HEALTH AND SERVICE NEEDS OF LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) OLDER ADULTS IN PHILADELPHIA

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EXECUTIVE SUMMARY

In this project, 49 older LGBT adults age 55 and older participated in three focus groups and 18 one-on-one interviews exploring their beliefs and concerns about health and aging, experiences with health care, older adult social services in the Philadelphia area, and related topics. A total of 213 LGBT adults age 55 and older participated via an in-depth survey, which covered access to health care, health screenings, emotional health, social connection, use of older adult services, and concerns with daily life, family, and housing. Although many older adults are thriving and contributing to Philadelphia communities in important ways, many also experience challenges now, and there are warning signs that more LGBT elders will need access to a variety of services in the near future.

At the time that the funding for this project was awarded by the state of Pennsylvania, limited information about the health, well-being and access to health-promoting resources for LGBT older adults was available. Even more limited were resources and information aimed at older LGBT adults. We are pleased to see that since that time, several important national reports have been released, and the National Resource Center for LGBT Aging has been launched. This Center includes a wealth of information and resources, including training and information for providers and important resources for older adults and caregivers. The groundbreaking for the low-income LGBT senior housing in Philadelphia, spearheaded by the work of the Elder Initiative and other partners, is an important step forward locally. However, there is still a need for more understanding about the experiences and resources that older LGBT adults are accessing, and how to make sure all LGBT elders, regardless of income, race, disability, and gender expression are able to access the resources that enhance health and well being in the aging process. This small project’s report cannot answer all of the questions that are important about LGBT older adults in Philadelphia, but it is another step toward understanding how far we have come and what still needs to be done.

Basic Information About the Participants:

Participants were from many different neighborhoods throughout Philadelphia and some of the surrounding suburbs, and participants completed the survey in person at LGBT social service agencies and senior centers (47%), online (34%), and by mail (19%). This report explains who participated, and presents findings from both the survey and the focus groups and interviews.

Most participants were white (59%) or black/African-American (30%). The racial/ethnic background of the participants reflected that of the population of adults 55 and older in Philadelphia and the near suburbs. Although participants were unusually highly educated —most (62%) had a bachelor’s degree or more education—incomes varied dramatically, with 21% earning under $10,000 per year.
on the low end, but about 15% earned over $80,000 per year on the high end; racial/ethnic minorities were overrepresented on the low income end, regardless of educational attainment. When reading this report, it is also important to remember that the majority of the survey participants were age 55-64 (64%), and relatively healthy compared to an older population.

**Overall Themes in this Report:**

- LGBT older adults face some of the same types of problems related to aging as heterosexual adults. However, a combination of personal history, social norms, and family issues may put LGBT older adults at a higher risk for some problems compared to heterosexual peers, and may make standard interventions more challenging. For example, LGBT older adults are more likely than heterosexual adults of similar age to live alone. They are less likely to have biological family members, especially children, nearby, and they may be more likely than other groups to have social ties mostly among people of a similar age. All of these social factors increase the risk of social isolation and related health and well-being challenges for older LGBT adults. Living alone is often a wonderful experience, but presents particular challenges for aging populations. Furthermore, for those who have experienced discrimination before, seeking health care or social services can sometimes feel like it is not worth the risk.

- LGBT older adults are not a monolithic group. One size does not fit all. In the Philadelphia area, we talked to older adults who were well off and those who struggle financially; they lived in every neighborhood in Philadelphia; they were from different racial/ethnic backgrounds, had different religions and different amounts of education. Some have physical disabilities, others enjoy hiking. Some are raising their grandchildren and others are isolated, having outlived chosen family or are estranged from biological family. For many people, being LGBT is not the only reason they have experienced challenges or discrimination. Unfortunately, many of the older adults that we talked to who faced more challenges with income, health status, or other factors were also likely to report facing more LGBT-related discrimination. For this reason, all social and medical services should be LGBT friendly and competent as possible, but should also know where to refer someone for specialized help if a client has a challenge that is very specific to LGBT experiences. Similarly, all LGBT community organizations must be prepared to engage many different types of LGBT people, and constantly assess accessibility of programming for different subgroups.
Specific Findings:

- **Access to health care:** For some LGBT older adults, paying for health care is a financial stretch, and for many who are currently able to pay, it is a future worry. Although most older adults had health insurance (83%) and prescription coverage (83%), dental insurance was less common (55%). Furthermore, more than 1 in 5 of the older adults in the 55-64 range is lacking health insurance and prescription coverage. Many of the interview and focus group participants felt that Philadelphia’s health care was excellent, but these participants often described the difficulty of finding the right health care providers, concern about needing to see specialists in the future, and fears that their provider might retire. Although most (92%) of the survey participants said they had a “regular place” for health care, only 85% had visited a “regular place” in the past 12 months. About 1 out of 5 participants in the survey reported delaying medical care (19%) or prescriptions (22%) because of the cost of this care. Lower income participants were more likely to report challenges in accessing health care for multiple reasons.

- **Discrimination in health care settings:** About 4 in 10 (39%) of the survey participants reported at least one of a series of lifetime discriminatory experiences at a health care provider, including being denied care (13%), needing to “hide” who they were from the provider (22%), and abusive language (11%), among others. Many of these were reports of relatively recent (within the past 5 years) experiences. About 1 in 10 reported 4 or more of these types of experiences. Most participants (64%) attributed this treatment to LGBT related discrimination. Similarly, many of the focus group and interview participants reported at least one negative experience, and often expressed fears that they would experience these (or worse) if/when they needed help beyond outpatient doctor’s visits. Even experiences from years ago were fresh in the minds of many participants.

- **Older LGBT adults and health screenings:** Rates of receipt of preventive health screenings varied dramatically based upon many factors such as gender, age and nature of the exam. Overall however, on average more than half our participant pool is receiving the appropriate screening exams for their age group in the appropriate time period. Respondents reported receiving blood pressure screenings on an annual basis at the highest rate (87%). Screening exams with the lowest rates of receipt in the past year were tuberculosis tests (23%) and screening exams for sexually active participants to test for sexually transmitted diseases (29%). Lower rates of preventive health screenings indicate a need for increased dissemination of information concerning the importance of preventive health care and screening for older adults 55+. This is especially true as
there were individuals who for every screening exam believed that they “did not need” that particular screening test. In addition, these data indicate a need for increased access to health care for older LGBT adults, and increased effort on the part of health care providers to communicate the importance of receiving regular preventive health screening exams.

- **Emotional and social well-being:** Although many of the focus group and interview participants reported excellent emotional well-being and a high level of social involvement, many of these had concerns about what would happen later, if their health challenges increased, they lost friends to illness, or they became less mobile. Similarly, most of the survey participants were satisfied with their social involvement and time spent with friends and in the community, but a substantial minority (about 1 in 3) were not. Furthermore, about 1 in 3 participants in the survey have **experienced recent symptoms of depression** (29%). Finally, some older adults who wanted to receive emotional health care were not able to obtain these services (about 17% of the survey participants). Together these findings suggest that there are unmet social and emotional needs among LGBT older adults that social services and community organizing may be able to improve. These forms of well-being are extremely important to health outcomes, particularly among older adults.

- **Social services and challenges of daily living:** Many of the older adults who participated in the survey were regularly involved in the care of another older adult: about 1 in 3 (32%) reported providing care to a family member or friend. A minority of participants reported that they themselves had challenges with daily living, including walking and climbing stairs (23%); cognitive tasks, like remembering or making decisions (15%) or doing errands alone (8%), including many age 55-64. About 1 in 20 survey participants reported that they needed, but did not receive, senior-specific services, including many age 65 and older.

- **Living situation and housing:** A significant minority of LGBT older adults are in an unstable housing situation. Although most participants reported owning a home or having an apartment of their own, about 1 in 8 (13%) of the survey participants reported that they lived in a less stable type of environment, like a rented room, shelter, or lived with a partner or family member but were not on the lease/deed. Furthermore, some of the interview and focus group participants expressed concerns about their housing, including issues such as repair status or rent increases, and almost half (48%) of the survey participants reported that it was at least “somewhat difficult” to pay for their housing. A majority (56%) of the participants reported that they lived alone, with an additional 35% living with a partner (and sometimes additional individuals). Given this
information, a housing crisis for a subgroup of older LGBT adults may emerge as this population gets older and retires, making LGBT friendly senior housing an important issue going forward, even when considering the current construction of the John C. Anderson apartments.

In conclusion, our findings support those of others. In short, despite the enormous resilience and creativity of LGBT people, access to community, health care, and other supportive resources may be a challenge for LGBT older adults, with some vulnerable individuals paying a particularly heavy toll. However, there are things that we can do in our communities and our city to make this access less difficult and support the health and well being of elders. Please see Recommendations on the following page for actions that providers, policy makers, and community members can take and resources that can help support these actions.
I. RECOMMENDATIONS

INTRODUCTION

These recommendations are proposed to improve services for LGBT older adults in the Philadelphia, Pennsylvania region. They are a result of the findings from Public Health Management Corporation’s (PHMC) project that included a survey of 213 LGBT older adults and in-depth interviews with 18 key informants. The detailed results of the project are appended to this document. Our recommendations are also informed by findings from other studies conducted on older LGBT adult populations and reflect feedback received on the initial draft of recommendations presented at a community town hall event conducted by the research team.

The recommendations are grouped into three sections. The first has to do with health care access. Specific recommendations for serving transgender persons are included in this section. The second section deals with access to social services and housing. The final section includes recommendations for increasing cultural competence and includes issues that are important for health care and social service providers.

Please note that when we use the term “transgender”, we mean this to include persons who may identify themselves as transgender, gender variant, gender non-conforming or transsexual. Additionally we note that for each recommendation below, the needs of persons living with disABILITIES\(^1\) such as visual, hearing and mobility impairments must be taken into account. Where possible, we provide resources that can be used to fulfill that particular recommendation. We also provide some targeted resources to community members, policymakers and/or providers.

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\(^1\) The term disABILITY is used by the Philadelphia Department of Behavioral Health and Intellectual disABILITY Services (DBHIDS) as a strengths-based term to highlight the abilities of persons who are living with a physical, emotional and/or intellectual challenge.
SECTION A: HEALTHCARE ACCESS

A-1 Increasing Awareness about Health Screenings

Awareness of Need for Recommended Screening Procedures

Study participants expressed the need for more information about screening procedures, particularly screening for colon cancer, bone density tests, HIV and STI testing. Overall, in this study, sexually active older adults had low rates of HIV and STI testing. Although the need for testing for STIs and HIV should be determined by individual risk assessments that were not possible with our survey, the low rates of testing suggest that some at-risk older adults are not having these tests as needed.

Medical Provider Resource:
The Gay and Lesbian Medical Association (GLMA) has developed a guide for medical providers on clinical considerations for LGBT populations:

http://glma.org/_data/n_0001/resources/live/GLMA%20guidelines%20202006%20FINAL.pdf

A-2 Increasing Self-Advocacy and Collateral Support in Medical Settings

Many people benefit from having another person attend medical appointments as a witness and advocate, but older adults who have experienced past or ongoing poor treatment or trauma at the hands of medical providers may especially benefit from bringing a family member, friend or formal advocate. We recommend a peer advocacy training program focused on skill building for older adults and their collaterals to better advocate for their health needs in general and those related to their sexual orientation.

Provider Recommendation:
It is recommended that community based organizations collaborate to create a guide and/or training that older LGBT adults can use to increase their ability to advocate for themselves and to educate their family members and/or other supports on how to be an effective support and advocate for their aging loved one.

2 Please be advised that for all resource links: If you click on a link and it doesn’t take you to the website simply copy the link and paste into your Internet browser.

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A-3 Insurance Coverage Access

Access to Insurance

We recommend that programs in the state that help to connect older adults to insurance programs do a better job of reaching out to LGBT older adults. In our study, there were a significant number of older adults who did not have full insurance coverage. Although a few participants (10%) age 65 or older did not have health insurance, 40% of them did not have dental insurance. Additionally, far too many participants age 55-64 do not have insurance. Although the Healthy People 2020 goal is to have coverage for 100% of older adults, 22% of participants in this age group didn’t have health insurance, 21% didn’t have prescription drug coverage, and 45% didn’t have dental insurance.

Community Member Resource:
If you have questions about healthcare coverage as an older adult, contact the APPRISE program at (215) 456-7600 or (215) 686-8462 or follow this link: http://www.pcacares.org/pca_ss_apprise.aspx

Preventing Spousal Impoverishment Related to Medicare/Medicaid Eligibility

Many participants in our study worry about what will happen to their finances if a partner becomes ill and will need Medicaid or Medicare resources. Presently there are regulations in place by the Centers for Medicare and Medicaid Services (CMS) that allow for the ill spouse to receive insurance without the healthy spouse having to drain their financial resources to pay for the care first. This benefit is known as “Spousal Impoverishment Protections”. This benefit was not extended to same sex couples initially, however in June 2011, CMS granted states the ability to extend some of these benefits to same sex couples. We recommend the state of Pennsylvania extend these benefits to same sex couples to protect the financial well being of these couples.

Community Member Resource:
Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders (SAGE) has an initiative to bring same sex protections to every state. To learn more visit their website: www.sageusa.org/spousalimpoverishment or call SAGE at (212) 741-2247.
A-4  Access to Behavioral Health Services

Access to Emotional Health Care and Support
We recommend that greater access to mental health care be provided for persons as they age, given there may be a number of phase-of-life challenges in the older adult population. 17% of respondents reported needing emotional health care, but were not able to access it. Furthermore, nearly 1 in 3 survey participants were at risk for depression, based on responses to a screening inventory. Both financial and lack of appropriate providers appear to be issues in access.

A-5  Addressing Sexual Health among Older Adults

Sexual Health Information
Health care providers should receive training and support in addressing sexual health specific issues with LGBT older adults. 43% of study participants had a sexual health concern in the past year and 19% had a concern that they did not discuss with a health care provider. We also recommend that more sexual health information related to older adults and sex be made available. Information on topics such as how to have a healthy sex life as a senior, how to negotiate safer sex and information on HIV and STIs would enhance sexual safety among older adults. Printed materials should have easy readability and should have large print options available.

Community Member Resource:
You can learn more about HIV/AIDS and older adults by reading this CDC fact sheet:

Let’s Face It: Older Adults Talk About HIV:
http://www.acria.org/files/LFI_0.pdf

Provider Resources:
Philadelphia FIGHT has a training they provide to older adults related to HIV. Philadelphia FIGHT can be contacted at (215) 985-4448, website: www.fight.org

Action AIDS provides a sexual health education program for older adults that extends beyond HIV. A workshop can be scheduled at your facility with clients. The contact person is Theresa Clark, (215) 981-0088, www.actionaids.org
The AIDS Community Research Initiative of America (ACRIA) has a video and accompanying guide titled “Older and Wiser: Many Faces of HIV” that provides information on how direct service providers can engage older adults in discussions about HIV/AIDS. Booklet: http://www.acria.org/files/olderwiser2.pdf
Videos: http://www.youtube.com/user/acriavision
More videos and information can be found on ACRIA’s Facebook page: www.facebook.com/AgeisnotaCondomACRIA

Impact of HIV/AIDS on Aging

We recommend that more information on how HIV/AIDS impacts the body as one ages be collected and publicized. HIV/AIDS is a significant concern expressed by several respondents, some of whom are aging with HIV. Additionally, as HIV becomes more of a chronic disease and people live to older ages with HIV, both HIV specialists and gerontologists must increase their knowledge on how to effectively treat older adults living with HIV/AIDS.

Medical Provider Resources:

The Policy Issues and Social Concerns Facing Older Adults with HIV- http://www.sageusa.org/resources/publications.cfm?ID=113

Recommended Treatment Strategies for Clinicians Managing Older Patients with HIV:

A-6 Recommendations for Transgender Older Adults

Impact of Extended Use of Hormones

We also recommend that more information on the use of hormones over the life span be collected and published. Not much is known about the effect of taking hormones for transition for an extended period of time, or how to best modify a hormone regimen for optimal health and well-being. Similarly, not much is known about long term care for some transition-related surgeries. Both gerontologists and doctors working with older adults who are undergoing a gender transition or maintaining a gender change need to be aware of possible complications and effectively treat older adults who have had these medical treatments or are currently being treated.
Insurance Coverage for Transgender Persons

We recommend that during this era of healthcare reform, insurance providers cover necessary procedures for persons who have undergone gender transition, but still have body organs of their biological sex. There have been numerous cases locally and nationally where a transgender person was denied coverage to receive a necessary treatment because the needed procedure did not match the gender on their medical records. For example, a person who is female according to medical records and has both breasts and a prostate will need prostate exams. However, this necessary screening will likely be denied because of the current limitations insurance companies place on screenings that will be covered based on gender.

Access to Screenings for Transgender Older Adults

Both health care providers and older adults need to understand what screenings gender variant, transgender and transsexual older adults need to receive. More education and outreach is needed to increase awareness of the fact that health specialists indicate that anyone with ovaries, a uterus, and/or a cervix needs to have regular pelvic exams; anyone over 40 with breast tissue (including transgender men who have had chest surgery that was not a complete mastectomy) needs to have exams and mammograms to screen for breast cancer; anyone with a prostate continues to require prostate exams; and anyone with testicles needs to receive testicular cancer screenings. In addition, these services should be provided in a culturally competent way that affirms a patient’s gender identity to the extent possible. Finally, we recommend that insurance companies be required to cover these screenings for anyone with the relevant organs, whether or not their presence is expected based on the sex/gender in someone’s medical records.

Provider Resource:
The World Professional Association for Transgender Health has created extensive guidelines for providing both behavioral and medical health care to transgender persons. These guidelines can be found here: http://www.wpath.org/documents/Standards%20of%20Care%20V7%20-%202011%20WPATH.pdf
SECTION B: ACCESS TO SOCIAL SERVICES AND HOUSING

B-1 Increasing Knowledge About and Access to Older Adult Services

Unmet Social Service Needs
There were some services study participants wanted to access, but found themselves unable to do so. For example, of those aged 55-64, 7% reported needing transportation services, but were not able to get them, 9% needed housing services they were unable to obtain and 5% wanted senior helpline information, but didn’t receive it. Those aged 65 and older were slightly more likely to have received the services they needed, though 8% reported not having access to needed transportation services and 6% reported needing access to meal or food service programs, but were not able to obtain them. No older adults should face barriers to basic social services. We recommend that greater education be provided to older adults on what services are available to them based on their age and how to access them when needed.

Community Member Resource:
For information on older adult services in Philadelphia, visit the website for Philadelphia Corporation for Aging (PCA) at http://www.pcacares.org/pca_ss_Landing.aspx or call 215-765-9000

Making Services LGBT Affirming
A barrier that may exist for some older LGBT adults accessing social services is fear of homo or trans-phobia. In our study, 20% of respondents reported that they experienced or feared they would be treated poorly in an older adult service setting. This fear may create a barrier to even learning about potentially helpful programs. We recommend that senior service programs become LGBT affirming in order to reduce negative experiences that may impede LGBT seniors from accessing social services. This can be achieved by being LGBT affirming, acknowledging LGBT affirming status in service advertising, and providing programs acknowledging the needs of LGBT seniors, among other strategies.

Cross-Generational Support and Reducing Age Stigma
Some LGBT older adults depend on people of their own generation for support because they do not have biological children, and their lives were focused on their peer group. However, as a generation ages, individuals with fewer ties outside their age group have an increased risk of loneliness and isolation. We recommend formal mentoring/buddy programs to foster cross-generation friendships and support networks, as well as events and projects that recognize the history and contributions of all kinds of LGBT older adults.
**B-2 Increasing Access to Social Services**

**Overcoming Barriers to Accessing Services**

Organizations serving LGBT populations should make sure their programs and services are welcoming to older adults and explore new ways to involve older adults in social activities. Older adults may need assistance with transportation, accessibility, or face other barriers to participating in these spaces even when programs exist.

**Community Member Resource:**

You may be eligible for CCT Connect, which is a transportation service provided by SEPTA that can take you to appointments and other activities. To see if you’re eligible, call (215) 580-7145 or for more information visit [http://www.septa.org/service/cct/](http://www.septa.org/service/cct/)

**B-3 Access to Supportive Culturally Competent Housing**

**Access to Housing-Related Services**

A substantial minority of participants over age 65 (9%) as well as those under 65 (15%) had accessed housing-related services successfully in the past year. However, one in 10 participants under age 65 reported an unmet need for social services related to housing, home repair, or utilities. As this population ages, the need for housing-related services is likely to grow, even for older adults who are able and desire to stay in their own home.

**LGBT Friendly Public Housing**

We also recommend that expanded housing options for older adults are made available. No older LGBT adult should be in danger of homelessness. The John C. Anderson Apartments are an important step toward ensuring LGBT older adults are not in danger of losing their housing. However, many participants, including many with lower incomes, lived outside of center city, and may prefer to live in the communities that feel like home. All older adult housing staff should be trained in LGBT issues.

**Housing Options and Legal issues**

Some LGBT older adults have developed larger households with a mixture of chosen family, biological family, and/or friends for mutual support, to combine resources, and to combat loneliness. This concept of combining households with housemates can be complicated, and therefore should be made easier so that more LGBT older adults could consider this approach. Furthermore, some LGBT older adults are at risk of not having a place to live if a friend or partner dies because they are not on the lease or named as a co-owner. Community support
and resources and legal aid organizations to help people deal with the legal, emotional, and practical issues should be easily available, and they should be ready to help LGBT older adults protect their rights before a worse-case scenario occurs.

**Community Member Resource:**

*The Senior Law Center provides a variety of legal services for older adults including tenant/landlord disputes, wills and power of attorney among other services. For more information on legal services provided contact (215) 988-1242 or visit their website [http://seniorlawcenter.org](http://seniorlawcenter.org)*

Continuing Care Retirement Communities (CCRCs)

CCRCs may be a viable living option for LGBT older adults that have the resources as long as these settings are accepting and will treat all residents with respect regardless of sexual orientation. Also, since many older LGBT adults may not have children or other family caretakers, CCRCs may be an increasingly attractive option as more baby boomers age. An effort should be made to engage CCRCs in the metropolitan Philadelphia area to see how welcoming and competent they are related to LGBT residents who are open about their sexual orientation and/or gender identity. This acceptance should include residents who may express their gender in ways that don’t conform to traditional standards of how a male or female should dress and/or behave.

**B-4 Long Term Care**

LGBT older adults have concerns about finding a nursing home or long term care facility that is welcoming and supportive of them, their partners and friends. Facilities providing these services should make sure that their staff receives sensitivity training as well as training in the special health needs of this population. The challenges of finding an appropriate environment may be heightened for transgender, transsexual, or gender variant older adults.

**B-5 Home Health Care**

Given the difficulties associated with finding an appropriate assisted living environment, and the preference of many older adults to remain in the community, many LGBT older adults will need assistance caring for themselves from an outside home health aide or personal care attendant. HHA and PCAs should also be trained in sensitivity and cultural competence, and especially be prepared to care for transgender or transsexual older adults.
B-6 Preventing Elder Abuse

While our study did not ask questions about whether or not participants experienced elder abuse, this phenomenon is important to address given that it is quite common among older adults. In 2009 a report was released summarizing findings from the National Elder Mistreatment Study funded by the US Department of Justice. This report estimated a national prevalence of over 500,000 cases of physical elder abuse and more than 1.5 million cases of emotional mistreatment. They also found that many of these older adults did not report the abuse to anyone. Given that many LGBT older adults have experienced homophobia and heterosexism in aging services and from family members, it’s possible that LGBT elders may experience higher rates of elder abuse than their heterosexual and/or gender conforming peers. We recommend that LGBT serving organizations and general older adult service providers educate LGBT older adults about this phenomenon and provide them with resources to address issues of abuse if needed.

Community Member Resource:
Preventing, Recognizing, and Addressing LGBT Elder Abuse:

Provider Resource:
Identifying and Assisting LGBT Elder Abuse Clients: A Guide for Abuse Professionals
http://www.lgbtagingcenter.org/resources/pdfs/Assisting_LGBT_Elder_Abuse_clients.pdf

SECTION C: CULTURAL COMPETENCE IN SERVICE PROVISION

C-1 Guidelines for Healthcare and Social Service Providers

In order to improve healthcare outcomes for older LGBT adults, we recommend guidelines be created and broadly distributed to healthcare practitioners and social service providers, along with training on how to provide sensitive and appropriate care to LGBT older adults. More specifically, medical and service providers for older adults should be trained in both cultural competence and medical issues that may be unique to transgender and transsexual older adults. This is particularly an issue for specialists and gerontologists, who may not be expecting to see LGBT patients. In our study, of the respondents that reported negative experiences with providers, 64% of them attributed this mistreatment to their sexual orientation or
gender presentation or identity. This suggests homo and trans-phobia in the healthcare system that should be addressed through policy, healthcare guideline regulations and training.

**Provider Resources:**

Inclusive Services for LGBT Older Adults: *A Practical Guide to Creating Welcoming Agencies* -
http://www.sageusa.org/resources/publications.cfm?ID=107

Gay and Lesbian Medical Association 4 part cultural competence practice with LGBT populations webinar series:

**Fenway Institute** Guide to LGBT Health Series. Module 6 focuses on providing services to LGBT older adults:

**C-2 Creating Welcoming Environments**

We recommend that senior social service programs in all geographical areas work toward creating welcoming environments for all walks of life, including LGBT older adults. Not all LGBT older adults want to receive services in an LGBT space. General older adult service organizations should have access to training and materials that will help them create programs and environments that are LGBT affirming—and take advantage of these resources. 16% of participants said they had problems accessing senior services because of their sexual orientation or gender presentation. Furthermore, senior centers and other older adult programs should reach out to LGBT older adults in their communities when they are ready to provide services to them.

**Policy Recommendation:**

*It is recommended that as part of Pennsylvania’s licensing requirements, that senior services providers undergo cultural competence training that includes training on LGBT populations.*
II. BACKGROUND

Lesbian, gay, bisexual, and transgender older adults are a growing population in the United States. Although this group is extremely diverse, with different challenges faced by different subgroups, there is growing awareness and concern about this population’s health care and well-being as the first cohort of “out” LGBT people become elders.

The goal of the LGBT Health Needs Assessment was to explore the health needs of LGBT older adults in the Philadelphia region. We defined “health needs” broadly, to include social and emotional facets of health, which are crucial for the well-being of people of all ages, but may be particularly important to older adults. Another focus was potential barriers to health care and other health-supporting services related to

This project builds on work done locally by the LGBT Elder Initiative about concerns of LGBT older adults, and is a part of a growing national effort to learn

Provider Resources:


The National Resource Center on LGBT Aging provides training to organizations on LGBT cultural sensitivity through William Way LGBT Community Center. They provide a training to senior service organizations who want to be more competent with LGBT populations and also to LGBT organizations that want to be more competent with seniors. For more information on these trainings contact Ed Miller at (215) 732-2220 or at emiller@waygay.org.

LGBT Elder Initiative’s Silver Rainbow Project is uniquely designed to each provider or agency’s needs, structure and size, this cultural sensitivity training delivers the information and skill building tools needed to create a more welcoming environment that recognizes the diversity of all client populations, thereby improving the quality of care to all clients regardless of their sexual orientation or gender identity. For more information, contact Terri Clark at 267-546-3448 or at tclark@lgbtei.org.

The Research and Evaluation Group
more about the challenges faced by older LGBT adults, as well as the resilience and creativity of LGBT communities in taking care of one another.

Since this project began, reports from a few national studies about LGBT adult issues were published. These studies contain important additional information:


Seattle: Institute for Multigenerational Health. 

Findings from The National Transgender Discrimination survey—although this is not specific to older adults, it contains important information about experiences of transgender people:

http://www.thetaskforce.org/downloads/reports/reports/ntds_full.pdf

III. METHODOLOGY

Philadelphia area residents age 55 or older were eligible to participate in the survey, interviews, or focus groups if they fit any one of several definitions of LGBT: an identity of lesbian, gay, or bisexual; at least one sexual/romantic relationship with a same-gender person; an identity of transgender, transsexual, or gender variant; a history or desire to live in a gender different from birth sex or physical sex; or a history or desire to modify one’s body to match “felt” gender. All materials and in-person materials were in English, so this project is best considered one that examines the experiences of English-speaking individuals only.

Qualitative Data Collection and Analysis

In depth qualitative interviews were completed with 18 individuals from the LGBT older adult communities in Philadelphia, 11 men and 7 women, including 3 transgender women. Interviews lasted 60 to 90 minutes and were audio recorded.
Interviewers used a semi-structured guide to collect information about access to healthcare and other resources, and experiences of discrimination and barriers to care, in addition to questions about social support and isolation and concerns about getting older (see Appendices for the guide).

Staff conducted three focus groups that addressed similar questions (See Appendix for the focus group guide). One group included 13 Caucasian men who have sex with men, the second group included 10 men of color who have sex with men, and the third group included 9 females who have sex with women. Audio recordings of focus groups were transcribed and summarized for the project report.

Most qualitative data was collected before the survey started, and the concerns expressed by participants informed the subjects explored in the survey. Participants in the qualitative part of the study were recruited through several project events, LGBT community events, CAB members, LGBT older adult social groups, and flyers targeted to LGBT community organizations, including LGBT affirming faith communities. In a series of articles, Philadelphia Gay News also informed community members how they could participate in the study.

The subjects covered in the qualitative data collection were informed by a review of the literature, the Community Advisory Board, and the interests of community members who attended project events.

**Quantitative Data Collection and Analysis**

To collect quantitative information from a larger sample of LGBT older adults, project staff created a survey instrument informed by the results of the qualitative findings, and with assistance from the project’s Community Advisory Board. See Appendix for the survey instrument.

Information about the survey was distributed through methods similar to the qualitative survey, with an additional emphasis on posting flyers at libraries, older adult housing sites, and neighborhood organizations that were not specific to LGBT people. Flyers were also distributed through MANNA’s meal program to try to reach eligible people who may be in poor health and unable to leave their homes. In addition, a Facebook page was created as a means to promote awareness about the study and as a recruitment tool. Participants could complete the survey in any one of three ways: online via Survey Monkey; on paper by mail; or on paper in person. Potential participants could call the project line to receive a copy by mail, which they returned via a supplied self-addressed stamped envelope or to an in-person site. They could also complete the survey at one of a number of LGBT and other community sites. To ensure participation from neighborhoods outside center city, these activities also included data collection events at senior centers and social groups organized by participants in the Southwest and Northwest regions of Philadelphia. Those who completed or returned the survey in
person received compensation of $10 for their time. The data collection period was from September 2011 through May 2012.

The final sample included 215 LGBT older adults; 31% completed the survey online, 19% completed a mailed survey and the remaining 50% completed the survey at a community organization. See the graphic Results section for more information about participants.

IV. DATA REPORT

ON THE FOLLOWING PAGES
The graph to the left shows the age group of the participants in the survey who reported their age. Only a few (4%) participants were age 75 or older, but about 1 in 7 (13%) were 70-74 and 1 in 5 (20%) were 65-69. These participants—about 36% of the participants—are in the age group where all age-related benefits should be available to them.

As the figure shows, over 1/3 (36%) of the participants were 55-59; about 1 in 4 (28%) were 60-64; thus almost 2/3 (64%) were in the 55-64 range. Such a large group of participants in this younger age group both echoes the larger demographic trend of the baby boom cohort and suggests an increased need for services for older LGBT adults in the coming years.
This graph outlines the self-identified gender of our participants. While it is important to consider the self-identity of our participants, it is also relevant to consider their history. This is especially true for our a few participants that identify as male or female but have a history of changing their gender. This graph is not representative of these participants. This graph represents the self-identity of these participants.

A total of 5% of our participants reported either a transsexual or transgender identity or reported considering/seeking services to change their body. Many identified as “male” or “female” rather than “transsexual/transgender” or with having a fluid identity, suggesting that even surveys that include these gender options may be unable to report information from elders who have experiences that researchers and advocates might consider “transgender”. It is also possible that this survey did not document the unique sex/gender histories of some people whose lived gender is very different from that predicted by their assigned sex at birth, but who never considered or obtained any modifications to their bodies. Later in this report, we discuss the experiences of transgender, transsexual, and gender variant individuals: when we report on “transgender” individuals we are discussing the larger category of individuals who identify with these gender identity terms as well as those who sought/obtained body modification treatment but do not use this identity.

Of the 200 participants who provided info about their preferred gender, 64% of our participants identified as male, 23% identified as female, 5% identified as transsexual/transgender, and 2% reported that they identify part time as one gender and part time as another gender. Our research team used various recruitment methods to try and obtain a substantive sample of individuals from varying genders. Despite our efforts, however, about 2/3 of our respondents were male identified.
Participants were also asked about their sexual identity. Options included gay, lesbian, bisexual, asexual, queer, “in the life” and “I don’t place a label on my sexuality” as well as a write-in spot. Several participants skipped the sexual identity item, and males were more likely to skip this question than were other groups. Our female identified participants occupied varying sexual identities. 71% identified as lesbian, while 12% preferred to identify as either asexual, queer or in the life, 9% were bisexual and 7% identified as gay.

A majority of our male identified participants self-identified as gay (83%). 13% identified as bisexual, and 3% preferred another identity such as lesbian, queer, in the life or faerie.
The majority (59%) of participants identified as white and not Hispanic or Latino. About a third (30%) reported their race/ethnicity as black or African American, 4% were Hispanic/Latino ethnicity of any race, and 4% reported a biracial or multiracial identity but without Hispanic/Latino ethnicity. 3% reported another racial category. According to population estimates from the census, Non-Hispanic whites older adults are slightly over-represented in our sample and Black/African-American older adults are slightly under-represented, when compared to all Philadelphia residents age 55 and older—this groups is 50% non Hispanic white and 40% non-Hispanic black. However, since 15% of the participants (mostly white) were from outside Philadelphia—the sample appears to be fairly representative of Philadelphia’s older adults in terms of race/ethnicity.
A large majority (85%) of the participants reported living in Philadelphia count, and many of these (22%) reported a center city ZIP code. However, this means that nearly 2/3 of the participants lived in a Philadelphia neighborhood but did not live in center city. About 1 in 5 (21%) reported a South Philadelphia ZIP code; on in 6 (17%) reported living in the northwest (e.g. Germantown); about 1 in 8 (12%) reported living in North Philadelphia or the Kensington/Port Richmond area, and 1 in 10 (10%) reported living in West or Southwest Philadelphia. The remaining 3% lived in the Northeast.

The wide dispersal of participants throughout the city of Philadelphia suggests that all health and other service providers throughout the city need to be prepared to provide services to LGBT older adults. At the same time, the concentration of older LGBT adults in center city and the specialized needs of some individuals suggest an important role for LGBT-specific older adult services. See Figure 35, page 44 for more information about participants’ use and unmet needs for older adult services.
FIGURE 7: EDUCATION (n =200)

- Bachelor's degree, 23%
- Graduate or Professional degree, 39%
- Some college, 19%
- High school /GED, 14%
- Less than high school, 6%

Most of the survey participants were highly educated. Although 6% reported that they did not complete high school and 14% had a High school diploma or GED, 80% reported at least some education beyond high school. About 1 in 4 (23%) had graduated from college, and 39% had a graduate or professional degree. However, unlike many populations with high levels of education, participants had considerable diversity in income level.

FIGURE 8: HOUSEHOLD INCOME (n=197)

- $80,000 or more, 15%
- $50,000-$79,000, 23%
- $20,000-$29,999, 10%
- $10,000-$19,999, 13%
- $10,000 or less, 21%
- $30,000-$49,999, 19%
- $20,000-$29,999, 10%
- $10,000-$19,999, 13%
- $10,000 or less, 21%

Racial income disparities Although a substantial proportion of each racial/ethnic group reported income under the $20,000 threshold, a majority of black (61%) and Hispanic (56%) LGBT older adults reported income under $20,000 compared to only 15% of white participants.

Participants in our survey had a wide diversity in income level. One third of the participants had fairly low income, earning under $20,000 in the past year, with 21% earning less than $10,000 and an additional 13% earning between $10,000 and $19,999. About 1 in 3 earned between $20,000 and $49,999. However, more than 1 in 3 (38%) were at or above the median income for the state of PA, with 23% earning $50,000 or more, and 15% earning more than $80,000.
Of the participants who reported they were employed, the majority (65%) worked full time. About 1 in 5 (21%) worked part-time but were not retired, and 15% considered themselves retired, but still working part time.

Only about 1 in 3 (31%) of the survey participants were fully retired. Another 31% were employed in some way (for more detail, see below). However, 1 in 5 (21%) were disabled, 15% were unemployed and looking for work, and 2% identified their role as homemaker or other.
Healthy People 2020 is a set of health and health care benchmarks set by the Centers for Disease Control and Prevention to improve or maintain the health of US residents. Not all goals are relevant to this population of LGBT older adults, but some are. One that is relevant is the health insurance goal. The Healthy People 2020 goal is for 100% of adults to have health insurance including prescription coverage by 2020. However, in our sample of older adults, only 83% had insurance for medical care for all of the last year, and 83% had insurance for prescription coverage currently (see above graph)—meaning that 17%, (about 1 in 6 participants) did not have insurance for medical care and/or prescriptions. Dental insurance rates were lower, with only 56% of participants reporting having current dental insurance.

A key component of access to appropriate health care is health insurance. Uninsured individuals are often unable to get the needed preventive care as well as needed treatments. Furthermore, a period of no insurance may impact later health and health care needs, particularly for older adults who do become eligible for Medicaid at age 65.
FIGURE 12: HEALTH INSURANCE FOR ALL OF PAST 12 MONTHS (n=190)

In the above graph, significantly fewer of the participants in the 55 to 64 age group reported health insurance for all of the past year (79%) and current prescription coverage (78%), compared to the 65 and older group. Among participants age 65 and older, 90% had insurance all of the past year and 93% had prescription coverage currently. There were not significant differences in dental insurance by age group: 55-60%.

Furthermore, participants who were members of a minority group were more likely to experience uninsured status. For example, half (50%) of transgender individuals did not have health insurance for medical care at some time during the past year. Similarly, white participants were more likely to report being insured than were black/African American participants. 85% of white participants reported being insured in the past 12 months versus 80% of black/African American participants.
Of the participants who reported having insurance, about half (52%) reported that they were insured through government programs, such as Medicare and Medicaid. An additional quarter (27%) reported their insurance was through a current or former employer. The remaining pathways to insurance included a partner (9%), self-insured (7%) and other methods (5%). LGBT adults insured through a partner may be particularly vulnerable to losing their insurance if their partner’s employment status changes or if they lose their partner. Self-insurance is prohibitively expensive for many people.

Although older adults in the US become eligible for Medicare coverage at age 65, not all do, especially if their work history is undocumented or was under a different name than their current legal name. Furthermore, not everyone gets full benefits from Medicare, and although Medicaid sometimes supplements these benefits for individuals with limited income and assets, it does not always do so. Because we had few transgender individuals age 65 and older, and the interview was in English, it is likely that our findings underestimate the problem of no insurance among both the 55-64 and the 65 and older age groups for the full population of LGBT older adults.

Furthermore, we were not able to ask enough questions to determine if participants may be underinsured. Problems with insufficient insurance appear to be increasing in the US, so there are likely many LGBT older adults who don’t have insurance. Lack of insurance and being underinsured are not unique to this population, but they are making an impact, and any solutions to address this issue should be constructed with LGBT older adults of diverse backgrounds in mind.
Dental care is very important to the overall health of older adults, but many do not get the care that they need. The American Dental Association recommends that older adults have a dental visit at least annually. However, only 62% of our overall sample had a past-year dental visit. There appears to be a racial disparity, as significantly more white participants (71%) reported a recent dental visit compared to black (51%) and participants from other groups (53%).

One important measure of health care access is having a primary care provider. One of the Healthy People 2020 goals for improving health care access for all older adults is for each person to have a primary care provider that they visit at least annually. Although 92% of the survey participants did identify a particular provider as their primary one, only 85% of the participants had a provider that they had actually visited in the past year. Significantly fewer participants with income under $20,000 had a primary care provider who they had visited in the past year (75%) compared to those with higher income (91%).
Far more participants with incomes under $20,000 reported delaying or not receiving care. This was particularly stark in the case of filling prescriptions, where 37% of lower income participants (compared to 16% of higher) delayed or did not fill a prescription; and dental care, where 42% of lower income participants delayed needed care.

Participants were asked if they had delayed or did not get dental care, prescriptions, or Medicare care due to the cost of the care. This is a commonly used measure of the affordability of care. Healthy people 2020 goals are for only very small proportions of older adults (3% to 5%) to report delaying care due to cost. However, in our sample, between 1 in 5 and 1 in 4 people did not get needed care: 28% delayed or did not get dental care, 22% delayed or did not get a needed prescription, and 19% delayed or did not get medical care when needed.
Participants were asked about a series of negative experiences they may have experienced with health care providers. Some items were from an LGBT health survey and others were from statements that focus group or interview participants made. Negative health care experiences can be traumatic and may seriously impede access to care in the present, even if experiences were in the past.

About 1 in 5 participants ever felt they had to hide who they were from a provider or had concerns about the privacy of a health care setting. About 1 in 8 were blamed for their condition, experienced providers who did not want to touch them, or were denied care. About 1 in 9 experienced harsh or abusive language from a provider, and about 1 in 12 experienced physical roughness from a provider. Many had experienced this treatment within the past 5 years, including 1 in 10 who had hidden who they were from providers, experienced non-private settings, and were denied care. These types of experiences are not only in the past. 40% of the participants reported at least one type of negative experience in their lifetime, including more than half (52%) of the participants with income under $20,000. One in ten participants (10%) had experienced 4 or more. See the following page for more detail why participants thought they may have experienced this treatment.

1 From When Health Care Isn’t Caring: Lambda Legal’s Survey of Discrimination Against LGBT People and People with HIV (New York: Lambda Legal, 2010). Available at www.lambdalegal.org/health-care-report
Participants who reported at least one type of poor treatment were asked if they thought membership in a social category was related to the incident(s). Most (64%) believed that one or more factors related to an LGBTQ identity was a reason for the poor treatment.

About 1 in 4 thought that they were treated poorly due to race/ethnicity (25%) or age (23%). About a third reported two or more causes of this poor treatment at a health care provider, and a few people added additional possible reasons, including body size, income, or stigma related to HIV or other health conditions. A few blamed only the provider’s rude personality or something the medical system as a whole. However, a substantial minority (30%) said that the treatment was not due to this type of discrimination but did not try to explain with other reasons either.
The graph to the left outlines the most common transition related procedures undergone by our transgender participants. The most common procedures were hormone therapy, hormone suppression therapy and gender affirming surgical procedures. Less common procedures were laser hair removal and electrolysis with no respondents reporting having undergone silicone injections.

It is important that this information is communicated to healthcare providers as various transition related procedures require special ongoing follow-up care, or in the case of hormone therapy, the overall effects that this long-term medical regimen has on the overall health of the individual must be monitored.
This graph shows sexually active HIV negative participants who received a HIV test in the past year. Less than half of the sexually active HIV negative respondents reported testing for HIV in the past year (44%). This is especially true for sexually active female identified respondents (13%).

While our survey was not extremely comprehensive with respect to questions asking about the specific sexual behaviors and numbers of partners our participants had, testing rates are rather low compared to the ideal rate of 100% of sexually active people having been tested for HIV in the past year.

QUALITATIVE - FINDINGS

A few participants also noted that they wished their primary care provider would be more open and forthcoming about discussing the sexual lives and practices of older adults.
Our survey asked participants whether they were sexually active in the past 12 months. We did not specify what activities constituted “sexually active”. Rates of HIV testing among HIV negative participants are very low (31%). This is especially true for HIV negative female participants. Only about 1 in 5 (21%) of our sexually active female participants reported getting an STD test in the past year. It is important for healthcare professionals to discuss sexual activities and risk behaviors with their patients to determine their individual levels of risk and what tests would be appropriate for them to receive.

Similar to HIV tests for HIV-negative participants, rates of STD testing among sexually active participants is very low. While we were unable to judge individual levels of risk based on our survey data, these low levels of testing are nevertheless troubling.
Rates of blood pressure screening for our sample are high. Despite this fact, there is still a small racial disparity in these data. Our white participants were more likely to have their blood pressure tested in the past year than were our black participants. Regular blood pressure screening exams are recommended for all older adults 55+.

Cholesterol blood tests are also a recommended screening exam for all older adults aged 55+. The rates of this screening exam are lower than those for blood pressure screenings. There is also a racial disparity in these data, 69% of Black/African American participants reported having received this screening exam in the past year in comparison to 79% of White participants.
Figure 25: Did You Ever Have a Colonoscopy or Sigmoidoscopy to Test for Colorectal Cancer?

Colorectal cancer is cancer that occurs in the colon or rectum. Sometimes it is called colon cancer for short.

A colonoscopy is a screening test used to check for polyps or cancer inside the rectum and the entire colon.

A sigmoidoscopy is a screening test used to check for polyps or cancer inside the rectum and lower third of the colon.

There is a racial disparity in these data. Our African American participants received this screening less often than our white participants. Overall, 78% of our sample received this screening exam in the time frame recommended for older adults 55+ This points to the possibility that there is an increased need for culturally competent medical care, and that providers should reach out to this population to stress the importance of receiving this preventive screening exam.
Cervical cancer is cancer of the cervix which is the lower, narrow end of the uterus. A Pap smear (or Pap test) looks for precancers, cell changes on the cervix that might become cervical cancer if they are not treated appropriately.

A mammogram is an X-ray of the breast. While the rates of receipt of both of these screening tests are high, there is still a small racial disparity between white and black female identified participants.
These graphs display the percentage of our participant pool who believed that they either did not need or have never had particular preventive screening exams. These data are separated by participants whose annual household income was <$20,000/year to those whose incomes were ≥$20,000/year.

Note that all these exams are recommended by the Centers for Disease Control for individuals in the 55+ age group.

This data justifies a need for increased dissemination of information about the necessity and purpose of preventive screening.
This data also justifies a need for increased effort on the part of providers to suggest that their older LGBT patients receive the necessary screening exams based upon their age and personal health status. There are significant differences in rates of screening for these individuals of varying income levels on various screening exams.

**QUALITATIVE DATA**

Our survey did not ask participants why they either have never had or felt that they don’t need specific exams, however a few respondents reported that they had trouble accessing specific health related services which could be related to decreased rates of screening for specific screening exams.
This graph represents screening exams our participants felt they needed more information about. The screening exams most participants felt they needed more information about are colonoscopies, bone density tests and STI tests. The sharing of this information with healthcare professionals is vital as it is likely that some participants’ non-receipt of various screening exams can be explained by the fact that they were unsure of their purpose or importance.
Many older adults have unmet mental/emotional health needs. Nearly 1 in 3 (29%) reported feelings consistent with depression. Many of these did not report an official diagnosis, and a frequently reported symptom was perceptions of interpersonal mistreatment. A quarter (23%) reported receiving current treatment for a mental health diagnosis. However, 17%—about 1 in 8—reported that they had been unable to get treatment they needed for a mental or emotional problem.

**QUALITATIVE FINDINGS**

*Some participants were unable to get mental or emotional health care because they had trouble finding a competent provider.*
Participants were asked about several activities of daily living. Mobility issues were a problem for many in this group: 23% had trouble walking or climbing stairs and 8% had problems doing errands alone. Surprisingly, these challenges did not vary by age. Concentration and memory problems were a problem for 17% of the participants; more of the younger group reported these issues (20%) than the older group (9%).
Sexuality is an important part of a holistic view of health. 43% of the participants reported having a sexual health concern in the past year, including libido, sexual function, or other concerns. Although many with a concern talked with a doctor about it, almost half did not.

**QUALITATIVE FINDINGS**

Participants with various genders reported histories where their health care providers shamed them about a sexual health concern, and some were hesitant to discuss concerns for this reason. Several gay men, who reported being open with providers in the past, said that they could not discuss sexual health with providers currently. They believed that providers did not want to talk about sex with someone who was older, let alone someone gay and older.
Social support is extremely important to the well-being and long-term survival of older adults. Although most participants are satisfied with the support they receive, about 1/3 reported not receiving enough emotional support, felt they spent too little time with friends, or felt they spent too little time in the community. As the age of the participants increases, the risk for insufficient support and feelings of alienation is likely to increase also.
We asked survey participants about their need for and use of a series of different services available for older adults in Philadelphia. Since all age-related services are available to people 65 and older, but not all of those between 55 and 64, these age groups are presented separately. Very few (3%-9%) of the participants indicated that they needed but did not use a program in the past 12 months. Surprisingly, there were few significant differences by age group. However, the younger group did report more unmet needs for home-based services (such as medical services or help with grooming, cooking, and shopping) as well as housing services (such as subsidized housing, home repair and energy assistance programs).

Overall, younger participants used most services less. Service use varied widely with fewest using the PACE prescription program (5% of younger group and 3% of the older group) (which helps older adults with prescription medications) to the greatest proportion using transportation services including senior discounts on SEPTA (25% of the younger group and 45% of the older group). Unfortunately, when individuals did not use or need the service, they did not always answer the follow-up knowledge questions about how much they knew about the service, so we cannot accurately report service knowledge.
Activities at senior centers or senior’s groups, attended by 17% of the younger group and 41% of the older group, were also popular. The context of some other comments indicates that some participants were including the programming for older adults at the William Way Community Center in this category. Meals or food programs (15-20% of each group), and housing services (15% of the younger group and 9% of the older group), including help with repairs, subsidized senior housing, and other housing related services were also important.

In the open-ended questions, both age groups expressed concerns about having to be “in the closet” to receive these services. In addition, about 1 in 5 (19%) of participants reported that they had experienced or feared a problem with access to older adult services Evidence from both the survey and the qualitative work suggests that some LGBT older adults may be reluctant to seek services from general older adult providers, and some told stories that show why they have these fears. Because of both demographic and social changes, senior services can expect to see an increase in LGBTQ individuals and households that need services, whether older adults actively seek to engage with older adult services early on or try to avoid them until they are really needed.
Our participants reported various living situations and housing arrangements. 85% reported living in a house or apartment that was not a part of a senior residential complex, 5% rented a room, lived in a boarding house or dorm, 3% reported living in a shelter, mission or not having a home and 2% lived in a nursing home or assisted living facility. The lack of affordable LGBT friendly housing was mentioned numerous times by our participants as being a concern that many currently have or a concern that many anticipate having in the future as they age. Respondents wished that staff at nursing homes and older adult facilities were more culturally competent and expressed uncertainty about their happiness and comfort if they were to end up in a nursing home at some point in their life.

Among those who reported living in a private residence 56% also lived alone. 35% live with a partner, 9% live with friends and 10% live with other chosen or biological family members. This information is especially important because there was an overwhelming expression of concern regarding loneliness as an aging older adult. Respondents expressed both a desire to have a partner but also someone there that could be trusted to act in their best interest if they were to become physically or otherwise handicapped. Respondents also expressed a desire to become more integrated in the LGBT community as they age, as some felt isolated from others in this community.
V. LIMITATIONS

This study was exploratory and there are several important limitations.

Sample Size:
There are some limitations of the types of analysis possible due to the sample size. This study was intended to be exploratory, and was not able (or expected) to obtain large enough samples of every population group to be able to compare all subgroups of interest. Similarly, we are limited in our ability to analyze why the patterns we see have occurred for this reason.

Strengths and Limitations of the Sample
This survey was a targeted, rather than random, sample of participants. Although project staff, the CAB, and some participants made efforts to reach all different types of LGBT and other sexual and gender minorities, some of the demographics of the participants suggest that the sample may be somewhat biased. However, since there is no population information about LGBT and other sexual minority and gender variant individuals, it is impossible to know for sure.

First, one theoretical problem with targeted sampling for surveys that are about health issues, is that they often attract participants who are more interested in their health than the average person. In addition, people who are more conscientious than average may be more likely to both return a survey (or carry through a plan to do an internet or in person survey) and obtain health screenings as recommended. Therefore, the participants in the survey may, be more likely to have insurance, a primary care physician, and various health screenings, than the general population.

Second, participants may be in better health and less likely to have a physical disability than the general population. Although project staff attempted to recruit frail participants by distributing flyers to frail seniors receiving meals at their homes and (when allowed) posting in public spaces of assisted living and senior housing facilities outside of Center City, these efforts yielded very few participants. Our findings may therefore underestimate isolation and service needs.

One important type of population representation to think about is race/ethnicity. We aimed to get a sample that was representative of the population of Philadelphia. If we compare the participants in the survey to Philadelphia county’s 55+ population\(^1\), slightly more of our participants were non-Hispanic white, fewer were black/African-American (see the graphic Results section for more information), and

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a similar proportion of participants reported Hispanic ethnicity. We recruited very few participants of Asian or American Indian/Alaska native descent. Overall, participants who lived in Philadelphia were fairly reflective of the population of Philadelphia, but some of our participants lived in the suburbs, and most of this group reported a white/Caucasian race/ethnicity. There were not enough people in the sample to analyze either specific location or race/ethnicity groups separately in most cases.

Another important way to think about the composition of the sample is in terms of socio-economic class. Our sample was very highly educated (see the graphic Results section), with a majority reporting a 4 year college degree. Although the sample was highly educated, and a majority earned more than the median income for Philadelphia, more than 20% of the participants earned less than $10,000 per year, indicating a range in income levels. Lower incomes were more common among younger individuals who did not consider themselves retired, so this is not a retirement effect. In the general population, educational attainment and income are both associated with higher rates of health screening participation, suggesting again that our sample may overestimate how often members of the real LGBT population obtain medical screenings, and underestimate the social service needs.

A Few Words about Transgender, Transsexual, and Gender Variant Older Adults:
This project was less successful in recruiting transgender, transsexual, and gender variant participants than hoped. However, since the size of this population is unknown, we can’t assess whether we reached this group at about the same rate as LGB individuals, or not. However, we have identified several reasons for low participation. First, some older individuals in this category may not have ties with LGBT communities, and individuals who have no ties to LGBT communities were less likely to hear about this study and want to participate. Second, the perceived burden of taking a survey about health care may be high, and the perceived benefit low. Third, the demographics of the population may mean that there are very few transgender individuals in this age group, possibly because of untimely deaths or shifts in the relative importance of “felt” gender in determining gender identity.

We believe that the experiences of older transgender, transsexual, and gender variant individuals are very important and that these concerns deserve to be the sole focus of research projects determined by members of this population.
APPENDIX I: INDIVIDUAL INTERVIEW GUIDE
Individual Interview Guide

Total interview time- 60-90 minutes

We would like to welcome you to the interview today. My name is _____________

I am going to start by briefly summarizing the project. I work for (intern at) an organization called Public Health Management Corporation. We were recently funded to conduct a health needs assessment of older lesbian, gay, bisexual, and transgender (LGBT) persons in Philadelphia. In this project, we identify “older” as 55 years of age and older. Our hope is that the information we collect in this project will inform health care providers, policymakers, and advocates about how they can improve the delivery of health services for older LGBT adults in the future.

Today I am going to ask you questions about various topics such as your experiences with accessing healthcare, perceptions of how you are treated as an older person in healthcare settings, the kinds of characteristics you like in a healthcare provider and contributions you feel you make to the community as an older adult, among other things.

Prior to today, you should have been made aware that the interview will be audio taped. The main reason we are audio taping this is so that we can remember exactly what you said today so that we can make sure we capture your comments accurately. The only people who will hear the audio will be those who work on this project.

Are there any questions you have about the project or what the information will be used for?

You don’t have to share information on each and every topic and you can also feel free to decline to answer certain questions if you feel they’re too personal or you don’t feel comfortable talking about the topics.

Lastly, before we start, we want to let you know that the information you provide us in this interview may not have any immediate benefit to your personal situations. The hope is that the information you share will help to improve services for older LGBT adults in years to come. We do have some community resource packets here with us today that contain information about various services in Philadelphia for older adults.

Are there any last questions before we begin the interview?

[START THE RECORDERS]
INTRODUCTION TO MAIN DISCUSSION TOPICS AND FIRST QUESTION:

I will ask you questions about three general topics: first, your thoughts about health and aging; second, your experiences with health care services; and third your experience with social services and other sources of support.

In this project, we hope to survey many different LGBT older adults with a broad range of experiences and backgrounds. Could you tell me how you think of yourself in terms of your sexual identity?

(Once answer received) OK, most of our questions will ask you about your experience as a (specific sexual and gender identity). However, please feel free to talk about things that you feel are also relevant the larger LGBT older adult community.

SECTION A: CONCEPTIONS ABOUT HEALTH AND AGING

READ ALOUD:

The first area we want to get your opinion on is how you define good health, how you feel about aging, and whether or not you have concerns about your health or living circumstances as you age.

A1. What is your typical day like? Do you have a weekly routine?

A2. What does “good health mean to you?
   - What do you do to be healthy or to feel good?
   - What things are challenges to being healthy or feeling good, for you?

A3. What concerns do you have about aging?

A4. Do you think you face any unique challenges to aging as a __________ (specific sexual identity and gender)?

A5. What do you enjoy or what are you looking forward to about aging?
A6. There is more to us than our bodies. How do you see other parts of your life, such as emotions, spirituality, and relationships, fitting into your idea of “health”?
   - Has your view of how these parts of life are connected to health changed as you have aged? How so?
   - Have you experienced traumas in your life? This would include shocking or upsetting experiences as well as chronic stress, repeated discrimination, and other similar experiences.
     ▪ (For example) How did the experience of living through 30 years of the HIV epidemic affect your attitude toward aging?
     ▪ How do you think that these experiences affect the way you think about health or aging?
     ▪ Do these experiences affect your visits to the doctor or other medical professionals? How so?

SECTION B: HEALTH CARE EXPERIENCES AND PERCEPTIONS

READ ALOUD:

So far, we have talked about your general thoughts on health and aging. Now we want to shift gears and ask about your perceptions of and specific experiences with the healthcare system. When we say “healthcare system,” we want you to think about doctors, nurses, pharmacists, counselors, mental health therapists and any other persons you interact with around medical or mental health related issues.

B1. How would you define “quality health care”? What would good health care be like?

B2. Do you think that you, personally, have access to quality health care? Why or why not?

B3. Do you have a health care provider (doctor, nurse, physician assistant) you see regularly? Could you tell me a little about your experiences with this person?
   - Interviewer: Expect more general answers, like how long they have been going to this person, etc.
   - If they do not have a regular provider, probe to discover why not, whether or not they would want to have one, etc.

B4. Do you think that your primary health care provider can continue to adequately serve your health needs as you age?
B5. Have you disclosed that you are (a specific sexual identity or gender) to your primary health care provider(s)?
   - What do you think about as you decide whether or not to disclose?
   - Do you think that your primary health care provider is trained to address your health needs as an LGBT older adult?
   - Optional question: use if previous answer is insufficient. Do you go anywhere else for health care? Where?
     o Did you disclose to those providers?
     o How did you decide whether to disclose or not?

B6. How are other aspects of a medical visit for you? For example:
   - Reception staff
   - Medical assistants (people who guide you around the office, take you blood, weigh you, etc. but are not the main provider)
   - Forms that you must fill out
   - Other things

B7. Have you ever had difficulty accessing or receiving preventative health care procedures, such as blood pressure screenings, colonoscopies, STD testing, dental care, or (as appropriate: prostate exam; pap smear; clinical breast exam)?

B8. Have you ever had difficulty accessing or receiving treatment for chronic conditions, such as high blood pressure, diabetes, HIV/AIDS, cancer, etc?

B9. Have you ever had difficulty accessing or receiving treatment for mental or emotional health care?

B10. Have you ever had difficulty accessing or receiving treatment for alcohol or drug challenges?

B11. Has there even been any other time that you felt you needed to see a doctor or nurse, but were not able to seek care from a doctor or nurse?
   - Why did you decide that?
   - Did you try something else to take care of yourself instead?
   - Do you have any concerns about paying for the health care you need?
   - How might this change as you get older?

B12. Have you ever felt like a health care provider treated you rudely or differently?
   - Why do you think this happened?
B13. What qualities would make a service provider LGBT (gay, lesbian, trans) friendly and competent?

B14. What qualities would make a service provider friendly and competent to treat *older* LGBT adults?
- Do you know some places that offer quality health care for LGBT older adults?

**SECTION C: NEIGHBORHOODS, RELATIONSHIPS, AND CONTRIBUTIONS**

**READ ALOUD:**

Social interaction and support are very important to health. Some older adults find they have fewer support as they age. In this next section, we will ask you questions about the types of support you receive whether it is from friends, family, social workers, etc. We will also talk about services available to you in the community.

C1. What do you think are some reasons that _______ (specific sexual identity and gender) experience social isolation as they get older?
- What could prevent or reduce social isolation in Philadelphia?
- What can (or should) provide support for people who feel socially isolated?

C2. Do you think social isolation negatively impacts health? How so?

C3. Who are your main sources of support?
- What does “family” mean to you? What kinds of “family” are you a part of?
  - In the event of an emergency, do you think your support group/ “family” would be able to legally, financially, and/or emotionally support you?

C4. Do you think that LGBT communities in Philadelphia are accepting of older adults? Why or why not?

C5. Do you think that older adult programs in Philadelphia are accepting of LGBT older adults?
- In what ways are these programs accepting or not?
- What could be done to make them more accepting?
C6. On our demographic form, we asked about various services for older adults that you may or may not have used. Of the services that you have used, would you say that they were accepting of LGBT individuals? Have you faced any barriers in accessing these services?
    - Do you think LGBT older adults make full use of all the services available to older adults in Philadelphia?
    - How could these services be improved to better serve the needs of LGBT older adults?

C7. Where would you like to be as you age: in your home, in a senior living location, somewhere else?
    - Why would you like to be there?
    - Where would you live if you needed to leave your house?

C8. How are you involved with communities in Philadelphia: do you work, volunteer, and/or participate?
    - Why do you do it?
    - What can help you to stay involved as you age?
    - How do you see think your work benefits you, others, and/or the community?

We have finished the interview. Is there anything else on your mind that you would like to mention or highlight about our discussion on health care and social services?

Do you have any questions for me?
APPENDIX II: FOCUS GROUP GUIDE
**FOCUS GROUP GUIDE OUTLINE**

We would like to welcome you to the focus group today, my name is ______________ and my co-facilitator of the group today is ________________. You all should be aware of why you are here with us today, but in case you’re not, we will share information about the purpose of this group.

We work for an organization called Public Health Management Corporation or PHMC for short, located in CC Philadelphia. We were recently funded to conduct a needs assessment of lesbian, gay, bisexual, and transgender (LGBT) persons in Philadelphia. We realize that not all people here today may identify with these terms, but for the sake of simplicity, we are using the terms lesbian, gay, bisexual and transgender for this project. The purpose of doing this needs assessment is to help us, service providers, and elected officials better understand the needs of Older LGBT adults in Philadelphia. In this project we identify “older” as 55 years of age and older. Our hope is that through the information we collect in this project that there will be positive improvements made to the programs and services in Philadelphia for LGBT older adults.

Today’s focus group is focus on the experiences that [name of target population, ex: transgender, lesbians, gay men, etc] have with accessing certain health and social related services. We are going to ask you a lot of different questions about various topics such as your experiences with accessing healthcare, perceptions of how you are treated as an older person in healthcare settings, the kinds of characteristics you like in a healthcare provider and contributions you feel you make to the community as an older adult, among other things.

Prior to today, you should have been made aware that the focus group will be audio taped. The main reason we are audio taping this is so that we can remember exactly what you all say today so that we can make sure we capture your comments accurately. The only people who will hear this audio will be people who work on this project. To help keep the anonymity of everyone in this group we ask that you don’t use real names. Even if someone uses a real name, we would never use that in any reports we write about this project.

Are there any questions you have about the project or what the information will be used for?

Before we start, we would like to set some ground rules for the group:

1. Please turn off or mute cell phones
2. Please speak one person at a time
3. We have a limited amount of time with you all today, so please try to stay focused with your comments and be concise when possible
4. People may have different views and opinions than you do on certain topics,
so have
5. Please be as open and honest as possible

You don’t have to share information on each and every topic and you can also feel free to decline to answer certain questions if you feel it’s too personal or you don’t feel comfortable talking about it.

Lastly, before we start, we want to let you know that the information you provide us in this focus group may not have any immediate benefit to your personal situations. The hope is that the information you share will help to improve services for older LGBT adults in years to come. We do have some community resource packets here with us today that contain information about various services in Philadelphia for older adults.

Are there any last questions before we begin the focus group?

[START THE RECORDERS]

CONCEPTIONS OF HEALTH AND AGING (15 MIN)
The first area we want to get your thoughts and opinions on is how you define good health, how you feel about aging and whether or not you have concerns about your health or living circumstances as you age.

- What does ‘good health’ mean to you?
  - What issues contribute positively to health for older adults?
  - What issues contribute negatively to health for older adults?
- What kinds of concerns do you have about aging?
- What do you enjoy or what are you looking forward to about aging?

We also see emotional health as an important part of overall health. We also realize that some people may have a sense of spirituality (not necessarily religion), that helps them get through difficult times.

- Do you think emotional, spiritual, and social parts of life fit into ‘health’?
  How?
  - Has your view of emotional health changed as you’ve aged? How so?
  - How did the experience of living through 30 years of the HIV epidemic affect your attitude toward aging?
SOCIAL SUPPORT, RELATIONSHIPS, AND SERVICES  (25 MIN)
Social interaction and support are important to health. Some older adults find they have fewer supports as they age. In this next section, we will be asking you all questions about the types of support you receive whether that be from friends, family or a social worker who provides support to you. We will also talk about services available.

- What does “social support” mean to you?
  - What support do you give or receive from other people?
  - Who are your most important personal supporters?
    - What kinds of family/definition of family do people use?
  - Where else can people get social support? What role do organizations play for older adults?

- How do you think social support impacts health?
  - Do you think the amount or type of support is an issue for older LGBT adults in Philadelphia?

- What types of social support programs are you aware of for older adults in Philadelphia?
  - Do you think LGBT older adults use these services?
    - If not, why not? How could these services be made more accessible?
    - Are you a member of a senior center, yourself? Why or why not?

Sometimes, there is stigma attached to getting older in the LGBT community. Some older adults may feel that younger generations don’t respect and understand the struggles that older LGBTs went through so there could be a better quality of life for later generations.

- Do you think LGBT communities in Philadelphia are accepting of older adults?
  - In what ways are older adults included in these communities?
  - In what ways are older adults not included or marginalized?
  - Have you interacted with these communities differently as you have aged?
PERCEPTIONS OF THE HEALTH CARE SYSTEM (25 min)

Now we want to shift gears and ask you questions about your perceptions of the healthcare system. When we say “healthcare system”, we want you to think about doctors, nurses, pharmacists, counselors, mental health therapists and any other person you interact with around medical or mental health related issues.

- How do you define quality health care?
  - Has your definition of quality care changed as you’ve aged?

- Do you think the health care system meets the needs of LGBT older adults?
  - If not, what kinds of needs are not met?
  - Are services appropriate and accessible for older LGBT adults?

- Are the challenges in getting health care different for LGBT older adults than heterosexual older adults?
  - Probe specific areas if too general:
    - Are primary care services accessible and appropriate for most LGBT older adults? In what ways are these services not appropriate or inaccessible?
    - Mental or emotional health services?
    - Specialist care? Are there particular specialists that are unprepared to deal with LGBT individuals or families (e.g. oncology) or “older” adults (HIV care)?
    - Treatments for addiction or other behavioral health services?
    - Health education classes/support groups/other medical support services?
    - Do you think the health care system addresses the sexual health needs of most LGBT older adults?

Next we want to learn more about what you feel are qualities you think make a good healthcare provider, especially for people who are both over 55 and LGBT.

- What kinds of characteristics make a service provider “LGBT-friendly?”
  - What characteristics of staff help?
  - Do the forms you fill out matter?
  - Is how you are addressed important (pronouns, preferred name, general attitude, etc)

- Overall, what kinds of factors encourage LGBT older adults to use health care services?
- Overall, what kinds of factors discourage LGBT older adults from using health care services?
- Do you think health care providers treat some patients differently, whether it is because of race, gender, sexual orientation or something else?
OTHER CONCERNS: SAFETY, HOUSING ISSUES  (15 MIN)
We are almost done with the group; we have just a couple more questions to ask you all. In this next section, we want to ask you a variety of questions that include how you feel about your safety in your home and neighborhood, your comfort level with law enforcement and housing concerns as you age among other things.

- What kind of safety concerns do you think older adults have? Are there concerns that you think are unique to the combination of being lesbian, gay, transgender and getting “older”?
- Do you think LGBT older adults feel comfortable seeking help from law enforcement? Other emergency response personnel?
- What kinds of concerns about housing might LGBT adults have as they age?
  - What issues might people who want to stay in their house experience?
    - Home’s location: transit accessibility, local resources
    - Home’s infrastructure: stairs, repairs, etc
- If you had to leave your home, where do you think you would go?
  - What issues might people who need to move elsewhere experience?
- What recommendations do you have about housing services: how can housing options be most appropriate for LGBT older adults?

IMPORTANT CONTRIBUTIONS OF OLDER ADULTS  (10 MIN)
This is the final section of the group. We know that older adults continue to make many contributions to the community and we would like to hear about the contributions you make to your community. “Community” can be defined in whatever way you would like. This could be your neighborhood, it could be a network of friends, your retirement community or it could be your religious or faith community.

- What kinds of contributions do LGBT older adults provide to society?
  - Working
  - Volunteering
  - Other ways of being involved in communities?

- What can be done to make it easier for LGBT older adults to continue to be involved as they age, or to make it easier to be involved?
  - Do you know older adults that would like to be more involved? What barriers have you seen to their participation?

Are there any last thoughts you would like to share on any of the things we talked about today before we end the group?
APPENDIX III: SURVEY INSTRUMENT
Thank you for your interest in our survey. The LGBT Older Adults Health Needs Project aims to document the health needs and barriers faced by sexual minority older adults in Philadelphia. We will use the information we collect in this project to inform health care providers, policymakers, and advocates about how they can improve the delivery of health services for older LGBT adults. This research is being conducted by Public Health Management Corporation (PHMC) with funding from the Pennsylvania Department of Health.

This survey is for you if AT LEAST ONE of these applies to you:
- You identify as lesbian, gay, or bisexual
- You have had sexual and/or romantic relationships with someone of the same sex
- You identify as a transgender or gender variant person; or if you have lived (or want to live) full-time in a gender different from your birth or physical sex
- You have physically modified your body (or want to) to match who you feel you really are inside

Additionally to be eligible for this survey you must:
- Be 55 years of age or older
AND
- Live in Philadelphia; OR live in the Philadelphia region, and visit Philadelphia regularly to participate in community life, visit medical providers, and/or access services.

If these apply to you, we invite you to complete this health needs survey.

Your opinions and experiences are important to us, so we ask that you provide complete answers whenever possible. You may skip any questions that you don’t want to answer. The survey is anonymous. We will not ask for your name or other identifying information. By choosing to answer the survey, you indicate that you agree to join the project.

After you finish the survey, please seal this form in the attached envelope. Return it to the person who gave you the survey. You will then receive $10 to thank you for your time.

If you have questions about the survey, please contact Lee Carson, PHMC Research Associate at 267-765-2352 or lcarson@phmc.org.
After completing the survey, if you have questions about how to locate and receive age-related services you may need, the Philadelphia Corporation on Aging may be able to help. They can be reached at 215-765-9040 in Philadelphia, at 888-482-9060 outside the city. Information is also available at www.pcacares.org. In addition, we will give you a list of agencies that provide different types of services.

PLEASE TEAR OFF AND KEEP THIS PAGE FOR YOUR RECORDS.

THANK YOU FOR WORKING WITH US ON THIS IMPORTANT PROJECT.
A. HEALTH INSURANCE

A1. Have you been without health insurance coverage at any time in the past year?
   _____ Yes    _____ No    _____ Don't Know

   A1a. If yes, what is the main reason you did not have insurance?
   _____________________________________________________________________

   A1b. If yes, approximately how long were you without insurance?
   _____ Less than 6 months    _____ 6 months to 11 months
   _____ 1 to 2 years          _____ More than 2 years
   _____ Don't Know

A2. If you are insured, what is the source of your medical coverage? (Check one)
   _____ Employer
   _____ Through partner
   _____ Government (Medicaid or Medicare)

   A2a. Have you purchased supplemental insurance?
   _____ Yes    _____ No
   _____ Purchase my own insurance
   _____ Other: _____________________
   _____ I don’t have insurance

A3. Do you currently have any coverage for prescription medications?
   _____ Yes    _____ No

A4. Do you currently have any dental insurance?
   _____ Yes    _____ No
B1. Would you say that in general your health is excellent, very good, good, fair, or poor?

- Excellent
- Fair
- Very Good
- Poor
- Good

Have you ever been told by a doctor or other health professional that you have any of the following chronic conditions?

*Please circle a response for each:*

<table>
<thead>
<tr>
<th>B2.</th>
<th>Asthma</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>B3.</td>
<td>Arthritis, including osteoarthritis, rheumatoid arthritis, gout, fibromyalgia, or lupus?</td>
<td>Yes</td>
<td>No</td>
<td>Don’t know</td>
</tr>
<tr>
<td>B4.</td>
<td>Cancer (Specify__________________________)</td>
<td>Yes</td>
<td>No</td>
<td>Don’t know</td>
</tr>
<tr>
<td>B5.</td>
<td>COPD or other lung problems other than asthma</td>
<td>Yes</td>
<td>No</td>
<td>Don’t know</td>
</tr>
<tr>
<td>B6.</td>
<td>Diabetes</td>
<td>Yes</td>
<td>No</td>
<td>Don’t know</td>
</tr>
<tr>
<td>B7.</td>
<td>Heart disease, including angina, congestive heart failure, a heart attack, etc?</td>
<td>Yes</td>
<td>No</td>
<td>Don’t know</td>
</tr>
<tr>
<td>B8.</td>
<td>High blood pressure or hypertension</td>
<td>Yes</td>
<td>No</td>
<td>Don’t know</td>
</tr>
<tr>
<td>B9.</td>
<td>High cholesterol</td>
<td>Yes</td>
<td>No</td>
<td>Don’t know</td>
</tr>
<tr>
<td>B10.</td>
<td>HIV/AIDS</td>
<td>Yes</td>
<td>No</td>
<td>Don’t know</td>
</tr>
<tr>
<td>B11.</td>
<td>Other (Specify__________________________)</td>
<td>Yes</td>
<td>No</td>
<td>Don’t know</td>
</tr>
<tr>
<td>B12.</td>
<td>Other (Specify__________________________)</td>
<td>Yes</td>
<td>No</td>
<td>Don’t know</td>
</tr>
</tbody>
</table>
C. PRIMARY AND OTHER MEDICAL CARE

C1. Is there one person or place you USUALLY go to when you are sick or want advice about your health?
   _____ Yes
   _____ No
   _____ Don't Know

C1a. What kind of place is this?
   _____ Private doctor’s office
   _____ An LGBT specific Health center (such as the Mazzoni Center)
   _____ Community health center or public clinic (not LGBT specific)
   _____ Hospital outpatient clinic (e.g. Family Medicine clinic)
   _____ Hospital emergency room
   _____ Other place (Specify________________________________________)

C1b. Have you disclosed your sexual orientation to any provider at this location?
   _____ Yes
   _____ No

C2. When was the last time you visited a clinic, doctor’s office or other location for your own health care visit?
   _____ Within the past year
   _____ About 1 year ago
   _____ About 2 years ago
   _____ About 3 years ago
   _____ About 5 years ago
   _____ More than 5 years ago

C3. In the past year, has there been a time that your provider referred you to a specialist?
   _____ Yes
   _____ No

C5a. If yes, did you see this specialist?
   _____ Yes
   _____ No, but have an appointment in the future
   _____ No  Why didn’t you see the specialist? ______________________________

C4. In the past year, has there been any time when you were sick or injured AND did not seek health care because of the cost?
   _____ Yes
   _____ No
   _____ Don't Know

C5. In the past year, has there been any time when you did not fill a prescription because of the cost?
   _____ Yes
   _____ No
   _____ Don't Know
C6. In the past year, has there been any time when you needed dental care but did not get it because of the cost?

- Yes
- No
- Don't Know

Below is a list of different health screening and routine care. If a test does not apply to you, please check “I didn’t need this”. If you think you might need the test, but you have never had one, please check “never”. Otherwise, check the time category that best fits your last visit or test.

C7. When is the last time you…

<table>
<thead>
<tr>
<th></th>
<th>I Didn’t Need This</th>
<th>Within The Past Year</th>
<th>About 2 Years Ago</th>
<th>About 3 Years Ago</th>
<th>More Than 3 Years Ago</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>C7a. Visited a dentist</td>
<td></td>
<td></td>
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<tr>
<td>C7b. Had a cholesterol blood test</td>
<td></td>
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<tr>
<td>C7c. Had a fasting blood sugar test</td>
<td></td>
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<tr>
<td>C7d. Had a TB test</td>
<td></td>
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<tr>
<td>C7e. Had a test for blood in your stool</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>C7f. Had your blood pressure taken?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>C7g. If you have breasts: When was your last breast exam by a doctor or other health professional?</td>
<td></td>
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<tr>
<td>C7h. If you have breasts: When was your last mammogram?</td>
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<td></td>
</tr>
<tr>
<td>C7i. If you have a cervix: When was your last pelvic exam?</td>
<td></td>
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<tr>
<td>C7j. If you have a cervix: When was your last PAP smear to test for cancer?</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>C7k. If you have ever had receptive anal sex:</td>
<td>I Didn’t Need This</td>
<td>Within The Past Year</td>
<td>About 2 Years Ago</td>
<td>About 3 Years Ago</td>
<td>More Than 3 Years Ago</td>
<td>Never</td>
</tr>
<tr>
<td>------------------------------------------------</td>
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</tr>
<tr>
<td>When was your last anal smear to test for cancer?</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C7l. If you have a prostate:</th>
<th>I Didn’t Need This</th>
<th>Within The Past Year</th>
<th>About 2 Years Ago</th>
<th>About 3 Years Ago</th>
<th>More Than 3 Years Ago</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>When was your last rectal exam for prostate cancer or prostate-specific antigen (PSA) blood test?</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>C7m. When is the last time you had an HIV test (to see if you were infected)?</th>
<th>I Didn’t Need This</th>
<th>Within The Past Year</th>
<th>About 2 Years Ago</th>
<th>About 3 Years Ago</th>
<th>More Than 3 Years Ago</th>
<th>Never</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>C7n. When is the last time that you were screened for sexually transmitted infections, such as syphilis, gonorrhea, chlamydia, etc? By this we mean, you asked for the test and they took urine, blood or a swab specifically for these tests.</th>
<th>I Didn’t Need This</th>
<th>Within The Past Year</th>
<th>About 2 Years Ago</th>
<th>About 3 Years Ago</th>
<th>More Than 3 Years Ago</th>
<th>Never</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>C7o. Had a bone density test</th>
<th>I Didn’t Need This</th>
<th>Within The Past Year</th>
<th>About 2 Years Ago</th>
<th>About 3 Years Ago</th>
<th>More Than 3 Years Ago</th>
<th>Never</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>C7p. Had a colonoscopy or sigmoidoscopy to screen for colorectal cancer</th>
<th>I Didn’t Need This</th>
<th>Within The Past Year</th>
<th>About 2 Years Ago</th>
<th>About 3 Years Ago</th>
<th>More Than 3 Years Ago</th>
<th>Never</th>
</tr>
</thead>
</table>

C8. Do you think you need more information about any of these screenings? Check all that apply.

- [ ] Mammogram
- [ ] Cervical Pap smear
- [ ] Anal Pap Smear
- [ ] PSA test for prostate cancer screening
- [ ] STI testing
- [ ] Bone Density test
- [ ] Colonoscopy or other screening for colorectal cancer
- [ ] Any other screening test (specify: ____________________________)
- [ ] None of these
We have some specific questions for individuals who have physically changed their body, through surgery or hormones, to better match who they are inside.

D1. Does this description fit you? OR, would you like to change your body in these ways?
   _____ Yes  - Please continue with D2
   _____ No  - Please SKIP to SECTION E on PAGE 10

D2. Have you ever had, or are currently having, any of the following transition related procedures or treatments? (check all that apply)
   _____ Hormone suppression therapy such as (Spironolactone (Aldactone), Cyproterone acetate (Andocur)
   _____ Hormone therapy (estrogen, testosterone)
   _____ Undergone any gender affirming surgical or reassignment procedures: (for example: mastectomy, hysterectomy, phalloplasty, orchiectomy, vaginoplasty, breast augmentation, facial surgery, etc)
   _____ Silicone injections in face, breasts, or body
   _____ Electrolysis
   _____ Laser hair removal or skin resurfacing
   _____ Other: ______________________________________________________________

D3. Have you had any health issues that a health care provider told you may be related to a previous medication or surgical procedure related to transition?
   _____ Yes (please describe:__________________________________________________)
   _____ No

D4. Have you experienced any mental or emotional difficulties that you think may be related to hormone therapy? For example, feeling sad, anxious, angry, etc?
   _____ Yes (if yes, please describe: ___________________________________________)
   _____ No

D5. Are there any transition-related procedures you feel you need to have completed but are unable to do so?
   _____ Yes (If yes, why can’t you complete the procedure(s)? ____________________________)
   _____ No
D6. Have you ever taken:

D6a. Estrogen based medications? _____ Yes _____ No
D6b. Testosterone-based medications? _____ Yes _____ No
D6c. If you have taken estrogen/ testosterone:
How old were you when you started estrogen or testosterone? _____ _____
D6d. Are you still taking hormones?
   _____ Yes
   _____ No   If no, at what age did you stop? _____ _____
   Why did you stop taking hormones? ______________________

D7. If you are still taking hormones, please check all of the sources you have used to obtain them in the past 2 years:
   _____ Not applicable   _____ Medical provider
   _____ Friend/Associate   _____ Website on the Internet
   _____ Someone you don’t know well
   _____ Other (specify______________________________________)

D8. If you are still taking hormones, how was your estrogen or testosterone administered in the past 2 years? (check all that apply)
   _____ Not applicable   _____ Injected by a medical provider
   _____ Transdermal (patch)   _____ Injected by another person
   _____ Orally (pills)   _____ Other method (please specify:
   _____ Self-injection   ___________________________)

D9. Taking hormones can involve blood tests to check how the hormones are affecting your body. Which one of the following statements applies best to your recent hormone use?
   _____ A provider who prescribed the hormones did blood tests to measure estrogen and/or testosterone levels only
   _____ A provider who prescribed the hormones did blood tests to measure estrogen and/or testosterone levels AND other tests to check on the effects (such as thyroid and liver function)
   _____ Another provider did blood tests to measure estrogen and/or testosterone levels
   _____ I did not have my hormone levels tested
   _____ Another situation: (please describe:___________________________________)
### E. EXPERIENCES WITH HEALTH CARE

Some people have difficult experiences when getting care. Below are some statements people have made about these experiences. By “health care provider”, we mean anyone you might see in a health care setting, including doctors, nurses, other health care workers (like physical therapists, medical assistants, etc) as well as office staff. We also mean anyone providing other types of care, like staff at a recovery facility, or a home health aide.

Have any of these happened to you? Please circle yes or no for each experience

<table>
<thead>
<tr>
<th></th>
<th>Has This Ever Happened to You?</th>
<th>Has This Happened in the Past 5 Years?</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1.</td>
<td>I was denied care by a health care provider</td>
<td>Yes   No</td>
</tr>
<tr>
<td>E2.</td>
<td>Health care providers have blamed me for my health status</td>
<td>Yes   No</td>
</tr>
<tr>
<td>E3.</td>
<td>Health care providers have refused to touch me or acted like they didn’t want to touch me</td>
<td>Yes   No</td>
</tr>
<tr>
<td>E4.</td>
<td>Health care providers were physically rough or abusive</td>
<td>Yes   No</td>
</tr>
<tr>
<td>E5.</td>
<td>Health care providers use harsh or abusive language when talking to me</td>
<td>Yes   No</td>
</tr>
<tr>
<td>E6.</td>
<td>I felt like I had to hide who I am from my health care providers</td>
<td>Yes   No</td>
</tr>
<tr>
<td>E7.</td>
<td>The health care environment did not seem private/confidential</td>
<td>Yes   No</td>
</tr>
<tr>
<td>E8.</td>
<td>Another type of experience: (describe:_________________________________)</td>
<td>Yes   No</td>
</tr>
</tbody>
</table>

E9. Do you think any of these experiences happened because:

E9a. You are lesbian, gay, bisexual, or transgender? (please choose all that apply)

   _____ Yes, because of who I am attracted to, or because I am lesbian, gay, or bisexual
   _____ Yes, because of my gender presentation or because I am transgender
   _____ No

E9b. Of your race or ethnicity?

   _____ Yes  _____ No

E9c. Of your age?

   _____ Yes  _____ No
E9d. Of another reason (Specify _________________________________)

_____ Yes  _____ No

E10. If you would like to tell us more about an experience, please describe here:

________________________________________________________________________
________________________________________________________________________

E11. Have you had any other types of uncomfortable, upsetting, or unfair experiences while in a health care locations? If so, what happened?

________________________________________________________________________
________________________________________________________________________

E12. Do you have other concerns about getting the health care or personal care you need now or may need in the future? If so, what are the concerns?

________________________________________________________________________
________________________________________________________________________
F1. During the past month, did you provide any regular care or assistance to a family member or friend who is 60 years of age or older and has a long-term illness or disability?

_____ Yes  _____ No

F2. Are you deaf or do you have serious difficulty hearing?

_____ Yes  _____ No

F3. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

_____ Yes  _____ No

F4. Because of a physical, mental, or emotional condition do you have difficulty:

<table>
<thead>
<tr>
<th>F4a. Doing errands alone, such as visiting a doctor’s office or shopping?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>F4b. Concentrating, remembering, or making decisions?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>F4c. Walking or climbing stairs?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

F5. Have you used any of the following devices to get around in the past 12 months?

_____ A wheelchair or scooter  _____ A cane

_____ A walker  _____ Crutches

_____ Another device (Specify ________________________)  _____ None of these

F6. Thinking about the past month, how many times per week did you participate in any physical activities that lasted for at least one-half hour, such as walking, basketball, dance, riding a bike, or gardening?

_____ None  _____ Less than once a week

_____ 1 to 2 days per week  _____ 3 days per week

_____ More than 3 days per week

F7. Have you had difficulty accessing a place where you could get physical activity safely?

_____ Yes  _____ No

F7a. If yes, why is this? ___________________________________
F8. How many servings of fruits and vegetables do you eat on a typical day?

_A serving of a fruit or vegetable is equal to a medium apple, half a cup of peas, or half a large banana._

_____ # of servings

F9. How would you rate the overall quality of groceries available where you usually shop? Would you say it is excellent, good, fair or poor?

_____ Excellent  _____ Good
_____ Fair  _____ Poor

F10. Do you currently smoke cigarettes?

_____ Yes, every day  _____ Yes, some days  _____ Not at all
G1. Have you been sexually active in the past year?
   _____ Yes  _____ No

G2. If you have had sex in the past year, how would you describe the frequency of your use of condoms or other protective barriers during this time? Please pick one category.
   _____ Never  _____ Rarely  _____ Sometimes  _____ Often  _____ Always
   G2a. _____ Never, because I have not had intercourse/penetration
   G2b. _____ Never, because I’m in a mutually monogamous (faithful) relationship

G3. Have you had any sexual concerns in the past year, related to libido, sexual function, or other issues?
   _____ Yes  _____ No

G4. Did you discuss these concerns with a doctor?
   _____ Yes  _____ No
H. EMOTIONAL HEALTH

H1. Have you EVER been diagnosed with any mental health condition, including clinical depression, anxiety disorder or bipolar disorder?

_____ Yes  _____ No

H1a. If yes, has this condition still affected you in the past 5 years?

_____ Yes  _____ No

H1a1. If yes, are you currently receiving treatment for this mental health condition?

_____ Yes  _____ No

H2. In the past 12 months, was there a time that you thought mental/emotional health care may have helped you, but you did not get this care?

_____ Yes  _____ No

H2a. If yes, why not? ______________________________________________________

Read the statements below about the ways you may have felt in the past week.

H3. Did you feel this way for MUCH OF THE TIME in the past week?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>H3a. I felt depressed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H3b. I felt that everything I did was an effort</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H3c. My sleep was restless</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H3d. I was happy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H3e. I felt lonely</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H3f. People were unfriendly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H3g. I enjoyed life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H3h. I felt sad</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H3i. I felt that people disliked me</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H3j. I could not get going</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

H4. Using a scale from 1 to 10, where 1 means “no stress” and 10 means “an extreme amount of stress,” how much stress would you say you have experienced during the past year?

<table>
<thead>
<tr>
<th>No stress</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extreme Stress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>
I. SOCIAL SUPPORT AND INVOLVEMENT

People sometimes look to others for companionship, assistance, or other types of support. How much do you agree with these statements some people have made about support?

11. I often feel isolated and alone
   Strongly Agree  Agree  Disagree  Strongly Disagree

12. There is no one I can talk to about the important decisions in my life.
   Strongly Agree  Agree  Disagree  Strongly Disagree

13. There is no one I can depend on to lend me $50 if I needed it for an emergency.
   Strongly Agree  Agree  Disagree  Strongly Disagree

14. I feel no one respects who I am
   Strongly Agree  Agree  Disagree  Strongly Disagree

15. No one really understands my most private worries and fears.
   Strongly Agree  Agree  Disagree  Strongly Disagree

16. Overall, how often do you receive the emotional support you need? By emotional support, we mean having someone who is there with you if you are having a hard time and who understands your feelings.
   _____ All of the time  _____ Most of the time
   _____ Some of the time  _____ Almost none of the time

17. How satisfied are you with the amount of time you spend with friends?
   Very Satisfied  Satisfied  Somewhat satisfied  Dissatisfied  Very Dissatisfied

18. How satisfied are you with your participation in community activities?
   Very Satisfied  Satisfied Somewhat satisfied  Dissatisfied  Very Dissatisfied

19. What is your religious affiliation?
   _____ Protestant (i.e. Baptist, Presbyterian, Christian, Other Christian Denomination)
   _____ Catholic  _____ Jewish
   _____ Muslim  _____ Buddhist
   _____ None  _____ Other ____________________

The Research and Evaluation Group
I10. How often do you attend religious services?
    _____ Never
    _____ Less than once a year
    _____ A few times a year
    _____ Monthly
    _____ A few times a month
    _____ Weekly
    _____ More than once a week

I11. In the past 5 years, have you experienced any problems participating in any community activities (including religious, neighborhood, and other activities) because:

I8a. You are lesbian, gay, bisexual, or transgender? (please choose all that apply)
    _____ Yes, because of who I am attracted to, or because I am lesbian, gay, or bisexual
    _____ Yes, because of my gender presentation or because I am transgender
    _____ No

I8b. Of your race or ethnicity?
    _____ Yes
    _____ No

I8c. Of your age?
    _____ Yes
    _____ No

I8d. Of another reason?
    _____ Yes (Specify ______________________)  _____ No
The following are programs and services in your area that are available for older adults. 
Did you know about or use each type of program? 
If you didn’t use it, did you need it?

<table>
<thead>
<tr>
<th>J1. Activities Programs at Senior Centers or Senior Clubs</th>
<th>I used this in the past 12 months</th>
<th>I know about this, but did NOT use it in the past 12 months</th>
<th>I did not know about this program</th>
<th>If you did not use the program: Did you need this program in the past 12 months?</th>
</tr>
</thead>
<tbody>
<tr>
<td>J2. Meals or Food Programs, including farmer’s market vouchers, home delivered meals, meals at Senior Centers, emergency food, etc</td>
<td></td>
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<td></td>
<td>Yes</td>
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<tr>
<td>J3. Transportation Services or Resources (including SEPTA discounts, medical transportation, etc)</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>J4. PACE - Prescription Drug Program for the Elderly (NOT Medicare Part D)</td>
<td></td>
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<td></td>
<td>Yes</td>
</tr>
<tr>
<td>J5. Senior Helpline or Information Referral Line</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>J6. Someone paid to provide services in your home (such as medical services, or helping you with grooming, cooking or shopping). This could be someone from an agency or someone you hired.</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>J7. Housing services such as energy assistance programs, subsidized housing or home repair programs</td>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

The Research and Evaluation Group
J8. Have you had, or do you worry you could have, any problems with these services because:

J8a. You are lesbian, gay, bisexual, or transgender? (please choose all that apply)
   _____ Yes, because of who I am attracted to, or because I am lesbian, gay, or bisexual
   _____ Yes, because of my gender presentation or because I am transgender
   _____ No

J8b. Of your race or ethnicity?
   _____ Yes   _____ No

J8c. Of another reason?
   _____ Yes (Specify___________________)   _____ No

J8d. If you have experienced or worry about any problems, please discuss:

__________________________________________________________________
__________________________________________________________________
__________________________________________________________________
K1. What do you consider your marital or relationship status to be?
   _____ Married

   K1a. If you are married, does your state recognize this marriage?
   _____ Yes  _____ No

   _____ Living with a partner
   _____ Divorced/ Separated

   _____ Widowed
   _____ Single

   _____ Other (Specify ____________________________)

K2. Are you a parent, or have you raised any children? (Check ALL that apply)
   _____ Yes, I have a biological child/children
   _____ Yes, I legally adopted a child/children
   _____ Yes, I raised children but did not legally adopt
   _____ Yes, another situation: ___________________________
   _____ No, I never raised any children

K3. How many children do you have, whether they are living with you or not? _______

K4. What type of place do you live now?
   _____ A house or apartment

   K4a. Is this senior housing?
   _____ Yes  _____ No

   _____ In a rented room or boarding house

   _____ In an assisted living or nursing home facility

   _____ On the street, in a car, in the park, or in an abandoned building

   _____ In a shelter or mission

   _____ Another living arrangement (Specify ____________________________)

K5. If you live in a house or apartment, are you, yourself on the lease or mortgage/deed?
   _____ Yes, I rent and I am listed on a lease/contract

   _____ Yes, I own, and I am listed as a homeowner

   _____ No, other arrangement (Specify ____________________________)
K6. How many people live in your household, including you? ________

K7. Who do you live with? (check all that apply)
   _____ No one else, just you
   _____ Spouse/partner/lover/boyfriend/girlfriend
   _____ A parent
   _____ Other adult biological family members (siblings, children, etc)
   _____ Chosen family
   _____ Friends
   _____ In an institutional setting, many other adults are here
   _____ Children under 18 (How are they related to you? ______________________)
   _____ Other (Specify ____________________________)

K8. Overall, how difficult was it for you to afford your housing costs during the past year? Housing costs refer to the money that you and your household spend on utility bills, rent, mortgage payments and property taxes.
   _____ Very difficult       _____ Somewhat difficult
   _____ Not very difficult   _____ Not difficult at all
   _____ I do not pay for my housing costs

K9. How long do you wish to remain in your current home?
   _____ Five years or less       _____ More than five years but less than ten
   _____ Ten or more years        _____ Don’t Know

K10. In the place that you live, do any of the following items currently need repair? (Check all that apply)
   _____ Roof       _____ Plumbing
   _____ Heating/cooling systems       _____ Other ____________________________
   _____ No repairs are needed

K11. Do you see yourself as:
   _____ Male
   _____ Female
   _____ Transsexual/Transgender (Specify:___________________________)
   _____ Part time as one gender, part time as another
   _____ A gender not listed here (Specify:___________________________)
K12. What is your sexual orientation? (check the one that best describes you)
   _____ Asexual (not interested in sex at all)  _____ Queer
   _____ Bisexual  _____ An orientation not listed
   _____ Gay  (Specify: ______________________)
   _____ Lesbian  _____ Heterosexual/straight
   _____ In the life  _____ I don’t place a label on my sexual orientation

K13. What is your age? _____

K14. Are you of Hispanic or Latino origin or descent?
   _____ Yes  _____ No

K15. Which of these groups would you say best represents your race?
   _____ White
   _____ Black or African American
   _____ Asian or Pacific Islander
   _____ American Indian or Alaska Native
   _____ Biracial or multiracial (Specify: ______________________)
   _____ Another racial group (Specify: ______________________)

K16. Which of the following income categories best describes your total 2010 household income? By “household” we mean anyone you both live and share expenses with. Please be sure to include income from all sources, such as wages, salaries, welfare, social security, retirement benefits, investments, alimony and/or child support.
   _____ $9,999 or less  _____ $10,000 to $19,999
   _____ $20,000 to $29,999  _____ $30,000 to $49,999
   _____ $50,000 to $79,999  _____ $80,000 or more

K17. What is the zip code of your current primary residence?     ____  ____  ____  ____  ____

K18. What is the highest level of education you completed? (check one)
   _____ 8th grade or less
   _____ Some high school (no diploma)
   _____ High school graduate/ GED
   _____ Technical certificate/ Associate’s degree (incl. cosmetology)
   _____ Some college
   _____ College degree (BA/BS)
   _____ Graduate or professional degree
K19. What is your employment status? (check ALL that apply)
   _____ Full-time (more than 30 hrs/week)
   _____ Part-time (less than 30 hrs/week)
   _____ Unemployed, looking for work
   _____ Unemployed, NOT looking for work
   _____ Retired

   K19a. At what age did you retire? ____________

   _____ Disabled/unable to work
   _____ Homemaker
   _____ Other (Specify ________________________________)

K20. If you are currently working or looking for work, do you plan to retire?
   _____ Yes, I plan to fully retire
   K20a. At what age? ____________

   _____ Yes, I plan to partially retire
   K20b. At what age? ____________

   _____ I am already partially retired but do not plan to fully retire
   _____ If I can’t work anymore due to health concerns
   _____ If I lose my job/can’t find a job
   _____ I don’t have any plans to retire

K21. What are your biggest concerns for yourself about getting older as an LGBT person?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

K22. If you could tell everyone one thing about the experience of getting older as a LGBT person in Philadelphia, what would you tell them?

_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________
K23. Do you think changes are needed to older adult health care and other services to be appropriate for LGBT older adults? What changes would improve these services?
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

K24. Do you have any final comments about your experiences that you would like to share?
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

K25. Do you have any comments about the survey?
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________