LGBT Persons in Chicago:

Growing Older

A Survey of Needs and Perceptions

Chicago Task Force on LGBT Aging

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LGBT PERSONS IN CHICAGO: GROWING OLDER
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Introduction

It is estimated that there are more than 40,000 lesbian, gay, bisexual and transgender (LGBT) persons in Chicago over the age of 55. While the overall proportion of LGBT individuals in the population has probably remained relatively constant, one significant recent change is in the number of individuals reaching maturity who have lived most of their adult lives relatively "out of the closet." These individuals are far more likely to desire and/or demand services that are provided in an atmosphere that does not judge their sexual orientation or gender identity. Service providers can no longer pretend that they do not exist. Institutions cannot assume that LGBT seniors will continue to make accommodations to fit into the heterosexual models and assumptions upon which so much of the current services for the aging are based.

The problem, though, cannot simply be laid at the feet of the organizations and establishments that are unable (or unwilling) to provide services that are sensitive to the unique needs of LGBT seniors. The fact is that many providers are interested in learning about the needs of this segment of the population, but there is a dearth of information, let alone solid research data, regarding this group. This survey is an initial attempt by the Chicago Task Force on LGBT Aging to provide information about these specific needs, to begin to point the way toward making aging services in Chicago more LGBT-friendly, and to begin to inform the LGBT community about the needs of its older members.

Background

The Chicago Task Force on LGBT Aging was first convened in January 1998 as part of (what is now) Horizons Mature Adult Program of Center on Halsted. The Task Force includes professionals in the field of aging services, service providers in the LGBT community, and members of the senior LGBT community. According to the letter inviting participants to the first meeting, the Task Force was "designed to 1) define the issues regarding lesbian and gay aging, 2) identify existing services, 3) identify gaps in services, and 4) make policy and programmatic recommendations to the broader service provider community."

In the Fall of 2000, the Task Force established a priority to conduct a survey of the needs of LGBT seniors. Task Force members, with assistance from research staff at Howard Brown Health Center, created an instrument containing thirty questions, including five which invited narrative answers. The survey instrument is found as Appendix A to this report.

With very limited funding available for the survey, Task Force members decided to utilize as many informal networks as possible to distribute the survey forms. The first distribution of survey forms was to persons attending the Silver Images film festival in

May of 2001. Surveys were included in the monthly mailings of several organizations, including Horizons Mature Adult Program and Equality Illinois. In addition, a number of organizations ran an announcement of the survey in their newsletters, including contact information for individuals to have a survey form mailed to them, and instructions for completing the survey online. A press release announcing the survey was sent to the major publications in the LGBT community. Task Force members also distributed survey forms through their professional contacts, and the survey form could be accessed through the Horizons Community Services' website.

From a distribution of approximately 2,500 survey forms by various means described above, 280 responses (11%) were received and tabulated. While an effort was made for the distribution of survey forms, and notification about the availability of the survey forms, to be as broad as possible (as noted above), it should be noted that the respondents represent a self-selected sample of the population.

Acknowledgments

The original concept for this survey was suggested by Dr. David Staats, Associate Professor of Clinical Medicine, Section of Geriatric Medicine, Department of Medicine, at the University of Illinois at Chicago. Members of the Task Force expanded the scope of the original survey, and made numerous revisions to both the content and format of the survey instrument. Brent Hope, Director of Research at Howard Brown Health Center, provided valuable suggestions, as well as offered the services of the department to do the analysis of the data. Also of Howard Brown's Research Department, staff member Tom George was responsible for the final analysis of the data and Frances Aranda, then an intern, provided important feedback and direction on the survey questionnaire. Task Force members who worked on the survey format, its distribution, and final report format included Paula Basta, Chicago Department on Aging; Dennis Beauchamp, Council for Jewish Elderly; Nikita Buckhoy, Horizons Community Services; Herb Fischer, community member; Ellen Meyers, Illinois Secretary of State's office; Jim Skinner, Howard Brown Health Center; Perry Wiggins, Horizons Community Services; and Terri Worman, AARP Illinois.

Executive Summary

The recent survey of needs among lesbian, gay, bisexual and transgender (LGBT) seniors in Chicago revealed, not surprisingly, that their specific needs are both similar to and different from the needs of heterosexual seniors. The survey also confirmed the existence of the double-bind of ageism within the LGBT community, as well as the homophobia and heterosexism within the aging services community.

Like older people in general, LGBT seniors expressed desires for comfortable, safe and friendly retirement housing; in-home support to allow persons to age-in-place as long as possible; advocacy with social service and health care professionals; access to preventative health care services; and a senior center for social and intellectual stimulation as well as a central point to access needed information and services. A significant barrier to receiving needed information and services related to sexual health

and disease prevention was the presumption by health care providers that seniors as a whole are no longer sexually active.

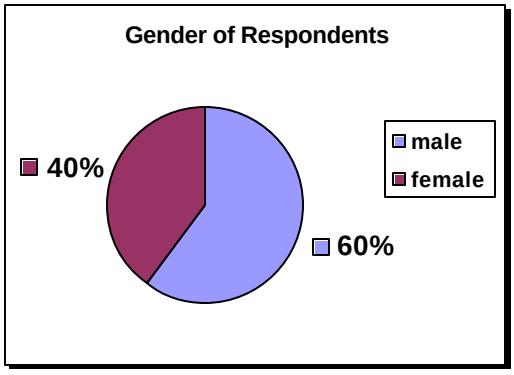
Survey respondents identified a number of barriers to receiving appropriate care from both health care and social service providers that were specific to their sexual orientation and/or gender identity. Among these were the need for education among professionals regarding the extent to which unconscious or implied heterosexism (i.e., the presumption of heterosexuality) is a barrier to open communication between providers and LGBT clients/patients regarding lifestyle and health issues. Findings suggest that health and service professionals often fail to recognize or acknowledge the significance of primary relationships that are like spousal relationships in a legal heterosexual marriage, and that networks of friends often function as extended family for LGBT seniors.

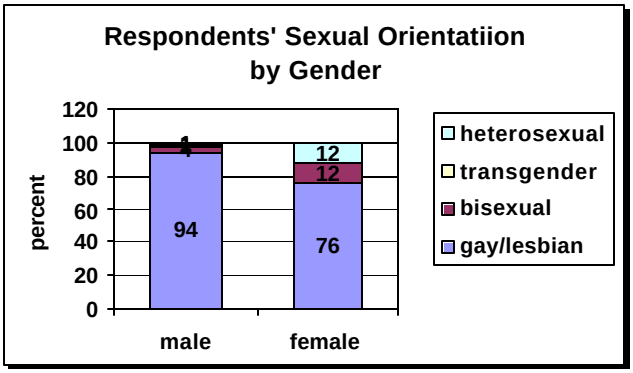
The survey also revealed significant frustration with and criticism of the larger LGBT community. Findings suggest that seniors often feel either invisible or unwanted within the LGBT community and suggested that the LGBT community needs to become more aware of and to value the life experiences and collective wisdom of its elders. Respondents reported significant social barriers to interaction among different age groups within the LGBT community, and that opportunities for intergenerational contact and interaction would go a long way toward beginning to bridge those barriers. Some respondents commented that advertising targeting the LGBT community reinforces such ageism by placing an even greater emphasis than main-stream media on youth in images used to sell everything from alcohol and automobiles to lingerie, medications, and sex.

Survey Results

Demographics

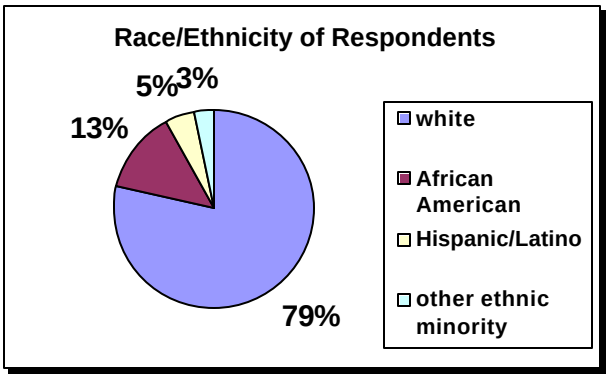
Of the 280 respondents, 169 are male and 109 female. Of the 169 males, 159 identify as gay, eight as bisexual, one as heterosexual, and one as transgender. Eighty-three of the 109 females identify as lesbian, 13 as bisexual, and thirteen as heterosexual.

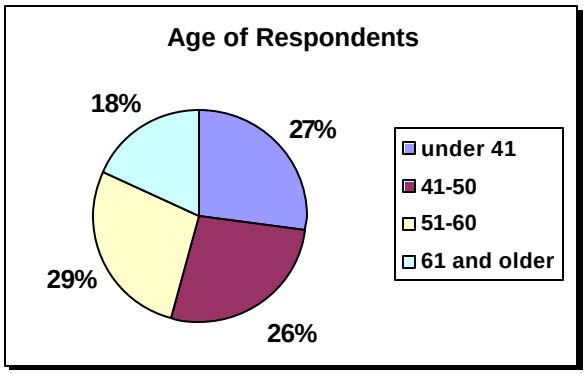




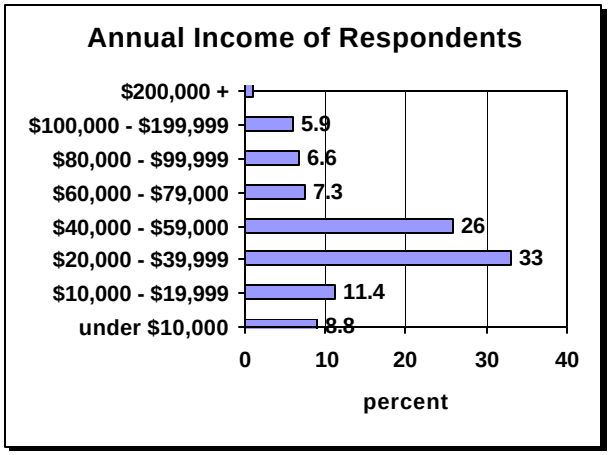
Racially, 79% identify themselves as White, 13% as African American, 5% as Hispanic/Latino, and 3% as "other ethnic minority."

Looking at age, 27.5% of the respondents are under 41, 26.4% are between 41 and 50, 28.2% are between 51 and 60, and the remaining 17.9% are 61 or older. Twenty-four percent (24%) of the respondents are retired.





The survey asked respondents to indicate their annual income by checking one of the income ranges provided (see appendix). Eight point eight percent (8.8%) report an income under $10,000, which would put them below or near the poverty line. Eleven point four percent (11.4%) report income between $10,000 and $19,999. A third of the respondents report income between $20,000 and $39,999. Another 26% report income in the $40,000 to $59,000 range. The remaining ranges were $60,000 to %79,000 (7.3%), $80,000 to $99,999 (6.6%), $100,000 to $199,999 (5.9%), and $200,000 and above (1.1%). Roughly the same proportion have incomes under $20,000 (20.1%) as those over $60,000 (23.6%).



Two hundred nine (209) of the respondents (75%) live in the city of Chicago, 60 in the surrounding communities, and two in Michigan. Most of the Chicago residents live on the north side (154), followed by the south side (23), downtown area (17), and west side (15). Some 45% of the city respondents reside in three zip codes (60640, 60657, 60660) encompassing several north side lakefront communities.

Housing

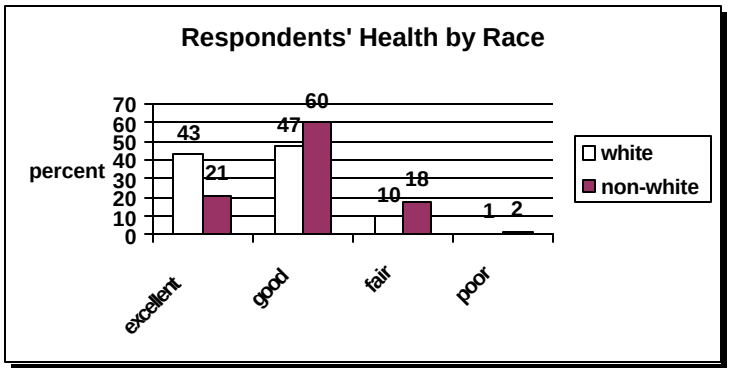
Ninety-six percent (96%) of respondents who are retired report living in their own home/condo/apartment. Looking to the future, 86% of those not yet retired plan to continue living in a home/condo/apartment after retirement. Looking at respondents age 51 and older, 73% stated they plan to stay in their home/condo/apartment.

When asked what they would do if they could no longer live independently, 43% indicate they would move to a retirement community, 24% indicated an assisted living facility, 22% indicated living with family, and eight percent checked "other." Ethnic minority respondents were much more likely to choose living with family if they could not live independently (41%) than were whites (17%).

Age of the respondent was a significant factor when it came to living with family. Forty-five percent (45%) of those under age 41 state a preference for living with family, compared to 15% of those age 41-60, and only seven percent (7%) of those over age 60.

Health and Well-being

Ninety percent (90%) of the white respondents and 80% of non-white respondents self-identify as being in good or excellent health. Non-whites are twice as likely to self-identify as being in poor or fair health. Ninety-five percent (95%) indicate that they have access to health care, 90% have a current health care provider, and 95% indicate their health care needs are being met. One in ten report they have had a negative experience with a health care specialist because of their sexual orientation/gender identity. Eighty-five percent (85%) feel a need for preventive health care. Asked about their mobility, 92% get around easily, 7% get out now and again, and 1% are homebound.



Eleven percent (11%) of the respondents indicate they have had a negative experience with a personal care provider due to their sexual orientation/gender identity. Non-whites (17%) are nearly twice as likely to have had a negative experience than whites (9%). Twenty-one percent (21%) of all respondents indicate that there had been a time when they could have used an advocate. Eleven percent (11%) report having had a negative experience with a social service provider.

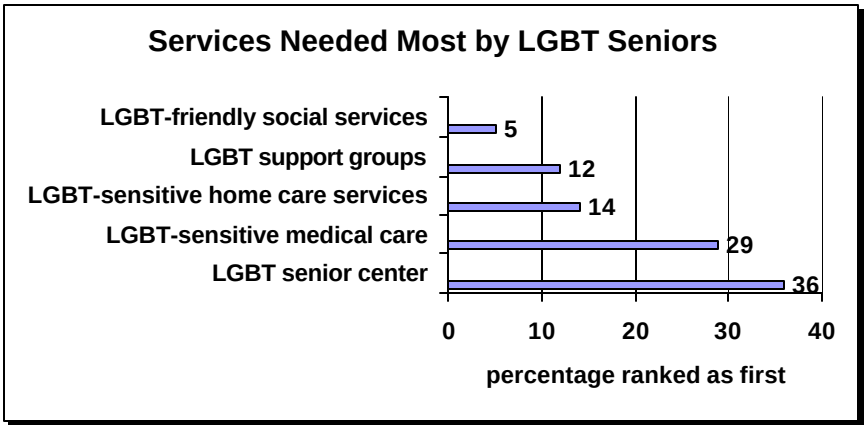
Perception of Oldest LGBT Known

When asked about the oldest LGBT person they know, the average age was 70 years old. White gay men, and older respondents, were the most likely to know an older LGBT person. The health of the identified person was nearly three times as likely to be excellent or good (74%) than fair or poor (26%). Ten percent (10%) of the respondents report knowing an older LGBT person with dementia. Thirteen percent (13%) of the

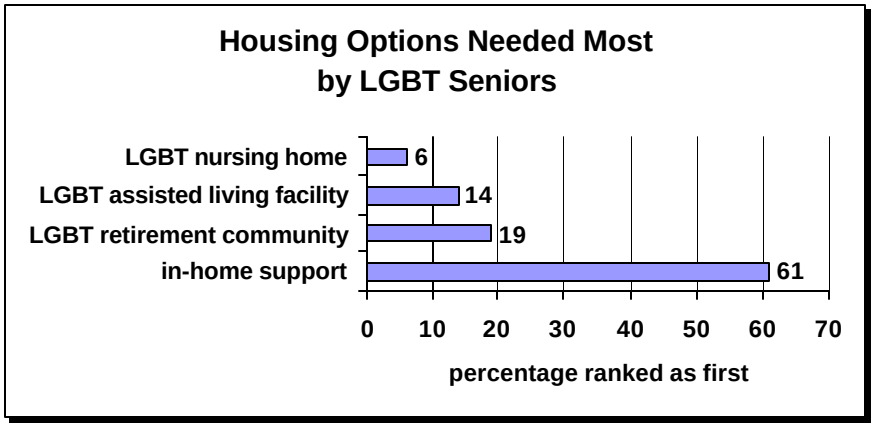
respondents stated that they were caring for an older person (LGBT or straight). The likelihood of caring for an older person increased with age from 6% of those under age 41 to 22% of those over age 60.

Ranking Community and Housing Needs

Respondents were asked to rank five identified areas of need for the LGBT community. Areas of need were: senior center, home care services, social services, medical care, and support groups. An LGBT senior center scored the highest (36% ranked it as first), followed by medical care (29%), home care services (14%), support groups (12%), and social services (5%).



Regarding housing for LGBT seniors, the majority (61%) indicated in-home support as their first priority. This was followed by an LGBT retirement community (19%), LGBT assisted living (14%), and LGBT nursing home (6%).



Summary of Responses to Open-ended Questions

In some cases specific quotes from respondents have been included.

Question 21-D asked respondents ***what problems, issues, and unmet needs*** *the older people they know are dealing with.*

The most frequent response was chronic illness including hypertension, ALS, various cancers, heart disease, Alzheimer's disease and HIV/AIDS. Six respondents indicated that their older friends were dealing with HIV disease, reflecting recent reports that the number of HIV/AIDS cases among older people are increasing. Limited financial resources and the cost of medical care were frequently cited. Loneliness and the loss of close friends, the lack of intimate relationships, loss of mobility or confinement to home, were also identified as problems. Respondents indicated that many of their older friends needed assistance with a variety of tasks at home.

Alcoholism and other addictions were noted as well as chronic depression, anxiety, and low self-esteem. Other responses included age discrimination including, discrimination by younger LGBT individuals. Few social contacts/outlets, safety and security concerns, failing vision and hearing, housing issues, sick children or other family members and partner health issues were also cited. Interestingly, a number of respondents acknowledged that they did not know what problems, issues, and unmet needs their older friends were dealing with.

Question 27 addressed ***what healthcare providers should know about older LGBT people****.*

Several respondents believe that healthcare providers should have an understanding of the gay lifestyle and the support systems created by LGBT individuals. Several addressed the inherent dignity and humanity of LGBT individuals stating, "we are human too, and we are normal." Others stressed the uniqueness of LGBT consumers and their special healthcare needs. Several wished for increased sensitivity from heterosexual providers and a decrease in homophobic reactions in healthcare settings. "We need to feel safe discussing issues with doctors, we should not be pushed to fit the providers mold, we should be listened to and not judged." The attitude of the provider, according to respondents, makes a big difference.

> *"Mostly, [they need to know] that we are here and [that our] needs may be different. Respect for [the] rights of partners or other* 'family of choice.'*"*

Many believe that healthcare providers should know that older LGBT consumers still have sex and even if they don't, they still want to. Many are in committed relationships and believe that their partners should be acknowledged as "spouses" and treated with respect. The latter was a frequent response. Providers should know that LGBT consumers might be more isolated/alienated and that some may be reluctant to talk openly about their lives and their sexual practices. The latter is probably a given if they are not well received and the provider appears to be condescending or judgmental. Some indicated that healthcare providers should understand that not all LGBT consumers engage in high-risk sexual behavior and that "we are not all sluts." They

should know and respect that most older LGBT individuals are capable of making judgments about their healthcare and that they do not want to be lectured about their sexuality or about morality, especially not when seeking healthcare.

Some respondents stressed the diversity within the LGBT community by saying "each person is unique/we are not all the same." Being lumped together and stereotyped makes for poor outcomes. On the other hand, some indicated how LGBT healthcare needs are "the same as heterosexuals" or "similar to those of heterosexuals but not exactly the same and that we are people in need like everyone else."

Issues of longevity and discrimination were addressed in relation to some of the perceived changes in recent years. "Many of us survived by practicing personal secrecy, some of us grew up when almost everyone was homophobic, and some of us have neglected our health because of discrimination and fear." Unlike heterosexuals, the significant relationships of LGBT individuals may not be with blood relatives. Many may be estranged from their biological families. Respondents believe that they should be able to be with partners/significant others during times of need. Many do not have children to fall back on while some who do have offspring, may be estranged from them because of their sexual orientation and lifestyle. Most believe that healthcare providers should know about issues of power of attorney and respect the legal rights of LGBT individuals.

Respondents acknowledged the importance of providers knowing that LGBT consumers may be at greater risk for certain diseases and especially for HIV and other STDs. Some indicated their right to express preferences for certain gender healthcare providers. Fearing LGBT consumers was not seen as a legitimate excuse for substandard healthcare or disrespect because sexual advances toward same-sex providers by LGBT individuals, does not occur any more than it does with heterosexual consumers.

There are some very basic messages respondents believe healthcare providers should know about members of the LGBT community. "LGBT love is not inferior to heterosexual love." "LGBT individuals have emotional and physical needs like everyone else and deserve quality care." LGBT individuals caution healthcare providers about assuming the sexual orientation of consumers. "Do not assume that everyone is heterosexual (straight)." "There are easy and respectful ways of determining a consumer's sexual orientation." Finally, they should "know that we (LGBT) are everywhere."

Question 28 addressed ***what social service providers should know about older LGBT people.***

While some of the responses were similar to those for question 27, which addressed healthcare providers, some previously unspoken concerns were conveyed here. Many older LGBT individuals have become used to being silent (the invisible population). They therefore may be less vocal about their needs or intensely shy about discussing various aspects of their lives. Providers should know that many in the community need and desire ongoing intellectual challenges and stimulation and that many are still

interested in making a contribution to society through service, employment and/or volunteerism. Another important point made was that providers should not assume that people are receiving all of the services they are in need of simply because they don't voice their needs. Providers need to explore and probe in respectful ways in order to determine how they can best meet the needs of LGBT consumers.

Another factor voiced was that providers should not hide behind a veil of inexperience. Often providers working in traditional settings who are fearful or homophobic defer to and subsequently refer LGBT identified consumers to the so-called experts working in LGBT organizations ("their own kind") who cater specifically to LGBT individuals. Thus they are off the hook and never have to work with consumers they do not like or approve of. As trained providers they should be willing and able to apply their skills to anyone in need of their services. It is their duty and ethical responsibility to gain the training and experience needed in order to do their job.

Again, a very frequent comment was about acknowledging and respecting the rights of partners and families of choice. "Support is needed to preserve those relationships/friendships" and there is an expectation that providers will understand their importance to the consumer and validate those relationships. "LGBT people are equally entitled members of the community." Another comment mentioned discrimination and victimization that sometimes occurs within the LGBT community. "It may actually be more difficult being older in the LGBT community where the emphasis is on youth." "They should know that there is gay-on-gay harassment and crimes," that LGBT individuals aren't victimized only by heterosexuals. Victimization can also come at the hands of other LGBT individuals. This speaks again to the heterogeneity and diversity within the community. It is not "one big happy oversexed family," as some seem to believe.

"Their experiences are different in terms of LGBT issues. They lived during times when being queer was a crime, therefore this population needs more comprehensive services."

Employment was another issue raised. While there is a perception that the majority of LGBT individuals have a fair amount of discretionary income, there are many who for a variety of reasons live at the poverty level. As in the straight community, most people who hustle and sell their bodies don't do it out of choice. Usually it's out of desperation. Several of the respondents spoke of dishonorable discharges from the military, which compromised their ability to earn gainful employment. "Scapegoating of us resulted in irregular employment." The impact of being "disenfranchised under the law" often contributes to struggles with emotional and mental health. Being met with homophobia when they seek out help can have devastating consequences.

Question 29 questioned respondents about their ***thoughts on how the old and young within the LGBT community could get to know each other****.*

Interestingly, respondents indicated that they thought church and religious communities with volunteer opportunities was one of the best ways to bring the young and old together. Community service centers and social centers came in a close second. Mentoring relationships, coming-out groups, mixers, educational forums and workshops

were all cited as possible ways of bringing the two disparate groups together. Opportunities to gather socially and to share perspectives and learning was a frequent response. Advocacy groups, political activities, special interest groups, potlucks and other kinds of dinners, support groups, book clubs, dances, AA and 12-step programs, movies and film festivals, and "more older women's festivals where younger women can meet," were other ways that respondents thought this could happen.

There were also some novel approaches to bridging the age chasm. "Friendly visitor" and "adopt a senior" programs were recommended for more structured intergenerational programming. "Living arrangements where younger can live cheaper by providing services to the older person" was a recommendation. "Have an organization specifically designed for young and older to meet" or "older people sponsor a program or party for the young" were suggested. There was also a desire for care-giving opportunities voiced by some. Older people who are retired or semi-retired would have the time and resources to care for someone more infirm. Many in the LGBT community have unfortunately been thrust into the role of caregivers as a result of HIV disease. So many have care-giving experience already.

Some respondents were far more pessimistic about the reality of the old and the young coming together. "Until someone teaches youth that life begins at 40 it will never happen. They're too wrapped up in themselves." Another said that "knowing is not the same as respecting and assisting. Knowing is superficial and means little." "Not sure they (young) would be interested in intergenerational activities." "Sadly, we are very segregated." Some were very honest and said, "I wish I knew" and "I don't know." On a more positive note, however, one respondent stated "I'm a young member of the LGBT community and would love to meet, hang out, know older gay adults." Most agreed that bars were not conducive to bridging the gap between the old and the young. "Anywhere away from the bar scene."

"Realistically, only when the younger members express an interest in older members is there any chance for effective interaction. When initiated by older members, the initiative is often misinterpreted."

Many respondents suggested various places and forums where people could come together where the meeting of the minds could potentially occur, but few were able to indicate how that would actually happen. This suggests the need for incredible creativity and a universal interest in order to successfully bridge the gap. It suggests that the LGBT community as a whole, needs to be educated about the benefits of growing older so that there is a greater appreciation for that phase of one's life. It can be as rich and rewarding as the early years. Those examples however, aren't always easy to find. Sometimes they truly are invisible.

Someone for example recommended that we "publicize the need for a new attitude toward older LGBT people" while another said, "younger people should be encouraged to volunteer." It's a lot harder bringing people together where ageist attitudes and polarization exists. The reality is that many gay men do place a lot of emphasis on youth and beauty and young gay men often perceive any kind of attention from older gay men as an attempt at seduction. Many in the community are skilled at rejection for

fear of being rejected themselves. So rejecting becomes a way of life and we joke about who can do it best.

Finally, Question 30 asked respondents about ***other information, comments they wished to share regarding the needs of older LGBT individuals living in Metro Chicago****. The following are* *all quotes:*

"We all need protection and often before age 65, against relentlessly rising rents, capricious assessments in condos, and the like. Chicago does not seem to provide much protection, certainly not like New York City. Volunteer visitors might help but they need to be properly screened and trained, and they need to know about referral, danger signs and the like."

"I would like to know about other gay communities in the USA and what situations are for older people."

"Since on the average, visual acuity and hearing acuity diminish with age, attention needs to be paid to printed materials (no yellow ink on white paper), voice projection for speakers, room acoustics."

"The health care delivery system badly needs fixing."

"I think Horizons is a great service for the GLBT community. Horizons is meeting a great need and doing a great service."

"It's amazing the ageism that exists in the LGBT community. I don't have any miraculous solution but awareness needs to be raised."

"The pride I take in being a sexual being and that my gay pride grows with age."

"All gay oriented social services and activities are concentrated on the North side in largely because of racism. Gays as well as straights assume that all South-siders are African American (not that it should matter if we were) and that we live in mortal danger."

"We definitely need more social functions and assisted living services for the older LGBT population."

"That there are still many healthy, vital individuals with a great deal of love and experience to give. That they not be cast out of the community just because they're not 20 years old, or have a face like Brad Pitt and a body of an athlete. Many of these individuals are just like a good wine – they get better and better with age."

"Older people in general not just LGBT are not held in high regard in this country. It would be great if Horizons could help change that for the LGBT community. There needs to be a new attitude. The bars have to stop being the main social centers of the community."

"The numbers are growing and needs will have to be met."

"That LGBT programs parallel those similar to Jewish services for the elderly. The Presbyterian Home provides a full range of services starting in midlife. Use some of the models of care developed to respond to AIDS and lesbian cancer issues."

"We're less likely to be readily identified as we've developed sets of friends and socialize in homes or within circles already defined. The community 'Leaders' who are recognized by the press or the [LGBT] 'Hall of Fame' won't see us."

"Since my health and mobility are excellent, I would enjoy being called to help with my car and taking people to doctor's appointments etc."

"There could be a small series of short narratives in the gay press highlighting positive stories of cross-generational interactions."

"Thank you for doing this survey and for the taskforce. As the population in general ages, we need to stay connected, active and not isolated."

"I don't know a lot of older LGBT persons, but I am looking forward to meeting as many as I can. I'm sure that they have a lot to teach me and I'm willing to learn."

"To younger lesbians, develop financial security. Make sure you have in place durable power of attorney and medical representation."

"Develop programs and ideas that keep older LGBT persons involved in the community. Tap into their experience, networks and resources."

"Some older LGBT persons enjoy peace just being by themselves and this is OK. Some LGBT persons are distanced from their blood families by choice because of attitudinal and moral values being different and this is OK and doesn't need reconciliation or closure work on the part of others."

"I'm glad you are looking at this stuff because I plan to be an old Chicago dyke 30 years from now."

"These individuals are untapped resources and should be utilized."

"I think they need visibility. Everyone sees 'gay' as a young issue."

"Need to develop senior retirement facilities."

"Make the work that you are doing more widely known."

"Actually, it is time there was the realization that the suburbs may well be of greater need than Metro Chicago. The isolation is most likely greater."

"I feel puzzled about my future. I came out to myself only eight years ago, age 58. I am involved in the LGBT community but I keep friends and activities in my long time straight

community. I am out to most friends and family. I worry about finances and having a stimulating social life and finding a loving partner.

“Maybe set up a mentor/grandparent club for younger LGBT youth.”

“We need more places for lesbians of all ages and ethnicities to socialize.”

“I personally would like access to meeting older LGBT people to socialize and learn about our past as well as their fears and concerns.”

“Older gays have experiences to share to help those coming along have an easier path.”

“Most younger LGBT I would bet, don’t care at all about older LGBT. We must address ourselves as an entire community – the circuit boys, the gym boys etc.”

“As a young person who struggles daily to make ends meet and who sees a lot of street people around, I think that there should be affordable safe housing. When I see street people, I wonder why nobody cares about them. Then I wonder if when I get older I might become one of them. Medicines, doctors, bills, simple dentistry – none of these basic needs is affordable.”

Recommendations

The information gained from this survey covers a wide range of issues and concerns for LGBT seniors. The Task Force on LGBT Aging recognizes that no one organization can accomplish, or even attempt all that needs to be done. The following recommendations are offered as a starting point from which organizations and individuals across the Chicago metropolitan region can begin to address these issues. These initial recommendations seek to identify the most immediate needs and/or first steps in four broad areas: social services, health care, housing, awareness and acceptance.

Social Services

- Establishment of an LGBT senior center, perhaps as part of the planned Center on Halsted.
- Affordable and accessible advocacy, referral, and care management services.
- Contact and support programs for seniors who are homebound and/or alone. These could include a "friendly visitor" program and/or, phone contact.
- Opportunities for intellectual stimulation and meaningful volunteerism.
- Informal (non-bar) settings for LGBT seniors to meet and visit with each other, and those who want to meet LGBT seniors.

Health care

- Training of health care providers and staff to ensure that providers are aware of and open to LGBT issues, including health risks, senior sexuality, and recognition of partner, family of choice.
- Access to affordable, LGBT sensitive health care providers.
- Access to preventative health care services.

Housing

- Support services to allow LGBT seniors to remain in their homes as long as they can.
- Development of comfortable, safe, LGBT-friendly retirement housing, assisted living and skilled nursing facilities.
- Support services and resources for caregivers.

Awareness/acceptance

- Promote more awareness of seniors, their stories and their wisdom, within the LGBT community. This would include positive images of seniors in the media including advertising, as well as coverage of LGBT seniors and their events.
- Provide opportunities for seniors to remain active and involved in LGBT community, sharing their knowledge and skills.
- Provide opportunities for intergenerational activities and interaction within the LGBT community.

Appendices

Appendix A: Survey Form

Appendix B: Summary of Analyses

LGBT PERSONS IN CHICAGO: GROWING OLDER

Task Force on Lesbian and Gay Aging

The purpose of this questionnaire is to learn more about lesbian, gay, bisexual and transgender (LGBT) seniors in Chicago. Your responses are anonymous, and the information will be used in helping various agencies to plan programs and services for older LGBT persons in metro Chicago.

Please tell us something about yourself in confidence:

1. Your age:

under 20 ___	41-45 ___	56-60 ___	71-75 ___	86-90 ____
21-30 ___	46-50 ___	61-65 ___	76-80 ___	91 + ____
31-40 ___	51-55 ___	66-70 ___	81-85 ___	

2. Your annual income (individual):

less than $ 9,999____	$40,000 - $59,999 ____	$100,000 - $199,999 ____
$10,000 – $19,999 ____	$60,000 - $79,999 ____	$200,000 - $299,999 ____
$20,000 - $39,999 ____	$80,000 - $99,999____	more than $300,000 ____

3. The source of your income:

___ Social Security disability	___ pension	___ investment earnings
___ Social Security retirement	___ SSI ___	___ wages
___ other: _____		

4. Your sexual orientation/gender identity:

gay male ____	transgender male to female ____
lesbian ____	transgender female to male ____
bisexual male ____	heterosexual male ____
bisexual female ____	heterosexual female ____

5. Your race/ethnicity:

African American ____	Asian or Pacific Islander ____
Hispanic/Latino(a) ____	Native American ____
White ____	other ____

6. Where do you live? ZIP code: _____ community/neighborhood: _____

7. Do you have access to health care? Y ____ N ____

8. How is your health? excellent ____ good ____ fair ____ poor ____

9. How is your mobility?
   get around easily ____ get out now and then ____ confined indoors ____

10. Have you retired? Y ____ N ____
    A. If YES, at what age did you retire? _____
    B. If NO, at what age do you plan to retire? _____

11. If you **are not** retired, what living arrangement will you seek when you retire?
home/condo/apartment ____ retirement living community ____
assisted living facility ____ other: _____

If you **are retired**, where do you live?
home/condo/apartment ____ retirement living community ____
assisted living facility ____ other: _____

12. When you feel you can no longer live independently, where would you like to live:
retirement community ____ assisted living facility ____
with family ____ other: _____

13. To whom would you go if you needed assistance? _____

14. Do you currently have a health care provider? Y _____ N _____
A. Are they meeting your needs? Y _____ N _____
B. If not, why? _____

15. What preventive health care measures do you utilize (for example: mammogram, pap smear, prostate exam, blood pressure, etc.)? _____
_____
A. Do you feel you need preventive health care? Y _____ N _____
B. If not, why? _____

16. Have you had a negative experience with a **primary health care** provider due to your sexual orientation/gender identity? Y _____ N _____

17. Have you had a negative experience with a **health care specialist** due to your sexual orientation/gender identity? Y _____ N _____

18. Have you had a negative experience with a **social service** provider due to your sexual orientation/gender identity? Y _____ N _____

19. Have you ever felt the need for an advocate in order to get what you needed from a health care provider or social service provider? Y _____ N _____

Please tell us about your experience with older adults.

20. In your opinion, at what age does a person become old? _____

21. How old is the oldest LGBT person you know? _____

A. How is that person's health? excellent __ good __ fair __ poor __

B. How is that person's mobility?
gets around easily __ gets out now and then __ confined indoors __

C. Who is that person's primary support/care giver? _____

D. What problems/issues/unmet needs is that person dealing with?

22. Are you caring for an older person now? Y ____ N ____

23. If "yes" is that person a:
lover/partner ____ parent ____ relative ____ friend ____

A. How is that person's health? excellent __ good __ fair __ poor __

B. Is that person LGBT? Y ____ N ____

C. Has that person ever used in-home help? Y ____ N ____
Why? _____

D. Has that person ever used respite care? Y ____ N ____
Why? _____

24. Do you know any LGBT person with dementia (such as Alzheimer's)?
Y ____ N ____

Please tell us what you think the older LGBT community needs.

25. What **services** does the older LGBT community in metro Chicago need most?
*(please rank in order from 1 to 6; **1** being the most needed, **6** being the least needed)*

____ LGBT senior center *(activity center, social center)*
____ LGBT-sensitive home care services
____ LGBT-friendly social services
____ LGBT-sensitive medical care
____ LGBT support groups
____ other -- please specify: _____

26. What **housing options** does the older LGBT community in metro Chicago need most?
*(please rank in order from 1 to 5; **1** being the most needed, **5** being the least needed)*

____ support to keep LGBT seniors in their own homes
____ LGBT retirement community *(apartments & condos)*
____ LGBT assisted living facilities *(congregate meals, housekeeping services, supervised activities, medical services available)*
____ LGBT nursing home
____ other -- please specify: _____

27. What should healthcare providers know about older LGBT persons?

28. What should social service providers know about older LGBT persons?

29. How can older and younger members of the LGBT community best get to know each other?

30. What other information, comments would you like to share regarding the needs of older LGBT persons in metro Chicago?

Thank you very much for your help. Please return completed form to:

Taskforce on Lesbian & Gay Aging
Horizons Community Services
961 W. Montana
Chicago, IL 60614

Distribution code

REV050801

or fax to 773-472-6643

or complete this survey online at **horizonsonline.org**
(go to **services**, *go to* **mature adults***)*

PLEASE FEEL FREE TO REPRODUCE THIS QUESTIONNAIRE

Summary of Analyses

(prepared by Tom George, 7/03)

Sample Characteristics

280 individuals completed the survey (240 paper, 40 online)

Question 1) Respondents' age:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	40 and under	77	27.5	27.5	27.5
	41 - 50	74	26.4	26.4	53.9
	51 - 60	79	28.2	28.2	82.1
	61 and over	50	17.9	17.9	100.0
	Total	280	100.0	100.0	

Question 2), Respondents' annual income:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	< 9,999	24	8.6	8.8	8.8
	10-19,999	31	11.1	11.4	20.1
	20-39,999	90	32.1	33.0	53.1
	40-59,999	71	25.4	26.0	79.1
	60-79,999	20	7.1	7.3	86.4
	80-99,999	18	6.4	6.6	93.0
	100-199,999	16	5.7	5.9	98.9
	200-299,999	1	.4	.4	99.3
	>300,000	2	.7	.7	100.0
	Total	273	97.5	100.0	
Missing	System	7	2.5		
Total		280	100.0		

Question 4) Respondents' sexual orientation/gender identity:

Of the 169 males, 159 (57% of all participants) identified as gay, 8 (3%) as bisexual, 1 (<1%) as heterosexual, and 1 (<1%) as transgender (f to m).

Of the 109 females, 83 (30% of all participants) were lesbians, 13 (5%) bisexual, and 13 (5%) heterosexual.

Question 5) Respondents' race/ethnicity:

36 were African-American (13%), 220 were White (79%), 14 (5%) were Hispanic/Latino, and 7 (3%) were other ethnic minorities.

Question 6) Respondents' ZIP codes:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	46324	1	.4	.4	.4
	46616	1	.4	.4	.7
	60005	1	.4	.4	1.1
	60014	1	.4	.4	1.5
	60021	1	.4	.4	1.8
	60025	1	.4	.4	2.2
	60048	1	.4	.4	2.6
	60068	1	.4	.4	3.0
	60076	2	.7	.7	3.7
	60090	1	.4	.4	4.1
	60093	1	.4	.4	4.4
	60108	1	.4	.4	4.8
	60110	1	.4	.4	5.2
	60126	1	.4	.4	5.5
	60137	1	.4	.4	5.9
	60139	1	.4	.4	6.3
	60148	4	1.4	1.5	7.7
	60154	1	.4	.4	8.1
	60174	2	.7	.7	8.9
	60181	2	.7	.7	9.6
	60187	2	.7	.7	10.3
	60201	6	2.1	2.2	12.5
	60202	5	1.8	1.8	14.4
	60302	2	.7	.7	15.1
	60435	2	.7	.7	15.9
	60477	1	.4	.4	16.2
	60490	1	.4	.4	16.6
	60513	2	.7	.7	17.3
	60514	2	.7	.7	18.1
	60517	2	.7	.7	18.8
	60521	2	.7	.7	19.6
	60525	1	.4	.4	19.9
	60544	2	.7	.7	20.7
	60561	1	.4	.4	21.0
	60562	1	.4	.4	21.4
	60564	1	.4	.4	21.8
	60565	1	.4	.4	22.1
	60601	3	1.1	1.1	23.2
	60605	1	.4	.4	23.6
	60607	1	.4	.4	24.0

	60609	1	.4	.4	24.4
	60610	7	2.5	2.6	26.9
	60611	2	.7	.7	27.7
	60612	1	.4	.4	28.0
	60613	14	5.0	5.2	33.2
	60614	6	2.1	2.2	35.4
	60615	9	3.2	3.3	38.7
	60616	2	.7	.7	39.5
	60617	1	.4	.4	39.9
	60618	8	2.9	3.0	42.8
	60619	4	1.4	1.5	44.3
	60620	1	.4	.4	44.6
	60622	3	1.1	1.1	45.8
	60625	6	2.1	2.2	48.0
	60626	11	3.9	4.1	52.0
	60628	1	.4	.4	52.4
	60629	2	.7	.7	53.1
	60630	4	1.4	1.5	54.6
	60632	1	.4	.4	55.0
	60634	1	.4	.4	55.4
	60638	1	.4	.4	55.7
	60639	2	.7	.7	56.5
	60640	39	13.9	14.4	70.8
	60641	1	.4	.4	71.2
	60643	1	.4	.4	71.6
	60644	1	.4	.4	72.0
	60645	4	1.4	1.5	73.4
	60647	6	2.1	2.2	75.6
	60649	1	.4	.4	76.0
	60651	2	.7	.7	76.8
	60653	1	.4	.4	77.1
	60657	28	10.0	10.3	87.5
	60659	3	1.1	1.1	88.6
	60660	27	9.6	10.0	98.5
	60675	1	.4	.4	98.9
	60690	1	.4	.4	99.3
	60901	1	.4	.4	99.6
	64109	1	.4	.4	100.0
	Total	271	96.8	100.0	
Missing	System	9	3.2		
Total		280	100.0		

Question 7) Access to care:

95% yes, 5% no

Similar across age, race, and identity.

Question 8) Respondents' health:

38% excellent, 50% good, 12% fair, 1% poor

Significant difference by RACE:

	White	Non-White
Excellent:	43%	21%
Good:	47%	60%
Fair:	10%	18%
Poor:	1%	2%

Question 9) Mobility:

92% Get around easily, 7% get out now and then, 1% confined indoors.

Question 10) Retired:

24% yes, 76% no; white gay men (28%) most likely to be retired.

Question 11)

If not retired, 86% will seek home/condo/apt when retired, 1% assisted living, 5% retirement community, 8% other.

51-70 year-olds (73%) less likely to say home/condo/apt, and more likely to say other (17%)

Question 11b)

Of ***those who are retired***, 96% live in home/condo/apt.

Question 12) If can't live independently ,

43% would like retirement comm., 22% family, 24% assisted living, 11% other.

Whites more likely to desire retirement community (46% vs. 35%), while other ethnic minorities more likely to desire family (41% vs. 17%).

Those under 40 more likely to desire living with family (45%) than middle-aged (41-60; 15%), or seniors (>age 60; 7%).

Question 14) Currently have a health care provider?

90% yes, 10% no; similar across groups.

Question 14A) Are they meeting your needs?

95% yes, 5% no; similar across groups.

Question 15A) Need preventive health care?

85% yes, 15%no; similar across groups.

Question 16) Negative experience with PCP?

Overall, 11% yes; 89% no. A greater proportion of non-whites (17%) report a negative experience, compared to 9% for whites.

Question 17) Negative experience with health care specialist?

10% yes, 90% no

Question 18) Negative experience with social service provider?

11% yes, 89% no

Question 19) Ever needed advocate?

21% yes; 79% no

Question 21) Oldest LGBT person known?

On average, the oldest was 70.

White gay men and older people know older LGBT people.

Question 21a) Oldest person's health?

24% excellent, 50% good, 20% fair, 6% poor.

Question 22) Caring for older person?

13% yes, 87% no.
difference by age group:
40 and under (6%); 41-50 (13%); 51-60 (14%); 61+ (22%)

Question 24) Do you know an LGBT person with dementia?

10% yes, 90% no.

Question 25) Rank older LGBT community needs:

		Avg. rating
Senior center:	36% ranked it #1, 20% ranked it last	2.66

Home care services:	14% #1,	15% last	2.94
Social services:	5% #1,	12% last	3.24
Medical care:	29% #1,	18% last	2.80
Support groups:	12% #1,	27% last	3.40

Question 26) Rank Housing options:

Support:	61% #1,	11% last
Retirement community:	19% #1,	7% last
Assisted living:	14% #1,	5% last
Nursing home:	6% #1,	70% last

For more information regarding this report or
Chicago Task Force on LGBT Aging

contact:

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