LGBT ELDER NEEDS ASSESSMENT PROJECT

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Background

Lesbian, gay, bisexual, and transgender (LGBT) elders are among the most invisible and understudied populations in elder care services research today (Administration on Aging, 2001; IOM, 2011). What little research is available shows both good news and bad news for the aging of LGBT individuals and communities. The good news is that the majority of LGBT elders are well-adjusted and healthy, and the experiences with coping with difference, discrimination, and marginal status in society has provided them with tools for adjusting to aging. The bad news is that they are aging without the same legal, financial, social, and familial support that heterosexual elders often have.

LGBT elders are more likely to express a mistrust of health and human services (Brotman et al, 2003; Johnson et al, 2005), have experiences of discriminatory care (MetLife, 2006; Stories from the Field, 2011), and have higher rates of substance use/abuse, depression, suicide attempts, HIV/AIDS, and disability than heterosexual counterparts (D’Augelli & Grossman, 2001; Fredricksen-Goldsen et al 2011; IOM, 2011). Less than half of LGBT adults expect that they will receive respectful treatment from health and human service care providers as they age (MetLife, 2006).

Elder care agencies and service providers rarely include sexual orientation and gender identity in their data collection systems, staff training, policy reviews, or specialized services, and most studies find that a significant subset of staff members in elder care services hold negative attitudes about LGBT people. The majority of staff members, even those with positive attitudes, lack information about the needs of LGBT elders. Some studies report that staff members are reluctant to address LGBT issues in the elder care facilities, because they perceive that other older residents would have more negative attitudes about LGBT people; however, there is no research to support this perception.

Purpose

The purpose of this study was to collect local information about knowledge, attitudes, and inclusive policies related to LGBT seniors in Alameda County. Two survey tools were developed to collect this information from staff members at elder care agencies and consumers/clients of the services of elder care agencies.

Methods

Data about LGBT elder knowledge and attitudes were gathered in two ways from two agencies, Salem Lutheran Homes and Center for Elder Independence. First, staff members were invited to participate in a survey. Most of the participants took the anonymous survey online, and others without internet access were given paper versions of the survey. Nearly 100 (n=92) staff members completed the surveys. Second, consumers, or elders using the services at these two agencies, were surveyed after meal times at the agencies, using written one page...
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questionnaires, and 64 individuals completed the survey. The findings of these two data collection methods are described below separately, ending with an overall discussion and recommendations for next steps.

THE STAFF MEMBER SURVEY

Demographic Information about Respondents

Out of a pool of about 350 possible respondents, 92 completed surveys (response rate of about 26%). The majority of respondents provided direct services to elder clients/patients (69%), and most had a bachelor’s degree or higher education (64%). Nearly half (48%) were White, followed by 20% African American, 15% Latino, 10% Asian American, and smaller numbers of mixed race and other ethnicities. Although most were heterosexual (75%), a significant number reported another sexual identity, including 8% mostly heterosexual, 6% gay male, 6% lesbian, and 5% bisexual. Many had worked in elder care settings for more than ten years (31%), with only a few working in elder care for less than a year (7%). Two-thirds (66%) reported that their political views were “liberal.”

Experience with LGBT Clients/Patients

Figure 1 below shows the answers to the question, “How many LGBT clients did you work with last year?” The responses show considerable diversity of experiences, with 17% of respondents indicating that they had not worked with any LGBT clients in the past year.

Figure 1. Number of LGBT clients/patients in the past year.
The majority of staff members reported that they felt comfortable working with LGBT clients or patients, although there were some differences by sexual identity and gender identity groups. Only 1% reported feeling uncomfortable working with lesbians, 2% were uncomfortable with gay men, 3% with bisexual women, 4% with bisexual men, 7% with transgender women, and 8% with transgender men. Very few of these respondents, in spite of their higher education, had received any formal education about LGBT issues, with 76% reporting none.

Workplace Issues

84% agreed that their workplace was a safe place for LGBT individuals, although fewer agreed that the workplace climate would allow LGB people to feel comfortable coming out (66%) or transgender individuals to feel comfortable in identifying themselves (54%). A substantial minority (32%) had often or sometimes heard LGBT negative comments in the workplace, and 59% had ever heard negative comments about LGBT people in the workplace.

A number had witnessed discriminatory or disrespectful care. The figure below shows the percent of employees who had ever witnessed such problematic care in the past.

Figure 2. Percent who ever witnessed discriminatory or disrespectful treatment of LGBT clients or employees in the workplace.

Knowledge

The next section asked about staff members’ knowledge about agency policies and procedures related to LGBT clients and employees. Many employees did not know if their agency had inclusive policies, as noted below, and of those who did know, they generally indicated that the agency lacks explicit policies or procedures that would identify and protect the rights of LGBT clients and employees.
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**Table 1. Staff member’s knowledge about agency policies and procedures**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do written forms ask for client’s sexual orientation?</td>
<td>3%</td>
<td>54%</td>
<td>43%</td>
</tr>
<tr>
<td>Do written forms allow same-sex partners to be identified?</td>
<td>22%</td>
<td>21%</td>
<td>57%</td>
</tr>
<tr>
<td>Do written forms allow transgender clients to be identified?</td>
<td>3%</td>
<td>37%</td>
<td>60%</td>
</tr>
<tr>
<td>Do written policies prohibit discrimination on the basis of sexual</td>
<td>49%</td>
<td>24%</td>
<td>27%</td>
</tr>
<tr>
<td>orientation?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do written policies prohibit discrimination on the basis of gender</td>
<td>36%</td>
<td>26%</td>
<td>35%</td>
</tr>
<tr>
<td>identity?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do same-sex partners of employees qualify for health benefits?</td>
<td>20%</td>
<td>3%</td>
<td>77%</td>
</tr>
<tr>
<td>Does staff receive regular training about LGBT clients?</td>
<td>1%</td>
<td>72%</td>
<td>27%</td>
</tr>
<tr>
<td>Are there brochures or fact sheets about LGBT aging available to clients?</td>
<td>1%</td>
<td>49%</td>
<td>50%</td>
</tr>
<tr>
<td>Do residential facilities allow the same accommodations for sharing</td>
<td>16%</td>
<td>18%</td>
<td>66%</td>
</tr>
<tr>
<td>rooms and visiting for same sex as heterosexual married couples?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The next knowledge question asked whether the respondent had sufficient information to work with LGBT clients on issues such as mental health, legal documents and issues, community resources, family structures, and terminology. The figure below shows the percent of respondents who said that their knowledge was not sufficient for each of the seven topics.
Attitudes

One question asked respondents to identify the statement that best represented their attitudes about LGBT people, along a continuum of attitudes from most positive to most negative. The results showed that:

- 66% valued the diversity of sexual orientation and gender identity and celebrated the differences;
- 21% felt that LGBT people were just the same as others and should be treated equally;
- 6% felt that LGBT people were ok, but should not talk openly about their sexuality or gender;
- 7% reported that minority sexual and gender identities were against their religious or moral beliefs;
- none of the respondents reported agreement with the two most negative statements, related to disgust or hatred against LGBT individuals.

Open-ended Questions

There were three open-ended questions on the survey, designed to permit for individual experiences and opinions to be expressed. These questions asked about how respondents thought LGBT elders might differ from non-LGBT seniors, what experiences they were willing to share about working with LGBT elders, and their wishes for content in a training about LGBT elders.
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*How do LGBT elders differ?*

The first asked how LGBT seniors might differ from other elders. Of the 44 respondents who answered this question, most of them said that the main difference was in the experiences of discrimination, rejection, and stigma in families, medical settings, and society in general (32%). For example, one respondent said “They’ve probably lived a life where they could not be open about who they are, and may have been discriminated against, or not been able to be with their loved one in times of medical need. This must affect a person on different levels.” Others said, “They were socialized in a completely different culture than heterosexual elders and grew up with violent discrimination that was more common and more accepted than it is today,” and “they probably have had to hide their identity because of discrimination. Some may have even been traumatized because of their sexual orientation.”

The second most common response to the question about how LGBT elders might differ, is that they are no different than heterosexual elders (30%). These respondents said things such as “They don’t differ to me. They are all the same.” and “LGBT clients have the same needs as anyone else.”

*Experiences working with LGBT seniors*

The second open-ended question invited respondents to share any experiences that they had with LGBT seniors. Of the 41 respondents who answered this question, most of their experiences were neutral (30%), positive (22%), or could not be classified as positive, negative, or neutral (not enough context to interpret the response). Some of the responses were related to negative reactions among other residents or clients in a facility about LGBT elders. In one example, a respondent said, “We had one senior who was very open with his sexuality. Some of the other ‘church going’ seniors would make comments to him and the staff had to let them know that he was a human and deserved to be treated that way.” Another respondent said, “We had one senior who was VERY open with who he was and didn’t bite his tongue when people made comments. Some seniors disagreed with his choice since they had religious beliefs but they talked to him and said hello.”

Yet another implied the complexity of some LGBT senior’s lives and noted, “African American bisexual woman who feels completely isolated since the passing of her partner as she is no longer sure how to access either the African American community or the queer community now.”

*Desires for LGBT training content*

The final open-ended question was about wishes for content in a training on LGBT elders. Of the 43 respondents to this question, most said that they were interested in getting information about legal issues and documents, terminology and advice on how not to offend anyone, transgender health issues, community resources, how to identify LGBT clients, and how to deal
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with anti-LGBT remarks at work. One respondent commented, “I don’t have any problems with them as long as they don’t try to touch me in an inappropriate manner.” This final comment suggested that education about LGBT stereotypes might be called for.

ELDER CONSUMER SURVEYS

Background

Most of the limited information on attitudes about LGBT seniors comes from studies of staff members in elder care settings, and virtually none has addressed the attitudes of other seniors. Fairchild and colleagues (1996) collected data from 29 nursing home social workers, who said that LGBT people were likely to face hostility from other staff members and from residents of elder care facilities, as well as potential denial of visits from friends if staff did not approve of them, disregard of their legal documents, and inability to room together if in same-sex partnerships. A recent study (MetLife, 2006) found that more than half of LGBT people in midlife expected that they would be treated badly in senior services. Another survey of LGBT seniors (from a sample of 284) had experienced verbal or physical harassment from other residents (23%) or staff members (14%), had been refused admission (20%), had their power of attorney papers disregarded (11%), had visitors restricted (11%), and transgender clients reported that staff members refused to use their preferred names/pronouns (9%). In rare cases, LGBT elders had been refused basic care at a facility (6%) or had medical care withheld entirely (6%) (Stories from the Field, 2011).

Purpose

The purpose of this part of the study was to determine the willingness of non-LGBT seniors to accept LGBT elders into agencies where they receive services, and identify any attitudinal barriers that need to be address.

Method

For this part of the needs assessment, the executive director of Lavender Seniors, Dan Ashbrook, invited residents/clients of the two agencies to complete one page surveys. The procedures for gathering information at each of the centers are described below.

Salem Lutheran Home

Surveys were conducted in the dining hall of Salem Lutheran Home with the assistance of Dan Ashbrook among a group of seniors that appeared to be age 70 years and over. Most of these seniors appeared to have chronic conditions or cognitive disorders that prevent them from
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living independently. Consumers were informed about the survey in advance of this lunch by Salem Lutheran’s Executive Director. Dan distributed the surveys towards the end of a lunch period after making an announcement about the project. As an incentive for completing the survey the Executive Director entered participants in a drawing for a free gift. All consumers at this lunch gathering were willing to participate. Dan sat for a few minutes at each table and asked participants if they needed assistance or had any questions. Some needed help filling out the survey but no one questioned the subject matter or why the survey was being implemented.

This lunch period enabled the collection of 28 surveys. Out of the 28 there was only one person who expressed negative personal issues with the subject matter. This was an African American woman who believed that LGBT elders should not have to face discrimination but her personal beliefs prevented her from accepting LGBT people. This was expressed with the comment, “I don’t stand for this.” Approximately 6 others had positive comments including, “We fought in war with LGBT people and they deserve to be treated as equals” and “LGBT people bring art and culture into the world which I appreciate.” One participant openly identified himself as gay during the survey. A survey box was left at Salem Lutheran for ongoing surveys. Six additional surveys were collected upon completion.

Center for Elder’s Independence (CEI)

Surveys were conducted at 3 adult day healthcare locations, downtown Oakland, Berkeley, and East Oakland allowing for the collection of 31 surveys. Consumers at the facilities also appeared to be upwards of 70 and suffering from chronic health conditions and/or cognitive disorders. These seniors live independently but rely on CEI for day care and health care. Dan Ashbrook and CEI Executive Assistant Robert Hamner sat with the consumers in these facilities to explain the survey and provide assistance with taking. The experience was similar to Salem Lutheran Home in that the subject matter was well received by all except one man at the East Oakland location who made the comment, “I am against them” when responding to the question of whether CEI should be welcoming to LGBT elders. One man at the downtown Oakland location openly identified himself as gay. CEI key staff thought it was remarkable that someone identified himself as gay at this location where consumers are mostly African American, Asian, and Middle Eastern. This gentleman appeared gleeful that LGBT elder issues were being addressed at CEI which was noticed by CEI staff. Dan was able to conduct an onsite meeting with this person and connect him with other services of Lavender Seniors. Dan has scheduled an in-home meeting to assess this gentleman’s need for a Friendly Visitor volunteer to reduce feelings of isolation and loneliness. In this case the survey was the intervention for serving the need of a gay elder isolated by culture in hetero-normative senior services. Due to this intervention, key CEI staff increased understanding for the importance of providing LGBT appropriate services. It was not until this intervention happened that the CEI East Oakland location decided to allow the survey to be done.
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RESPONSES TO THE ELDER CONSUMER SURVEY

There were only a few demographic questions on the survey, but we do know that of the 64 respondents, none reported being transgender, but there was some diversity on the sexual orientation question, with 54 (84%) indicated they were heterosexual, two (3%) indicating they were gay males, one indicated a bisexual identity, and seven checking not applicable (11%). The table below compares the responses from Salem and CEI.

Table 2. Elder consumer’s attitudes about LGBT inclusion

<table>
<thead>
<tr>
<th>Question</th>
<th>Salem</th>
<th>CEI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of surveys collected</td>
<td>34</td>
<td>31</td>
</tr>
<tr>
<td>Do you personally know any LGBT people? Percent who said yes.</td>
<td>74%</td>
<td>61%</td>
</tr>
<tr>
<td>Do you think this agency should be welcoming and inclusive of LGBT older adults? Percent yes.</td>
<td>97%</td>
<td>87% (97% if “maybe” responses were included)</td>
</tr>
<tr>
<td>Would you be comfortable being in social or recreational groups or sharing meals or activities at this agency with LGBT adults? Percent yes.</td>
<td>94%</td>
<td>87%</td>
</tr>
</tbody>
</table>

CONCLUSIONS

The findings of the needs assessment surveys show that both staff members and clients are generally very positive about making their agencies more welcoming and inclusive of LGBT clients. In fact, over all, more than 90% of older residents or consumers of services at these agencies agreed that the agencies should be more welcoming, and the vast majority said they were comfortable sharing the facility with LGBT seniors. These findings are encouraging and indicate a climate in which positive changes can be made with little controversy. We can be somewhat confident in our assessment of the elder consumers, because they were randomly selected from the agencies, but the staff member surveys suffered from a low response rate, and it is highly likely that employees with more negative or ambivalent attitudes were less likely to complete the survey. The respondents were highly educated and many were not direct
service providers, suggesting a predominance of managers and administrators. It is possible that there are more attitudinal barriers in the agencies than could be detected by this survey’s results.

Problem areas identified by the needs assessment were primarily in the areas of knowledge gaps and general climate. Considering the climate issues first, the majority of the staff members (84%) agreed with the statement that their workplace was safe for LGBT people. However, there are other pieces of data that contradict that statement. Many LGBT people define safety as the ability to be themselves, therefore, to be openly LGBT. A substantial number (44%) thought that LGBT people would not be comfortable disclosing their sexuality and 56% thought that transgender people would not be comfortable discussing their gender identity. In addition, one-third of the respondents had heard anti-LGBT remarks at work, and 16% had witnessed disrespectful treatment of an LGBT coworker. Most staff members reported that they did not have sufficient information about LGBT mental health, legal or family issues, or even the correct terminology used to refer to LGBT individuals or communities. Finally, the agencies’ policies and procedures do not recognize LGBT individuals or families. All of these issues suggest a climate that might be “tolerant” but not welcoming or safe for LGBT employees or clients/patients.

RECOMMENDATIONS

The findings of the needs assessment suggest that staff members at both agencies are well-intentioned and accepting of making their facilities welcoming and inclusive for LGBT seniors, and that consumers of their services have few objections to including LGBT individuals. The main barriers are related to knowledge and lack of relevant inclusive policies and procedures. Therefore, our recommendations are in two areas: training and technical assistance.

Training

We recommend that training be conducted on a regular (annual) basis to account for staff turnover and to update employees on new information about changes in policies and procedures. The training should include an overview of LGBT terminology, family structures, legal issues related to family/relationships and health, patient interview recommendations, a review of how LGBT seniors might differ from their heterosexual counterparts, and available community resources. In addition, staff members in the open-ended question indicated that they wanted more content about transgender health care issues. There are some different issues among the various sexual identity and gender identity groups that warrant training about their specificities of their experience, such as hormone treatment for transgender, breast and reproductive organ cancers/health among those with biologically female bodies, and prostate health among those with biologically male bodies.
Technical Assistance

The agencies need help in revising written forms and reviewing policies and procedures to use language that includes and honors LGBT individuals and creates safety and protections. These changes need to be made in intake forms, health and social history taking, non-discrimination policies, sexual harassment policies, employee benefits packages and diversity statements, and in the written information made available to clients, patients, and families.

In conclusion, the results of this needs assessment clearly indicate that both staff members and consumers of senior care services are mostly open and willing to include LGBT elders, but lack information to make the agencies culturally-sensitive and welcoming to LGBT communities.

REFERENCES


