



GENERATIONS AGING *with* PRIDE

Focus Groups & Town Hall Feedback

Focus Group Feedback

Findings from our two focus groups include the following (it was interesting that the focus groups were more of complaint sessions of what is not available now in Seattle, gaps in services related to support groups, housing and mental health and the lack of space for older adults to meet):

- Seniors feel isolated and don't have a place to call their own
- Seniors want a Center for senior activities and a place to meet new people
- They want to have fun, dances etc. doesn't have to all be so clinical
- Some long-term survivors would like more mental health services, many are deeply depressed by a combination of HIV status, living when so many others died and their own mortality.
- Women want to have groups just for women
- Housing was brought up and unanimously called upon as a greatest need for the community, many are fearful that they will not be able to afford their apartments due to rising rents
- Acknowledgement of their contribution to the community is wanted. Often these older adults do not feel acknowledged or welcomed in their own community.
- Classes taught by LGBT people
- Daytime and evening classes so people who work can attend classes in the evening.

(See next page for Town Hall feedback and quotes from community members)

Voices from the Seattle Town Hall: Aging the LGBTQ Way

(Excerpt: Fredriksen-Goldsen, K. I., Shiu, C., Kim, H.-J., Emlert, C. A., & Goldsen, J. (2015). At-Risk and Underserved: LGBTQ Older Adults in Seattle/King County - Findings from Aging with Pride. Seattle: Aging with Pride.)

“We need to get the nursing homes and the aging and medical facilities to be more in tune with the LGBTQ community and to help them to understand our needs.”

On the evening of May 13, 2015, over 100 people gathered for the *Aging with Pride* Town Hall: Aging the LGBTQ Way to share their hopes, fears, and concerns about the future of aging for LGBTQ people in Seattle and the Pacific Northwest. The group discussed what local and regional LGBTQ aging work has been done in the past or is currently underway, identified aging and other health and human service needs, and acknowledged what would make their communities more comfortable and supportive for LGBTQ older adults. Participant comments ranged from unique individual experiences to examples of risk and resilience for specific communities and populations of LGBTQ older adults such as transgender and low income older adults. Some comments also reflected general population-level issues about aging, some of which are particularly of concern for LGBTQ older adults, including aging in place opportunities across different parts of Seattle, rising housing costs and varying availability of resources within and outside rural King County. The primary themes that emerged from the Town Hall are discussed in more detail below and include:

- Need to improve cultural appropriateness of aging, long-term care, health and human services and providers.
- Development of a LGBTQ center or community gathering “place” for older adults in order to reduce social isolation and siloed services.
- Importance of forming intergenerational alliances and engagement across communities.
- Identify specific social, health, and economic disparities of LGBTQ older adults as well as intersecting disparities including those by race and ethnicity, culture, ability, and socio-economic status.
- Determine what services are needed to better address the aging and health needs of LGBTQ adults.

Improving cultural relevance and appropriateness of aging, health and long-term care services, and service providers

The issues related to the need for culturally relevant and appropriate service providers in aging services, long-term care settings, and health and human services were one of the most discussed topics at the Town Hall. Specific issues ranged from particular health needs and challenges such as older adults living with HIV; how subgroups in the community, such as transgender older adults, will have their unique needs met; and the culture change needed within aging and long-term care and health and human services. The need for provider-level training was raised numerous times along with more overarching statements about systemic change that is needed to support how all older adult members of a facility can move beyond general statements of valuing diversity to actively supporting community-based norms which are welcoming and accepting of LGBTQ older adults and their caregivers.

Voices from the Town Hall on this topic:

“As a gay man living 27 years with HIV and doing well I worry about what will happen over the next 20 years. How can I get HIV services when I am in my 80's or 90's? That is another closet I have to think about. It is in the future but we need to start to address these issues.”

“While some of the larger medical institutions have a lot of programs and training for their staff regarding diversity and working with different populations, a lot of the smaller programs, institutions and facilities that we might find ourselves in don't have that option. What I worry about is people like my (transgender) partner who at some point down the road might find themselves in a small facility with staff that are well meaning but are not experienced or well trained. There's not a lot of training out there for that kind of thing right now so I think that is something we have to consider.”

“We need to try to get the nursing homes and the aging and medical facilities that exist now to be more in tune with the LGBTQ community and to help them to understand our needs. I don't think this has been done adequately. It is one thing to get a facility that is LGBTQ friendly. But there's not going to be that kind of opportunity in many, many communities. I think that at least some of our efforts can go toward trying to create a better environment in the nursing homes and in the aging and medical facilities that exist now.”

“A lot of the people who are providing care at adult family homes and senior living centers are people who have certain biases due to culture who are definitely against LGBTQ and especially the transgender folks. There are larger percentages of transgender people going back in the closet or who are not treated with respect in terms of their chosen and living gender in terms of care. That's the biggest gap that I see.”

Strategies to reduce social isolation and service silos

Many participants also discussed the need for an LGBTQ gathering place for older adults that would reduce social isolation and also serve as a service hub for individuals looking for information on local programs and supports, including for low income older adults seeking assistance with meeting basic needs.

Voices from the Town Hall on this topic:

“I am agitated by the lack of resources in Seattle. We get almost nothing from the City of Seattle considering there are 26 centers funded by the city and most don't have a shred for gay or lesbian young or old. We are the forgotten people.”

“I don't see any real gay and lesbian aging center in Seattle and can't understand why that is not in existence. You go to other cities and see that. What we need is a way to connect. I am hopeful that we can make that happen as we move forward.”

“I was shocked when I moved here that we didn't have an LGBTQ community place. They are all over the United States in a lot of cities and it is very siloed here. We see problems and reflection of not having any place where the aging services run through where you can go to the center and find out about housing and food security and brings these issues into an umbrella space. I love that everyone is doing this stuff but you have to go to these places to find it. We need to find out how we break the silos down and build community with each other better if we are to meet our aging needs.”

Identify social, health and economic disparities of LGBTQ older adults

Participants also highlighted specific social, health, and economic disparities of LGBTQ older adults.

Voices from the Town Hall on this topic especially:

“Lack of access to healthy food is a big issue. Work with food banks and healthy food organizations for serving LGBT older adults is needed. We are seeing an increasingly growing number of seniors who aren’t getting food services because of rising housing costs. When something breaks it is food. If you have to pay a medical bill or housing bill, food is the last thing. We need to continue to think about how we work in our community for getting people access to healthy food.”

“I live in a small community with a lot of gossip going around and feeling socially isolated. I don't want to be back in the closet yet. We don't have any gay friendly, gay oriented senior services.”

“Everybody mentions LGBTQ. It scares me when I think a lot of it is lip service. I think that Seattle is gay friendly but I am not sure if it is transgender friendly. There's a lot of conversation where it is added to the list but I am not seeing things actually happening. Places mention it in their flyers but what are they actually doing?”

Addressing intersecting disparities

As the participants described strengths and opportunities, as well as gaps and challenges in community-level supports for LGBTQ older adults, they also raised the intersecting needs and experiences of LGBTQ older adults who also are people of color, living in poverty, and those that have unique needs as a result of ability status.

Voices from the Town Hall on this topic:

“We need to make sure that LGBT people of color have their needs addressed, too.”

“Economics are real. When you can’t afford help – you don’t get it.”

“The gap I wanted to talk about is services for people with mental illness and other disabilities because those folks may not be here. Aging with mental illness like bipolar and depression and addictions are part of their illness or part of their wellness. People are living longer with these issues than they did in the past and we need to recognize that.”

Supporting intergenerational alliances in the community

Another area of discussion related to the importance of forming cross-generational and other community alliances. Comments echoed the need to train aging and long-term care and health and human service providers on a broader community-based level, including older adult residents of “senior housing” communities, participants in older adult programs, and with mid-life LGBTQ and straight adults.

Voices from the Town Hall on this topic:

“A part of our civil rights movement has been supported in the larger general population because more and more young people have no issue with being gay or lesbian. However the greatest resistance is in seniors. It is in older people. Part of what needs to happen is greater and greater education and somehow greater connectivity into that. If you move into a senior service facility and all of the people don't like you from the first day just because of who you are it is an intangible situation that forces people into living a life that just gets smaller and smaller until they've faded away. We can't live with that.”

“There are some people who are hoping to open gay friendly LGBTQ adult families homes. I don't know that we all want to be that silent. It could be pretty boring if we were all the same. What we expect is that we are treated with