

# **Ready to Serve?** The Aging Network and LGB and T Older Adults

Kelly Abel Knochel, MSW, LGSW Assistant Professor Augsburg College Social Work Department

Catherine F. Croghan, MS, MPH, RN Chair, Board of Directors Training to Serve

Rajean P. Moone, Ph.D., LNHA Independent Consultant Moone Consulting, LLC

Jean K. Quam, Ph.D., L.I.C.S.W. Dean, College of Education and Human Development University of Minnesota













## National Partners



#### National Association of Area Agencies on Aging (n4a)

The National Association of Area Agencies on Aging (n4a) is the leading voice on aging issues for Area Agencies on Aging across the country and a champion in our nation's capital for Title VI Native American aging programs. n4a is dedicated to enhancing the capacity of its members to: advocate on behalf of older adults, persons with disabilities and their caregivers; take action to ensure that communities are equipped to support and enhance the wellbeing of older adults, persons with disabilities and their caregivers; and serve as the focal point in their community for answers on aging. For additional information, please visit www.n4a.org.

#### National Gay and Lesbian Task Force

The mission of the National Gay and Lesbian Task Force is to build the grassroots power of the lesbian, gay, bisexual and transgender (LGBT) community. We do this by training activists, equipping state and local organizations with the skills needed to organize broad-based campaigns to defeat anti-LGBT referenda and advance pro-LGBT legislation, and building the organizational capacity of our movement. As part of a broader social justice movement, we work to create a nation that respects the diversity of human expression and identity and creates opportunity for all. For more information visit www.thetaskforce.org.

#### Services & Advocacy for GLBT Elders (SAGE)

Services & Advocacy for GLBT Elders (SAGE) is the world's largest and oldest organization dedicated to improving the lives of LGBT older adults. SAGE has pioneered programs and services for the aging LGBT community, provided technical assistance and training to expand opportunities for LGBT older people across the country, and provided a national voice on LGBT aging issues. In 2005, SAGE became the first official LGBT delegate at the White House Conference on Aging. In 2010, SAGE was awarded a three-year \$900,000 grant from the U.S. Department of Health and Human Services and the Administration on Aging to establish the nation's only National Resource Center on LGBT Aging. Learn more at www.sageusa.org.

## Local Partners



#### **Metropolitan Area Agency on Aging**

The Metropolitan Area Agency on Aging (MAAA) is the designated area agency on aging for the seven county Twin Cities Metropolitan Area. MAAA is a catalyst in building communities where elders live with dignity, mutual respect and shared responsibilities across generations and cultures. In partnerships with public and private organizations, MAAA helps elders age successfully by building community capacity, advocating for aging issues, maximizing service effectiveness, and linking people to information. Learn more at www.tcaging.org.

#### **PFund Foundation**

PFund Foundation is a community foundation that advances social justice for LGBT communities in the Upper Midwest by funding system change programs, developing leaders, inspiring giving, and convening and reporting on issues of importance within our communities. We are working to change attitudes, change systems and break down barriers at the intersection of our identities– orientation, gender, race, culture– to achieve social justice. www.PFundOnline.org

#### University of Minnesota College of Education & Human Development

The College of Education and Human Development is a world leader in discovering, creating, sharing, and applying principles and practices of multiculturalism and multidisciplinary scholarship to advance teaching and learning and to enhance the psychological, physical, and social development of children, youth, and adults across the lifespan in families, organizations, and communities. For more than 100 years, CEHD faculty, students, staff, and alumni have had a deep and historic impact on society. The College is driven by a sustained belief in the value of each child, each person, as an individual with unique talents and challenges; an understanding that research and collaboration with community professionals will lead to solutions that will improve lives; and a dedication to preparing educational and human service professionals to carry the values and knowledge discovered here into the world to make it a better place. www.cehd.umn.edu

## Table of Contents



Executive Summary	4
Introduction	5
Methods	5
Demographics	7
Training	3
Current Services	9
Beliefs 1	1
Implications	3

## Executive Summary



This study provides the first snapshot of the Aging Network's experience with and readiness to serve lesbian, gay and bisexual older adults and transgender older adults (LGB and T) across all regions of the United States. The directors of every Area Agency on Aging (AAA) and directors of State Units on Aging (SUAs) in single planning and service area states (where the state, in essence, serves as the AAA) were invited to participate in an online survey in May 2010. Fifty percent (320) of eligible agencies completed the study.

Participants represented 45 states and all regions of the country. More than half of the participants served an area that was primarily rural and nearly all participants (87%) provided some direct aging services.

- More than one-third of agencies had offered or funded some type of LGB and T aging training to staff, and four out of five agencies were willing to offer training. While agencies in the Western U.S. and those serving urban communities were more likely to have already provided staff training, agencies across all regions and service areas expressed their willingness to provide it in the future.
- Very few agencies were providing LGB- or T-specific services or outreach. Trained agencies were more likely to offer targeted services and outreach.
- The majority of agencies across the U.S. believed that LGB (75.6%) and T (71.9%) older adults would be welcomed by local aging service providers. However, only a minority of agencies had received a recent request to help an LGB or T older adult. Most agencies (53.4%) did not think the establishment of separate LGB and T aging services to care for their older adults would be a good idea.
- Far fewer agencies had received a recent request to help a transgender older adult (19%) than a lesbian, gay or bisexual older adult (31%). Agencies with trained staff were three times more likely to have received a request to assist a transgender person and twice as likely to have received an LGB request for help.
- Geographic region and the urban-rural composition of the service area made a difference in services and requests for service. Western agencies and agencies that served urban areas were most likely to target LGB and T older adults for outreach and services and to have received requests for assistance. Agencies in the Southern U.S. and those serving rural communities were least likely to target their services or outreach, or to have received requests from LGB or T older adults.
- Staff training was key in building understanding and addressing the unique needs of LGB and T older adults. Agencies that successfully served LGB and T older adults in all parts of the country could serve as models for other agencies.

### Introduction



Lesbian, gay and bisexual older adults and transgender older adults (LGB and T<sup>1</sup>) have become more visible due to broader media coverage of LGB and T populations and the growing number of LGB and T people of all ages who are open about their sexual orientation or gender identity<sup>2</sup>. The population of LGB and T older adults is experiencing the same growth as the general population due to the aging of the baby boom generation and increasing life expectancy. Broad estimates suggest that five to ten percent of the population describe themselves as LGB and/or T, equating to approximately two to seven million LGB and T older adults over the next couple of decades<sup>2</sup>. A small number of services and policies now address the needs of LGB and T older adults, and providers have created or participated in some training programs to build their understanding of these populations.

Robert Behney published the previous national study to assess provider readiness, activity and belief about older lesbian and gay populations, studying 24 AAAs in 15 metropolitan areas, in 1994.<sup>3</sup> This study, created and conducted in partnership with the National Association of Area Agencies on Aging (n4a), Services and Advocacy for GLBT Elders (SAGE), the National Gay and Lesbian Task Force, Metropolitan Area Agency on Aging, PFund Foundation, and the University of Minnesota College of Education and Human Development, expands on the work of Behney (1994).<sup>3</sup> It provides the first national snapshot in sixteen years and is the first to include non-urban service areas. It is the first U.S. study of providers of aging services that considers older transgender adults and includes older bisexual adults in questions about sexual orientation. Because of the significant differences between the Behney data set and the data set collected for this study, comparative results are not included in this report.

<sup>2</sup>Grant, J.M. (2010). Outing age 2010: Public policy issues affecting lesbian, gay, bisexual and transgender elders. Washington, D.C: National Gay and Lesbian Task Force Policy Institute.

<sup>3</sup>Behney, R. (1994). The aging network's response to gay and lesbian issues Outword, 1(2), 2

<sup>&</sup>lt;sup>1</sup>The term LGB and T is used in this report to reflect the distinction between a person's sexual orientation (who they are attracted to; e.g., gay, lesbian or bisexual) and a person's gender identity (the gender they understand themselves to be; e.g., transgender). The questions used in this study asked providers separately about transgender people and about lesbian, gay and bisexual people in recognition of the distinction between these two identities.

### Methods



This mixed methods study was conducted by four researchers in collaboration with partner organizations. To solicit participation, the National Association of Area Agencies on Aging (n4a) extended the invitation to the directors of all 629 U.S. Area Agencies on Aging (AAA) to participate in an online survey in May 2010. In addition, the directors of seven State Units on Aging (SUAs) and the District of Columbia were invited to participate. These SUAs are located in single planning and service area states where the SUA, in essence, serves as the AAA.

Potential study participants received three email reminders. Half of the invited participants, 316 AAAs and four SUAs, completed the survey.

The researchers modified questions utilized by Behney to reflect current LGB and T terminology and social conditions. In addition, researchers expanded the study questions to include bisexual older adults alongside gay and lesbian older adults, and to incorporate separate consideration of transgender older adults. The survey consisted of five demographic questions and eight content questions that addressed:

- current work with LGB and T older adults;
- training experience and willingness to provide staff training about LGB and T aging; and
- beliefs about separate services to LGB and T populations, addressing LGB and T-specific aging issues, and the welcome local aging service providers would extend to older LGB and T adults.

Seven of the eight content questions asked study participants to respond separately about a) lesbian, gay and bisexual older adults and b) transgender older adults. The survey tool did not define the terms lesbian, gay, bisexual, or transgender.

Participants chose "Yes" or "No" responses to the eight content questions. Many participants wrote explanations that indicated the need for more answer categories; researchers recoded responses into "Unsure," "Conflicted," and "Some" responses as needed to reflect the intent of the study participants.

### Demographics



SERVICE AREA GEOGRAPHY





#### AAAs/SUAs

Directors of 316 Area Agencies on Aging (AAAs) and four single state planning and service area State Units on Aging (SUAs) participated in the study.

#### Region

Participating agencies represented all four U.S. regions. One hundred and seven agencies (33.4%) were located in the Southern region, 63 agencies (19.7%) were in the Midwest, and 66 agencies (20.6%) participated from the West. Eighty-four participating agencies (26.3%) were based in the Northeast.

Participants represented Washington, DC and all states except Alaska, Nevada, Rhode Island, South Dakota, and Wyoming.

Regions of the U.S. (U.S. Census Bureau) MIDWEST: IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, WI NORTHEAST: CT, DC, ME, MA, NH, NJ, NY, PA, RI, VT SOUTH: AL, AR, DE, DC, FL, GA, KY, LA, MD, NC, OK, SC, TN, TX, VA, WV WEST: AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY

#### Service Area Geography

Some 172 participating agencies (53.8%) served areas that were primarily rural, while only 67 agencies (20.9%) served primarily urban areas. Another 81 agencies (25.3%) identified a mixed service area (urban, rural, suburban, and/or frontier) or an area that was primarily suburban (8 agencies) or frontier (2 agencies).

#### Service Area by Region

Participating agencies in each U.S. region served relatively similar percentages of urban, rural, and mixed/other service areas. The Northeast participants served the fewest urban areas and the Western participants served the fewest rural areas, although the differences were not significant.

#### **Direct Services**

The majority of participating agencies (87%) provided direct services that extended beyond information referral and assistance.

### Training







#### **Offered or Funded Training**

More than one-third (109) of aging agencies had offered or funded training related to LGB aging for their staff. Slightly fewer agencies (101) had offered training on transgender aging. While many trained agencies indicated that they had offered workshops focused on LGB and T older adults to their full staff, nearly as many agencies had included it as part of a larger workshop on nondiscrimination or diversity, or had sent one or more interested staff members to a workshop offered at a conference or by another organization.

Agencies that had offered or funded staff training were most likely to serve an urban population, most likely to be located in the West, and least likely to be located in the South.

#### Willing to Offer or Fund Training

Approximately four out of five agencies were willing to offer or fund training to better understand LGB and T older adults. Four agencies (1.3%) were unsure about their willingness to offer or fund LGB or T training. Agencies' willingness to train staff ranged from 77.3% in rural areas (133 agencies) to 89.6% in urban areas (58 agencies).

Agencies showed a similar range of willingness by geographic region, from 77.4% in the Northeast (65 agencies) to 88.9% in the Midwest (56 agencies).





## Current Services





#### **Targeted Services**

Less than one-tenth of participating agencies offered services targeted to LGB (7.8%) and T (7.2%) older adults.

Agencies that had offered or funded training for their staff were much more likely to offer LGB-specific and transgender-specific services.

Agencies were most likely to offer targeted services in urban areas (18%) and the Western U.S. (18%-20%). Agencies serving rural communities (2%-3%) and agencies in the South (3%-4%) were least likely to offer targeted services.

#### Outreach

Forty agencies (12.5%) reported outreach efforts targeted to LGB older adults and 39 agencies (12.2%) conducted transgender-specific outreach. Agencies that had offered or funded training for their staff were more likely to conduct LGB-targeted and transgender-targeted outreach.

Agencies were most likely to offer targeted outreach in urban areas (28%) and the West (27%-29%). Agencies serving rural communities (5%) and agencies in the South (5%) were the least likely to offer targeted services.

#### AGENCIES OFFERING TARGETED SERVICES AND OUTREACH BY REGION AND SERVICE AREA

	SERVICE AREA Percent of agencies (Number of agencies)		Percent of age	REGION encies (Numb	per of agencies)		
	MIDWEST	NORTHEAST	SOUTH	WEST	URBAN	RURAL	MIXED/OTHER
LGB Service	6.3% (4)	4.8% (4)	3.7% (4)	19.7% (13)	17.9% (12)	2.9% (5)	9.9% (8)
T Service	6.3% (4)	4.8% (4)	2.8% (3)	18.2% (12)	17.9% (12)	2.3% (4)	8.6% (7)
LGB Outreach	9.5% (6)	11.9% (10)	4.7% (5)	28.8% (19)	28.4% (19)	4.7% (8)	16.0% (13)
T Outreach	9.5% (6)	11.9% (10)	4.7% (5)	27.3% (18)	28.4% (19)	4.7% (8)	14.8% (12)

#### 9

Current Services

continued



LGB REQUESTS AND STAFF TRAINING



#### LGB Requests

One hundred agencies (31.3%) in the study had received one or more requests to provide assistance to an LGB older adult in the previous year. Ten agencies (3.1%) were unsure whether they had received a request to assist.

Agencies that had offered or funded training for their staff were more than twice as likely to have received a request to help an LGB older adult in the previous year.

Agencies in urban areas were significantly more likely (58%) to have received a request for assistance in the previous year than agencies in rural areas (27%). The percentage of agencies that had received LGB requests ranged from 28% in the South to 47% in the West.

#### **Transgender Requests**

Fewer than one in five agencies (19.1%) reported at least one request to assist a transgender older adult in the previous year. Nine agencies (2.8%) were unsure whether they had received a request to assist.

Agencies that had offered or funded training for their staff were nearly three times more likely to have received a request to help a transgender older adult in the previous year.

In the previous year, transgender older adults had requested help from significantly more agencies in urban areas (45%) than in rural areas (16%). Agencies in the West were more than twice as likely (39%) to have received a request for assistance than agencies in the South (18%).



### Beliefs



BELIEVE IN ADDRESSING TRANGENDER-SPECIFIC AGING ISSUES



#### LGB–Specific and T-Specific Issues

Approximately three out of five agencies believed a need existed to address issues specific to LGB (60.3%) and T (59.4%) older adults. Six agencies (1.9%) were unsure.

Agencies that had offered or funded training for their staff were more likely to believe in the need to address LGB-specific and transgender-specific aging issues.

Nearly four out of five (79.1%) agencies serving urban areas felt there was a need to address LGB-specific and transgender-specific issues. Half of the agencies serving rural areas believed in the need to address specific issues.

Less than half of AAAs in the South believed in the need to address LGBspecific or transgender-specific (both at 47.7%) issues. Agencies in the West had the highest numbers (71.2% on LGB issues, 69.7% on trans-specific issues).

#### **Separate Services**

Most agencies (53.4%) did not think the establishment of separate aging services by and for LGB and T people would be a good idea, while two out of five agencies supported such services. When the qualitative data were analyzed, it showed that agencies that did not think such services would be a good idea often cited the lack of adequate resources, or expressed that existing services met the needs of all older adults, including those who are LGB and T.

Agencies that had offered or funded training for their staff were no more likely than agencies that had not provided staff training opportunities to believe that separate services would be a good idea.

# Beliefs



BELIEVE SEPARATE SERVICES ARE A GOOD IDEA

Aging services in urban and mixed areas were split on whether separate services for LGB and T people would be a good idea. Only one-third of aging services in rural areas believed that separate services would be a good idea.

Support for the idea of separate services ranged from 33.3% in the Midwest to 50% in the West.

#### Welcome from Service Providers

Agencies were quite optimistic about the welcome that LGB (75.6%) and transgender (71.9%) older adults would receive from local aging service agencies and programs. Approximately 12% of agencies were unsure whether LGB and T older adults

would be welcomed or felt that only some local services would be welcoming. A minority of agencies felt that LGB and T older adults would not be welcomed (12.5% LGB, 15.9% transgender).

Urban, rural, and mixed areas held comparably high levels of belief (72%-79%) that services in their area would be welcoming to LGB older adults, with rural agencies more convinced of the welcome for transgender older adults (76%) than urban (66%) and mixed (68%) regions.

Levels of belief in LGB-welcoming services ranged from 68.2% in the West to 92.9% in the Northeast. Belief in transgender-welcoming services ranged from 65.2% in the West to 86.9% in the Northeast.



### Implications



Staff training is essential. Training was a key predictor of agencies' understanding of the need to address issues unique to LGB and T populations and in their provision of LGB- and T-specific services and outreach. Agencies that had funded or offered training were also two to three times more likely to have received requests to assist LGB and T older adults.

Most agencies were willing to offer staff training, and differences in willingness were small between regions and service area type. It is critical to identify methods to expand training programs to aging services, with particular emphasis in the South and rural areas.

Staff training on LGB and T issues, where it existed, was often provided only to interested staff or was discussed generally during cultural sensitivity or nondiscrimination trainings. While training does not necessarily result in a change in behavior, full staff training, with sufficient time to understand LGB and T identities and unique needs, may result in welcoming, appropriate services that LGB and T older adults trust.

LGB- and T-specific services and outreach were the exception, even among trained agencies. Further research is needed to understand agency gaps (e.g., training, funding, other support) in order to provide targeted services and outreach. It will be helpful to identify replicable models and success stories.

Transgender older adults were less likely to request aging services in all regions and in all types of communities than older adults identified as lesbian, gay or bisexual. Outreach to the transgender community and signs of welcome may go a long way toward increasing the intersection of transgender older adults with aging services.

Agencies need to understand the distinctions between LGB and T older adults in order to address their unique needs. Sexual orientation (the gender of people to whom one is attracted) and gender identity (a person's understanding of one's own gender) are frequently mistaken to be the same thing rather than two different identities. The survey tool did not explain the difference between sexual orientation and gender identity, and many of the written responses indicated that study participants did not understand the distinction between these identities.

### Implications continued



The belief of respondents that aging service providers would welcome lesbian, gay, bisexual and transgender older adults may need to be tempered with an understanding that people who fear discrimination need reassurance before they access services in order to make their way through an agency's doors. Significant numbers of participants in community needs assessments conducted in the U.S. and Canada have expressed fear that they will face discrimination or insensitivity when seeking aging services.<sup>4</sup>

Lesbian, gay or bisexual older adults were less likely to request aging services in rural areas and in the South. Agencies in the West and those serving urban areas should be consulted to identify what they may be doing that encourages older adults identified as lesbian, gay or bisexual to request their services so that lessons can be learned and applied in other areas of the country.

There were significant differences between regions of the country and between urban and rural communities in their approach to LGB and T older adults, their level of training, and the number of agencies that had received requests for assistance from LGB and T older adults in the previous year. It would be valuable to understand areas with significant service provision, training, and service requests in order to replicate their work in other areas of the country. The National Resource Center on LGBT Aging and partner organizations are investigating models for replication.

<sup>4</sup> Altman, C. (1999). Gay and lesbian seniors: Unique challenges of coming out in later life (SIECUS Report No. 27); Brotman, S., Ryan, B., & Cormier, R. (2003). The health and social service needs of gay and lesbian elders and their families in Canada. The Gerontologist, 43(2), 192-201; Croghan, C., Mertens, A., Yoakam, J., & Edwards, N. (2003, April). GLBT senior needs assessment survey. Poster presented at the Joint Conference of the American Society on Aging and the National Council on the Aging, Chicago, IL; deVries, B. (2006). Home at the end of the rainbow. Generations, 29(4), 64-69.

## Appendix A: National Aging Network Readiness Survey

1. How many Area Agencies on Aging do you direct?

3

	1				2
--	---	--	--	--	---

**2.** With the exception of information, referral, and assistance, does your agency provide any other direct services?

🗌 No	🗌 Yes

Please explain:

3. Your agency serves an area that is primarily:

Urban	🗌 Rural	Othe
-------	---------	------

P	lease	exp	lain

- **4.** Your agency is located in (*please choose one response from the drop-down menu below*):
  - 1. Alabama
  - 2. Alaska
  - 3. Arizona

(rest of states)

- 51. U.S. territory (please specify in the box to the right)
- 52. Tribal nation (please specify in the box to the right AND please also identify the state in which your nation is located)
- 53. Other (please specify):
- 5. Your agency is a (please choose one response from the drop-down menu below):
  - 🗌 Title III AAA
  - Title III State Unit on Aging
- **6.** Does your agency currently offer or fund any services which are specifically designed or intended for:

a. older gay men, lesbians, and bisexual people?	🗌 No	Yes
<b>b.</b> older transgender people?	🗌 No	Yes

Please expl	ain:
-------------	------

7. Does your agency target or fund any outreach efforts to the:

<b>a.</b> older gay, lesbian, and bisexual community?	🗌 No	🗌 Yes
<b>b.</b> older transgender community?	🗌 No	Yes

Please	eyn	lain
riease	exp	all

8.	Has your agency offered or funded any staff training regarding:
	<b>a.</b> older gay men, lesbians, and bisexual people? 🗌 No 📄 Yes
	b. older transgender people?
	Please explain:
9.	Would your agency be willing to offer or fund any staff training regarding:
	a. older gay men, lesbians, and bisexual people? 🗌 No 📄 Yes
	b. older transgender people? No Yes
	Please explain:
10.	According to Outing Age (2010), by the year 2030, 1 in 5 Americans will be 65 or older. As many as seven million of these older Americans will be gay, lesbian, bisexual, or transgender. Does your agency believe there is a need to specifically address issues relating to:
	a. older gay men, lesbians, and bisexual people? 🗌 No 📄 Yes
	b. older transgender people?
	Please explain:
11.	<ul> <li>Has your agency received calls or inquiries from a client, referring agency, or other during the past year requesting help for an:</li> <li>a. older gay man, lesbian, or bisexual person?</li> <li>b. older transgender person?</li> <li>No</li> <li>Yes</li> </ul>
	Please explain:
12.	In some locations, gay men, lesbians, bisexual people, and transgender people have established their own social service networks to care for their older adults. Do you believe that the establishment of separate gay, lesbian, bisexual, and transgender organizations (i.e. agencies, programs, or projects) to care for their older adults is a good idea?
13.	. Do you believe that the aging service providers in your areas would welcome:
	a. older gay men, lesbians, and bisexual people? No Yes
	b. older transgender people?
	Please explain: