate and will not be identifiable to you as an individual interviewee. All individuals interviewed will be listed in an appendix unless you request anonymity. You are free to respond “prefer not to answer” to any question asked.

**1. Throughout the survey we will be asking you for your knowledge and opinions about services and programs for the elderly, and specifically for LGBT elderly.**

**A) Would you say your primary “geographic” base of knowledge is:**

- a) The city you live
- b) The region (multiple cities/county) you live in
- a) The state you live in
- b) National

**B) Would you say your primary “issue” base of knowledge is (choose all that apply):**

- a) Aging Issues
- b) LGBT Communities
- c) Health Care
- d) Policy Advocacy
- e) Service Provider
- f) Community-based Organizing

**C) Would you say the primary “class” of the population you have the most experience with or knowledge of is:**

- a) Homeless elders
- b) Poor and working class elders
- c) Middle and professional class elders
- d) Upper class elders

**2. To the best of your knowledge, are the following LGBT-specific services available in your community for LGBT elders (“specific services” are services that have been developed and are run for the sole or primary needs of LGBT elders).**

**Answer: Yes/No/Don’t Know**

- a) \_\_\_ Senior Center
- b) \_\_\_ Social Activity Programs
- c) \_\_\_ Adult Day Health Programs
- d) \_\_\_ Care Giver Support Services
- e) \_\_\_ Senior Housing (i.e., nursing homes, assisted living, retirement communities)
- f) \_\_\_ Legal Services
- g) \_\_\_ Employment Programs
- h) \_\_\_ Religious or Spiritual Services
- i) \_\_\_ Meal Sites/Nutrition Programs
- j) \_\_\_ Case Management
- k) \_\_\_ End of Life/Hospice Care
- l) \_\_\_ Home Care Services
- m) \_\_\_ Elder Abuse Programs
- n) \_\_\_ Transportation
- o) \_\_\_ Mental Health Services

**Who should someone from SAGE contact to get more information about these services?**

**3. To the best of your knowledge, what is the level of LGBT-sensitive services available in your community for LGBT elders (“sensitive services” are services that are provided for all elders, primarily heterosexual-based, but are sensitive to the needs of LGBT seniors evidenced by having non-discrimination policies, training of staff on LGBT issues, or specific outreach to LGBT seniors.) Level: None, Very Little, Some, A Lot**

- a) \_\_\_ Senior Center
- b) \_\_\_ Social Activity Programs
- c) \_\_\_ Adult Day Health Programs
- d) \_\_\_ Care Giver Support Services
- e) \_\_\_ Senior Housing (i.e., nursing homes, assisted living, retirement communities)
- f) \_\_\_ Legal Services
- g) \_\_\_ Employment Programs
- p) \_\_\_ Religious or Spiritual Services
- h) \_\_\_ Meal Sites/Nutrition Programs
- i) \_\_\_ Case Management
- j) \_\_\_ End of Life/Hospice Care
- k) \_\_\_ Home Care Services
- l) \_\_\_ Elder Abuse Programs
- m) \_\_\_ Transportation
- n) \_\_\_ Mental Health Services

**4. Are there specific programs in your community about?**

- a) \_\_\_ Sexuality and Aging
- b) \_\_\_ HIV Services for people over 50
- c) \_\_\_ Transgender Aging
- d) \_\_\_ Bisexual Aging
- e) \_\_\_ Anti-Racism and Aging
- f) \_\_\_ Healthy Aging

**5. How strongly do you agree with the following statements (strongly agree, somewhat agree, neutral, somewhat disagree, strongly disagree)?**

- a) \_\_\_ LGB Seniors would be welcomed in senior service programs in my community.
- b) \_\_\_ Transgender Seniors would be welcomed in senior service programs in my community.
- c) \_\_\_ Mainstream senior service providers in my community understand the unique and specific needs of LGB Seniors.
- d) \_\_\_ Mainstream senior service providers in my community understand the unique and specific needs of Transgender Seniors.
- e) \_\_\_ LGBT Seniors are visible in the LGBT community.
- f) \_\_\_ There is MORE fear of aging in the LGBT community than among heterosexuals.
- g) \_\_\_ LGBT Seniors of color feel welcomed in the LGBT Senior community.
- h) \_\_\_ Senior Sexuality is comfortably discussed in the LGBT community.
- i) \_\_\_ Senior Sexuality is comfortably discussed by mainstream senior service providers.
- j) \_\_\_ Our local Area Agency on Aging is sensitive to and has done some work on LGBT senior issues

***Follow-up on Strongly Agree's and Strongly Disagree's?***

**6. What do you think are the three PRIORITY services LGBT Seniors in your community need most? (please rank in order from 1 to 3; 1 being highest priority, 2 being second highest priority, and 3 being third highest priority).**

- a) \_\_\_\_ Social activities
  - b) \_\_\_\_ Home care services
  - c) \_\_\_\_ Legal services
  - d) \_\_\_\_ Housing (i.e., nursing home, assisted living facility, retirement community)
  - e) \_\_\_\_ Social services
  - f) \_\_\_\_ Health care
  - g) \_\_\_\_ Mental Health (i.e., counseling, support groups, etc.)
  - h) \_\_\_\_ Other – please specify:
- 

**Why did you select these three areas? On what did you base this opinion? What about those areas is most important?**

**7. Some in the LGBT Aging movement are working to develop LGBT-specific services (such as LGBT retirement communities) and others are working to make mainstream aging services sensitive to LGBT elders (for instance, training staff at nursing homes, encouraging non-discrimination based on sexual orientation and gender identity). What do you see as the advantages and disadvantages of sensitive versus specific services? What are the issues that need to be considered when deciding whether to develop specific or sensitive services? How are both strategies best balanced?**

**8. What do you think are the FIVE priority areas that a National LGBT Aging Movement should focus on? (Please rank in order from 1 to 5; 1 being highest priority, 2 being second highest priority, etc.).**

- a) \_\_\_ Conduct more research to increase knowledge about the basic demographics of LGBT seniors and to identify their unique needs.
- b) \_\_\_ Develop LGBT-specific services for Seniors (primarily or solely designed for LGBT Seniors). Which specific services?: senior centers, home care services, legal services, senior housing, social services, medical care, Other – please specify:
- c) \_\_\_ Raise awareness in LGBT organizations about LGBT elders and their needs.
- d) \_\_\_ Education and training of ALL mainstream senior service programs to ensure LGBT-sensitive services are available broadly.
- e) \_\_\_ Focus education and training of SPECIFIC mainstream service programs for the elderly to ensure LGBT-sensitive services. Which specific providers?: senior centers, home care services, legal services, senior housing, social services, medical care, Other – please specify:
- f) \_\_\_ Ensure LGBT issues are on the agenda of national aging advocacy organizations
- g) \_\_\_ Ensure LGBT inclusion in federal aging work and initiatives (including the White House Conference on Aging)
- h) \_\_\_ Ensure LGBT inclusion in Area Agencies on Aging work
- i) \_\_\_ Work toward changes in federal and state policies and laws to ensure legal protection of LGBT Seniors and their families.
- j) \_\_\_ Educate and train LGBT aging services and advocacy groups on race.
- k) \_\_\_ Educate and train LGBT aging services and advocacy groups on gender.
- l) \_\_\_ Change perceptions of aging & fighting ageism in the LGBT community
- m) \_\_\_ Ensure health insurance and health program coverage for transgender seniors.

**Why did you select these five areas? What about those areas is most important?**

**9. The following recommendations focus on federal advocacy. What do you think are the THREE priority areas that a National LGBT Aging Movement should focus on?**

- a) \_\_\_ Ensure that government agencies that are charged with serving the needs of older Americans must fund and actively initiate research on LGBT seniors.
- b) \_\_\_ Ensure that government agencies that fund services for older Americans encompass (include) LGBT services and projects.
- c) \_\_\_ Amend the Older Americans ACT to explicitly include services, training, and research on issues of concern to LGBT seniors.
- d) \_\_\_ Ensure that funding for Area Agency on Aging offices includes a mandate to serve LGBT Seniors.
- e) \_\_\_ Legally recognize and support LGBT families to ensure equal access to Social Security benefits by partners and children and to minimize discrimination against LGBT seniors in nursing homes and senior housing.
- f) \_\_\_ Pass a federal non-discrimination law to ensure LGBT seniors are not vulnerable to discrimination because of sexual orientation or gender identity.
- g) \_\_\_ Ensure mainstream national aging organizations include LGBT elder issues in their federal advocacy efforts.
- h) \_\_\_ Other: \_\_\_\_\_

**Why did you select these three areas? On what did you base your opinion? What about those areas is most important?**

**10. Which FIVE areas do you think are most important for local communities to receive technical assistance support specific to LGBT Senior issues?**

- a) \_\_\_ Training curriculum for use with mainstream aging service providers
- b) \_\_\_ Training on grassroots activism and organizing
- c) \_\_\_ Training on policy advocacy (how to pass legislation)
- d) \_\_\_ Help conducting needs assessments
- e) \_\_\_ Help in finding funding sources for services
- f) \_\_\_ Assistance in coalition building with other communities
- g) \_\_\_ Assistance in getting on important advisory boards
- h) \_\_\_ Consultation on “best practices” for service development and delivery
- i) \_\_\_ Training on transgender elder issues and needs
- j) \_\_\_ Help in considering the range of elder needs (from frail to healthy)
- k) \_\_\_ Training and consultation on LGBT aging disability issues
- l) \_\_\_ Community building ideas and activities
- m) \_\_\_ Race, gender, intergenerational training and support
- n) \_\_\_ Ageism and consciousness-raising work re: aging
- o) \_\_\_ Other: \_\_\_\_\_

**Why did you select these three areas? What about those areas is most important?**

**11. In your opinion, which of the following approaches to national organizing around LGBT aging issues would you prioritize?**

- a) \_\_\_ An aging program/office in a national LGBT organization (like NGLTF or HRC)
- b) \_\_\_ An LGBT program/office in one or more national Aging organization (like AARP)
- c) \_\_\_ A specific stand-alone National LGBT Aging organization
- d) \_\_\_ A coalition of local LGBT Aging organizations
- e) \_\_\_ Support for State-based LGBT Aging Leadership
- f) \_\_\_ Other: \_\_\_\_\_

**Why?**

**12. Senior Action in a Gay Environment (SAGE) is the nation’s oldest and largest organization serving LGBT seniors and is a model for the provision of services, advocacy and community organizing, and support to LGBT seniors throughout the country. As SAGE evaluates and refines its focus to clarify the work it does at the national level, which THREE areas do you think are most important?**

- a) \_\_\_ Advocacy and Community Organizing (identifying advocacy gaps and needs for increased community organizing resources)
- b) \_\_\_ Public policy (pensions and entitlements, insurance, long-term care, housing, healthcare and decision-making control, mental health, and other policy issues)
- c) \_\_\_ Visibility, Media, and Communications (inclusion of LGBT senior issues within the national LGBT movement, publication projects related to LGBT senior issues, response and message development for national media outlets)
- d) \_\_\_ Information and Research (identification of significant information and research gaps re: LGBT seniors)
- e) \_\_\_ Technical assistance and education to the LGBT community at the national, local, and regional levels for programmatic, education and advocacy efforts on LGBT senior issues.
- f) \_\_\_ Technical assistance and education to the mainstream Aging movement and service providers, such as senior centers, long-term care facilities, health care, social service and aging organizations, on LGBT senior issues.
- g) \_\_\_ Other: \_\_\_\_\_

**Why did you select these three areas? What about those areas is most important?**

**13. What do you consider to be SAGE’s greatest strengths?**

**14. What do you consider to be SAGE’s greatest challenges?**

**15. Do you have any additional comments to add?**

**16. Demographics.**

**The following information will assist us in ensuring that this survey has reached a diverse group of individuals. The information will be reported in the aggregate and will not be identifiable to you as an individual interviewee. You are also free to respond “prefer not to answer.”**

Your current home city and state? \_\_\_\_\_

Your current age? \_\_\_\_\_

How would you describe your sexual orientation?

- a)  Gay/Lesbian
- b)  Heterosexual
- c)  Bisexual
- d)  Other: \_\_\_\_\_

How would you describe your race/ethnicity?

- a)  African American
- b)  Hispanic/Latino(a)
- c)  White
- d)  Asian/Pacific Islander
- e)  Native American
- f)  Other: \_\_\_\_\_

How would you describe your gender?

- a)  Male
- b)  Female
- c)  Other: \_\_\_\_\_

Are you transgender or do you have a transgender history?

- a)  Yes
- b)  No

## **Appendix B: On-Line Interview Survey**

### **SENIOR ACTION IN A GAY ENVIRONMENT (SAGE) National Lesbian, Gay, Bisexual, and Transgender (LGBT) Aging Survey and Needs Assessment**

**This is an anonymous survey. You will not be asked for your name or any identifiable information.**

SAGE is the oldest and largest LGBT organization in the country dedicated to meeting the needs and concerns of LGBT seniors. This online survey is a part of a National Needs Assessment and Technical Assistance Audit that is planned to gage:

- the current level of services for lesbian, gay, bisexual, and transgender (LGBT) elders throughout the country,
- the current level of understanding about LGBT aging concerns among those working with the elderly,
- and a sense of the future direction for the LGBT aging movement in policy and program development.

**Thank you for your time in completing this survey!**

**1. Throughout the survey we will be asking you for your knowledge and opinions about services and programs for the elderly, and specifically for LGBT elderly. Please respond to these basic demographic questions so that we can identify who responded to the survey.**

Where do you live? (CHOOSE ONE)

- a) North East
- b) South East
- c) Northern Mid-West
- d) Southern Mid-West
- e) Northern Mountain
- f) Southern Mountain
- g) North West
- h) South West

Is the place where you live (CHOOSE ONE)?

- a) Urban
- b) Rural
- c) Suburban

Would you say your PRIMARY “issue” base of knowledge is (CHOOSE TWO):

- g) Aging Issues
- h) LGBT Communities
- i) Health Care

- j) Policy Advocacy
- k) Service Provider
- l) Community-based Organizing

Would you say the PRIMARY “class” of the population you have the most experience with or knowledge of is (CHOOSE TWO):

- e) Homeless elders
- f) Poor and working class elders
- g) Middle and professional class elders
- h) Upper class elders

Your current age? \_\_\_\_\_

How would you describe your sexual orientation (CHOOSE ONE)?

- e) \_\_\_ Gay/Lesbian
- f) \_\_\_ Heterosexual
- g) \_\_\_ Bisexual
- h) \_\_\_ Other: \_\_\_\_\_

How would you describe your race/ethnicity (CHOOSE ONE)?

- g) \_\_\_ African American
- h) \_\_\_ Hispanic/Latino(a)
- i) \_\_\_ White
- j) \_\_\_ Asian/Pacific Islander
- k) \_\_\_ Native American
- l) \_\_\_ Other: \_\_\_\_\_

How would you describe your gender (CHOOSE ONE)?

- d) \_\_\_ Male
- e) \_\_\_ Female
- f) \_\_\_ Other: \_\_\_\_\_

Are you transgender or do you have a transgender history (CHOOSE ONE)?

- c) \_\_\_ Yes
- d) \_\_\_ No

**2. Which of the following services are available in your community SPECIFICALLY for LGBT elders (“specific services” are services that have been developed and are run for the sole or primary needs of LGBT elders)? Please check “X” if you know of a service in your area specifically for LGBT elders.**

- q)  Senior Center
- r)  Social Activity Programs
- s)  Adult Day Health Programs
- t)  Care Giver Support Services
- u)  Senior Housing (i.e., nursing homes, assisted living, retirement communities)
- v)  Legal Services
- w)  Employment Programs
- x)  Religious or Spiritual Services
- y)  Meal Sites/Nutrition Programs
- z)  Case Management
- aa)  End of Life/Hospice Care
- bb)  Home Care Services
- cc)  Elder Abuse Programs
- dd)  Transportation
- ee)  Mental Health Services

**3. Which of the following mainstream services provide SENSITIVE services for LGBT elders in your community (“sensitive services” are services that are provided for all elders, primarily heterosexual-based, but are sensitive to the needs of LGBT seniors evidenced by having non-discrimination policies, training of staff on LGBT issues, or specific outreach to LGBT seniors.) Please check “X” if you know of a service in your area that is sensitive to the needs of LGBT elders.**

- o)  Senior Center
- p)  Social Activity Programs
- q)  Adult Day Health Programs
- r)  Care Giver Support Services
- s)  Senior Housing (i.e., nursing homes, assisted living, retirement communities)
- t)  Legal Services
- u)  Employment Programs
- ff)  Religious or Spiritual Services
- v)  Meal Sites/Nutrition Programs
- w)  Case Management
- x)  End of Life/Hospice Care
- y)  Home Care Services
- z)  Elder Abuse Programs
- aa)  Transportation
- bb)  Mental Health Services

**4. Are there specific programs in your community about (CHECK ALL THAT APPLY)?**

- g)  Sexuality and Aging
- h)  HIV Services for people over 50
- i)  Transgender Aging
- j)  Bisexual Aging
- k)  Anti-Racism and Aging
- l)  Healthy Aging

**5. What do you think are the three PRIORITY services LGBT Seniors in your community need most? (CHOOSE THREE)**

- i)  Social activities
- j)  Home care services
- k)  Legal services
- l)  Housing (i.e., nursing home, assisted living facility, retirement community)
- m)  Social services
- n)  Health care
- o)  Mental Health (i.e., counseling, support groups, etc.)

**6. What do you think are the FIVE priority areas the National LGBT Aging Movement should focus on? (CHOOSE FIVE)**

- n)  Conduct more research to increase knowledge about the basic demographics of LGBT seniors and to identify their unique needs.
- o)  Develop LGBT-specific services like Retirement Communities for Seniors (primarily or solely designed for LGBT Seniors).
- p)  Ensure aging issues are on the agenda of LGBT organizations (i.e., NGLTF, Human Rights Campaign, etc.)
- q)  Educate and train mainstream senior service providers to ensure LGBT-sensitive services are available.
- r)  Ensure LGBT issues are on the agenda of national aging advocacy organizations (i.e., AARP, Older Women’s League, etc.)
- s)  Ensure LGBT inclusion in federal aging work and initiatives (including the White House Conference on Aging)
- t)  Ensure LGBT inclusion in local Area Agencies on Aging work
- u)  Work toward changes in federal and state policies and laws to ensure legal protection of LGBT Seniors and their families.
- v)  Educate and train LGBT aging services and advocacy groups on race.
- w)  Educate and train LGBT aging services and advocacy groups on gender.
- x)  Change perceptions of aging & fighting ageism in the LGBT community
- y)  Ensure health insurance and health program coverage for transgender seniors.
- z)  Other: \_\_\_\_\_

**7. The following recommendations focus on federal advocacy. What do you think are the THREE priority areas that a National LGBT Aging Movement should focus on? (CHOOSE THREE)**

- i) \_\_\_ Ensure that government agencies that are charged with serving the needs of older Americans must fund and actively initiate research on LGBT seniors.
- j) \_\_\_ Ensure that government agencies that fund services for older Americans encompass (include) LGBT services and projects.
- k) \_\_\_ Amend the Older Americans ACT to explicitly include services, training, and research on issues of concern to LGBT seniors.
- l) \_\_\_ Ensure that funding for Area Agency on Aging offices includes a mandate to serve LGBT Seniors.
- m) \_\_\_ Legally recognize and support LGBT families to ensure equal access to Social Security benefits by partners and children and to minimize discrimination against LGBT seniors in nursing homes and senior housing.
- n) \_\_\_ Pass a federal non-discrimination law to ensure LGBT seniors are not vulnerable to discrimination because of sexual orientation or gender identity.
- o) \_\_\_ Ensure mainstream national aging organizations include LGBT elder issues in their federal advocacy efforts.
- p) \_\_\_ Other: \_\_\_\_\_

**8. Which FIVE areas do you think are most important for local communities to receive technical assistance support specific to LGBT Senior issues? (CHOOSE FIVE)**

- p) \_\_\_ Training curriculum for use with mainstream aging service providers
- q) \_\_\_ Training on grassroots activism and organizing
- r) \_\_\_ Training on policy advocacy (how to pass legislation)
- s) \_\_\_ Help conducting needs assessments
- t) \_\_\_ Help in finding funding sources for services
- u) \_\_\_ Assistance in coalition building with other communities
- v) \_\_\_ Assistance in getting on important advisory boards
- w) \_\_\_ Consultation on “best practices” for service development and delivery
- x) \_\_\_ Training on transgender elder issues and needs
- y) \_\_\_ Help in considering the range of elder needs (from frail to healthy)
- z) \_\_\_ Training and consultation on LGBT aging disability issues
- aa) \_\_\_ Community building ideas and activities
- bb) \_\_\_ Race, gender, intergenerational training and support
- cc) \_\_\_ Ageism and consciousness-raising work re: aging
- dd) \_\_\_ Other: \_\_\_\_\_

**9. Senior Action in a Gay Environment (SAGE) is the nation’s oldest and largest organization serving LGBT seniors and is a model for the provision of services, advocacy and community organizing, and support to LGBT seniors throughout the country. As SAGE evaluates and refines its focus to clarify the work it does at the national level, which THREE areas do you think are most important?**

- h) \_\_\_ Advocacy and Community Organizing (identifying advocacy gaps and needs for increased community organizing resources)
- i) \_\_\_ Public policy (pensions and entitlements, insurance, long-term care, housing, healthcare and decision-making control, mental health, and other policy issues)
- j) \_\_\_ Visibility, Media, and Communications (inclusion of LGBT senior issues within the national LGBT movement, publication projects related to LGBT senior issues, response and message development for national media outlets)
- k) \_\_\_ Information and Research (identification of significant information and research gaps re: LGBT seniors)
- l) \_\_\_ Technical assistance and education to the LGBT community at the national, local, and regional levels for programmatic, education and advocacy efforts on LGBT senior issues.
- m) \_\_\_ Technical assistance and education to the mainstream Aging movement and service providers, such as senior centers, long-term care facilities, health care, social service and aging organizations, on LGBT senior issues.
- n) \_\_\_ Other: \_\_\_\_\_

**Thank you for completing this survey! If you would like more information on the survey, the National Needs Assessment and Technical Assistance Audit, or SAGE please contact Amber Hollibaugh, Director of Education, Advocacy & Communications at 212-741-2247 x231.**

## **Appendix C: Transgender Focus Group Questions**

1. Does anyone have any examples of specific projects on Transgender aging around the country?
2. Does anyone know where Transgender aging issues are being handled well by a mainstream aging service provider or and LGBT organization?
3. What do you think are PRIORITY services Transgender Seniors in your community need most? (examples include: Social activities, Home care services, Legal services, Housing, Social services, Health care, Mental Health)
4. What do you think are the PRIORITY areas that a National LGBT Aging Movement should focus on regarding Transgender Aging issues? (examples include: research, services, training and education of providers, etc.)
5. Which kind of technical assistance do LGBT communities need to improve their ability to include Transgender Aging issues in advocacy, services, and education?
6. Senior Action in a Gay Environment (SAGE) is the nation's oldest and largest organization serving LGBT seniors and is a model for the provision of services, advocacy and community organizing, and support to LGBT seniors throughout the country. How can SAGE best include and incorporate Transgender Aging issues?

### **Town Hall Meeting Questions**

- 1) What LGBT specific services are available for LGBT elders in this area? probe for types of services you might likely see or know about such as social programs.
- 2) What mainstream senior programs do a good job of serving LGBT elders in this area? probe for what they do and why (gay staff, etc.)?
- 3) What would you consider to be priority services that are needed for LGBT elders in this area?
- 4) What kind of technical assistance would be helpful for you to receive from other LGBT aging programs around the country?
- 5) What do you think a national LGBT aging agency or movement should focus on?

## **Appendix D: Bay Windows Article- Local News**

Issue: 11/21/02

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Gay seniors, advocates attend town hall meeting

By Beth Berlo

More than 60 people, including Beacon Hill lobbyists, elder service advocates, LGBT seniors and LGBT activists, turned out Nov. 19 at the Women's Education & Industrial Union in Boston to participate in a Town Hall meeting as part of a national conversation about LGBT aging services and advocacy.

New York City-based Senior Action in a Gay Environment (SAGE) facilitated the event, co-sponsored by the Greater Boston LGBT Aging Project. Boston was the second stop on SAGE's six-city tour in an effort to collect information from LGBT seniors or those who work closely with them in the hopes of bringing change to this often overlooked population.

SAGE's Amber Hollibaugh called the Greater Boston LGBT Aging Project "an extraordinary model" because of its collective organizational efforts in trying to forward the LGBT aging agenda. The Town Hall meeting served as part of SAGE's National Needs Assessment and Technical Assistance Audit. The organization's plan is to gain a sense of the future direction for a national LGBT aging movement.

Amy Hunt, project director for the Greater Boston LGBT Aging Project, coordinated the event.

Plumb began the discussion by polling the room for answers to four LGBT aging-related questions. First, she asked for examples of how LGBT elders were being served in Boston. Dale Mitchell, executive director of ETHOS in Jamaica Plain and member of the LGBT Aging Project Planning Committee, said there was "essentially nothing" other than a support group for LGBT elders which began in April at the Fenway Community Health Center.

Diego Sanchez, JRI Health's program coordinator for transgender health and education, mentioned programs at the Boston Medical Center and the Tiffany Club/New England as two examples for transgender people over 50.

Ed Ford, president of Boston Prime Timers, a social support group with more than 200 members said he would like to see the group mix with members from Boston Area Gay and Lesbian Youth (BAGLY). "It's not about age," he said. "It's about getting together with a group of peers who you'll share something in common with."

People join Prime Timers for a host of reasons, Ford explained. For example, some

may have just lost a life partner and be suddenly struck by fear that they'll never meet another gay man or lesbian again, he said. Because ageism is prevalent in the gay community, many older gay men say they would never step foot inside a gay bar anymore. Ford, who has been president for the past five years, sees a steady turnout of about 75 at every meeting. The meetings are held the third Saturday of the month at the Boston Living Center, on Stanhope Street. In addition, he said, "We go to dinner once a month, and lunch once a month, and to theatre and performances like the Boston Gay Men's Chorus."

But despite the success of Ford's organization, visibility, he said, is the foremost problem in the LGBT aging community: "I keep dragging people to Pride parades. I don't know where else to get that kind of visibility. "Many of the members can't walk the parade anymore though. "Far more would come if they didn't have to walk," Ford said. "People have to know you're here."

Plumb next asked what happens when an LGBT person visits a mainstream agency for elders. Mitchell, who works for a mainstream elder agency, said the most glaring omission on the admission questionnaire is whether you're gay or lesbian-- "And nobody asks about your gender identity except whether you're male or female."

But according to David Aronstein of Stonewall Communities, "Many have expressed that they're not comfortable being out in either public or private and upscale housing."

When Plumb asked the participants to identify the most critical needs facing the LGBT aging community today she got a myriad of responses. "Visibility," Aronstein responded. "We need programs to bring people together to make us visible to other LGBT people."

After scoping the room, one woman who identified herself as being "older than God" said, "I don't see many older lesbians here." And, she added, "I think we're here today because of some reluctance in our own community in asking for what we wanted."

Others, like transgender activist Sanchez, said language is key to making change. "You need to teach language and bilateral cultural competence education," he said. "You need to train people to be more sensitive and not just ask, 'Do you have a husband or a wife?'"

Arline Isaacson, lobbyist and co-chair of the Massachusetts Gay and Lesbian Political Caucus, said she believed that the bulk of the problems facing the LGBT aging community would disappear if legislation was passed giving LGBT people the same rights as their heterosexual counterparts. "We need to be advocates for legal and legislative change," she said.

Linda George, associate director of Boston Senior Home Care and a member of the LGBT Aging Project Planning Committee, agreed with Isaacson that legislation is where change needs to start. In addition, she said: "There needs to be across the board training in LGBT issues. They just don't understand that when people don't have partnership rights, they lose many civil protections."

Larry Kessler, founding director of Boston's AIDS Action Committee, expressed the belief that because people are staying healthier longer the aging LGBT community could feel less "over the hill" if they helped provide services to their peers in need. "It can make people feel needed," Kessler explained. "And there [are] a lot of people who have lots to offer."

Sue Hyde, New England field organizer for the National Gay and Lesbian Task Force, said the biggest gap in Boston's bigger LGBT community which could bring older and younger LGBTs together is its lack of a community center.

In an effort to better technical assistance, some town meeting attendees suggested having an elder LGBT Web site.

Isaacson thought it would also be useful to create a model guide and make it available to other states so they can adapt it to their own state. "It would be helpful to not have to recreate the wheel," she said. And instead be able to say, "Here's what's being done here."

As a final suggestion to forwarding a national LGBT elder movement, Isaacson said, "We should get the 'Nightlines' and the 20/20's of the world to do shows on what the problems are. The telling of the stories of the pains and injustices would be invaluable."

Beth Berlo is a staff writer at Bay Windows. Her e-mail address is [bberlo@baywindows.com](mailto:bberlo@baywindows.com).

Comments, criticism or praise regarding this article or writer – or just about any other subject of interest to the lesbian and gay community -- are always welcome.

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