

LGBT Inclusive Housing for Older Adults in Cambridge

Part II: A Research Report on the State of LGBT Older Adult Inclusiveness in Cambridge Housing Authority and Private Senior Housing



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2022

Contents

Introduction	3
Glossary of Terms.....	4
Executive Summary.....	6
Background	7
Demographics	7
History.....	8
Health.....	9
Housing Discrimination	11
Discrimination in Senior Housing and the “Closet”	13
Mission of this Report.....	16
Methodology.....	17
Limitations	17
Findings	18
General Tenant Responses	18
Comparison of Selected LGBT and Straight/Heterosexual Responses	26
Staff Responses.....	34
Recommendations	42
Low Input	42
Medium Input	43
High Input.....	43
Conclusion.....	45
Thanks	45
Appendix: Summary of Part I	46
Citations	48
Resource Guide.....	49
Local LGBTQ+ Resources for All Ages.....	49
Local LGBT Resources for Older Adults.....	50
General Senior Resources	50

Introduction

Since 2014, the Cambridge LGBTQ+ Commission's projects have focused on youth in out-of-school time programming and on the assessment of two major services that LGBT older adults rely on: healthcare and housing. Part I of this report, published November 2016, was part of an ongoing assessment of LGBT inclusive housing options for older adults in Cambridge, in which the LGBTQ+ Commission (then GLBT Commission) examined the extent to which the practices and policies of existing senior housing in Cambridge are inclusive, welcoming, and affirming for LGBT older adults. The study specifically looked at LGBT inclusion within the Cambridge Housing Authority (CHA), which provides rental housing and rental assistance to low-income seniors, families, and persons with disabilities. The findings of the study were derived from survey responses of CHA's staff regarding their opinions of the following three key areas for creating welcoming, affirming agencies for LGBT older adults: 1. Data collection, 2. Organizational culture, and 3. Training.

The goals of Part I were to:

- Understand CHA staff opinions regarding LGBT inclusivity in its Senior Housing.
- Learn about the current policies and practices of CHA Senior Housing with regard to the aforementioned key areas for creating affirming, inclusive LGBT housing.
- Provide a list of recommendations for best practices that CHA could adopt to further enhance and support LGBT inclusive senior housing for older adults in Cambridge.
- Develop a relationship with CHA management to serve as a resource for information regarding local events and professionals working to support LGBT older adults.

Part II expands on these findings by surveying staff and residents in both public and private senior housing in Cambridge. A greater number of surveys was distributed and therefore results are more robust. Similar to Part I, this report will offer a number of recommendations and best practices, which have been updated by current research and the findings from the surveys.

A note on language: While the LGBTQ+ Commission and many others use the term "LGBTQ+" (lesbian, gay, bisexual, transgender, queer, plus), when dealing with populations over the age of fifty "LGBT" (lesbian, gay, bisexual, transgender) is generally preferred. The term "queer" may still hold the negative connotation of being used as a slur for decades of older people's lives. Younger groups have since reclaimed the term, however, for the purposes of this report we will be mainly using the terminology of "LGBT."

Glossary of Terms

Treating LGBT older adults with respect requires knowing and using some key terms. The following list was adapted from a publication by SAGE titled “Increasing LGBT Cultural Competence” (2018).

Bisexual: A person who is physically, romantically, and/or emotionally attracted to people of the same or different genders (the attraction does not need to be equal). People may experience being bisexual in differing ways and degrees throughout their lifetime.

Cisgender: A person whose gender identity and/or gender expression align with their biological or assigned sex. If someone was assigned the sex female at birth and lives comfortably as a woman, she is likely cisgender. Cisgender is another way of saying “not transgender.”

Coming out: Coming out means to openly identify as LGBT. Some people may choose not to come out to their friends and family.

Gay: A term used to describe someone who has primary physical, romantic and/or emotional attraction to someone of the same sex. This word is predominantly used to describe men, and is commonly preferred over “homosexual.”

Gender Expression: How someone expresses their gender identity on the outside. This can refer to how someone dresses, talks, walks, etc. Usually transgender people match their gender expression with their gender identity, instead of their sex assigned at birth.

Gender Identity: The gender you feel you are. This can be man, woman, both, or neither. For transgender people, their gender assigned at birth and their personal sense of gender identity are not the same. Additionally, gender identity and sexual orientation are not the same. Example: A transgender woman, who was assigned a male gender at birth and is attracted to other females.

Gender Non-Conforming: The extent to which a person’s gender identity, role or expression differs from the cultural norms prescribed for people of a particular sex.

Gender Dysphoria: Refers to levels of discomfort or distress that are caused by the discrepancy between a person’s gender identity and that person’s sex assigned at birth. Used as a diagnostic/medical term to describe a person being transgender. Generally not used in common language.

Heterosexual: A term used to describe someone who has primary physical, romantic and/or emotional attraction to someone of the opposite sex.

Intersectionality: Intersectionality is the concept that we are all a combination of different traits or identities, including, ethnicity, race, education, age, language, culture, sexual orientation and gender identity. This means that every individual, regardless of sexual orientation or gender identity, has varied identities based on their life experience. Approaching LGBT individuals with respect and sensitivity to their lived experience will increase opportunities for understanding and engagement.

Lesbian: A woman whose primary physical, romantic and/or emotional attraction is to other women. (The term gay can also be preferred.)

LGB: Lesbian, gay, and bisexual. Some studies cited in this report did not ask about transgender, queer, or other sexual orientations or gender identities, and then the term “LGB” is used. Outside of a research context, this term is rare.

LGBT: Lesbian, gay, bisexual, and transgender. (Note: LGBT older adults don’t typically use “Q.” Though widely accepted in modern parlance, the term “queer” was a derogatory one for many older adults when they were younger and is still harmful to them.)

LGBTQ+: Lesbian, gay, bisexual, transgender, queer, plus. A broader term preferred by younger generations.

Sexual orientation: Sexual orientation is defined as your primary physical, romantic and/or emotional attraction to other people.

Straight or heterosexual: A person whose primary physical, romantic and/or emotional attraction is to people of a different sex.

Transgender: An umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. For example, a transgender man is someone who was assigned female at birth but identifies and lives as a man. A transgender woman is someone who was assigned male at birth but identifies as a woman.

Terms to avoid: Avoid terms like “sexual preference” or “alternative lifestyle.” Both imply that sexual orientation and/or gender identity are a choice, or something that can be changed or cured. Likewise, avoid the term “homosexual,” especially among older adults. The term has a negative connotation because until 1973, homosexuality was considered a diagnosable psychological disorder, and the word still carries stigma and fear. Finally, though younger LGBT people are reclaiming the word “queer” and use it in a positive way, this term still elicits a negative connotation for many older adults. Don’t use this word unless the older adult has made clear that it is a term they use.

Executive Summary

Background: LGBT seniors face many unique challenges, including financial and health difficulties, as well as issues in senior housing. They may face abuse, microaggressions, neglect, and other forms of disparate treatment both by other tenants and by staff. Many return to what is termed the “Institutional Closet” to protect themselves, and not being able to live their full identities can be harmful. The Cambridge LGBTQ+ Commission seeks to better understand these issues and provide a report to senior housing sites in Cambridge that will help them to become more inclusive and better serve their LGBT seniors.

Methodology: A literature review was performed to gather information on the challenges LGBT seniors face both in general and in housing specifically. Novel research was done in the form of Google Forms surveys and paper surveys disseminated to seniors 55+ living in both private and public senior housing in the City of Cambridge, MA. Surveys were also disseminated to staff at those same housing sites. Survey data was collected and analyzed to gauge demographics, knowledge, attitudes, and desires of tenants and staff.

Findings: 74 tenant surveys were completed and met analysis criteria, including 10 self-identified LGBT tenant responses. 58 staff surveys were completed and met analysis criteria. There were different levels of feelings of safety and comfort reported by straight/heterosexual vs. LGBT respondents. LGBT respondents also expressed a greater interest in LGBT programming and trainings for staff at their housing sites.

Recommendations: Recommendations include having an ombudsperson, performing ongoing trainings of both staff and residents, offering LGBT-specific or -welcoming programming, posting welcoming signage, developing GSA-type groups, assuming there are LGBT seniors in housing, and connecting with local organizations such as the Cambridge LGBTQ+ Commission, Cambridge Senior Center, volunteer organizations, local LGBT senior-serving organizations such as Ethos, and the Fenway Aging Project.

Conclusion: As the population of this country ages, more LGBT seniors will be in need of senior housing. We aim to provide information and offer a set of recommendations to ensure that senior housing is as welcoming as possible.

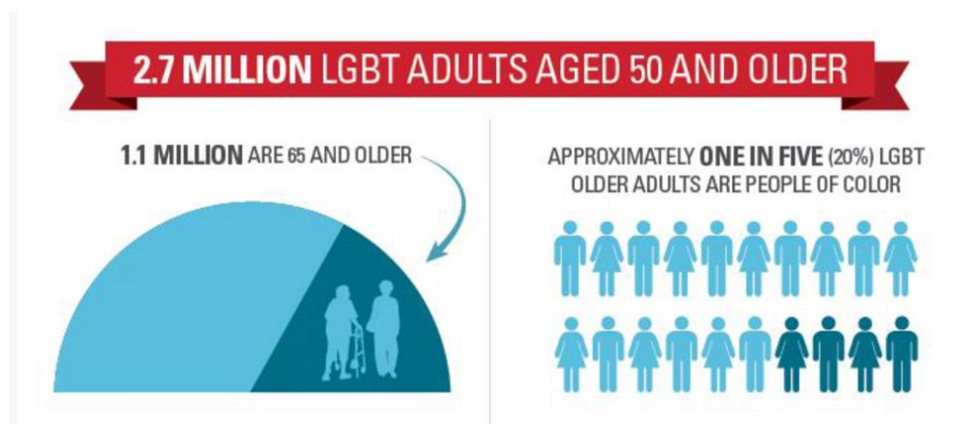
Background

“The things that are necessary, that are essential for older people in any community, in the LGBT community, are camaraderie, events and inclusiveness, and training in nursing homes.” -Nursing Home Staff-person

Demographics

A 2016 study estimated that there are over 2.7 million LGBT adults over age 50 in the United States, and that number is expected to double by 2030.¹ Another study estimated that there are currently between 1.75 to 4 million LGBT adults above age 60.² Additionally, according to a 2017 report by SAGE and SAGE’s Movement Advancement Project, bisexual people make up more than half of the adult LGB population.³ It should also be noted that the data show that one in five older adults in the U.S. is a person of color and that is predicted to rise to one in three by 2040. Though people often think of and see the LGBTQ+ community as one of young, mostly white and affluent people, the data paint a different picture and it is this often-overlooked generation that will be the focus of this report.

In Massachusetts, according to the 2010 US Census, there were 1,273,186 older adults in the Commonwealth. Some projections indicate that there will be an additional 360,000 adults age 60 and older by 2020. These numbers show that in 2010 the total older adult population was 19% of the Commonwealth’s population and that by 2020 older adults will comprise 25% of the Massachusetts state population. According to The Special Legislative Commission on Lesbian, Gay, Bisexual, and Transgender Aging, if 5% of all older adults are LGBT, then approximately 65,000 LGBT older adults are living in the Commonwealth.⁴



Source: Movement Advancement Project, SAGE. *Understanding Issues Facing LGBT Older Adults*. 2017.

¹ Movement Advancement Project, SAGE. *Understanding Issues Facing LGBT Older Adults*. 2017.

² Choi, S.K. & Meyer, I.H. *LGBT Aging: A Review of Research Findings, Needs, and Policy Implications*. The Williams Institute, 2016.

³ Movement Advancement Project, SAGE. *Understanding Issues Facing LGBT Older Adults*. 2017.

⁴ Special Legislative Commission on Lesbian, Gay, Bisexual, and Transgender Aging. Report to the Commonwealth of Massachusetts. 2015.

In Cambridge specifically, the American Community Survey found that in 2010 people age 60+ made up 15.3% of the population, or 17,003 individuals. If 5% of those individuals identify as LGBT, that means that there are 850 LGBT older adults in Cambridge, many of whom do or may soon live in senior housing. Additionally, these numbers do not include those with visitors who may identify as LGBT or LGBTQ+, and these people could also benefit from a more inclusive atmosphere. These numbers also do not include the increasing numbers of older adults in Cambridge, with more adults aging into older adulthood daily.⁵ In addition to a growing number of older adults every year, older adults are living longer. In 2007 a 65-year-old person was expected to live on average another 18.6 years, to 83.6. In 1950 those who reached 65 were expected to live to 78.8 years, almost five years fewer. This means that LGBT older adults will be relying on housing for longer periods of their lives and the more inclusive the atmosphere the better that life experience will be.^{6,7}

History

When considering the situation that older LGBT people face today, it is also important to consider the historical context that has led us here. Homosexuality was a diagnosable psychological disorder until 1973, and today transgender people are still diagnosed with a condition known as Gender Dysphoria. Consensual same-sex sexual activity was illegal in some states as recently as 2003, and LGBT people still face high rates of hate crime victimization.⁸

While there is still much work to be done to make this country an inclusive place for LGBTQ+ folks, LGBT older adults lived through eras in which there were many more obstacles and broader discrimination. For much of their lives, homosexuality was illegal and subject to imprisonment. The police routinely raided places where LGBT people gathered and entrapment was an official law enforcement practice. LGBT people were often targets for blackmail. The Special Legislative Commission on Lesbian, Gay, Bisexual, and Transgender Aging put it in stark terms when they stated “Homosexuality was officially categorized by psychiatry as a mental illness, by medicine as a physical disorder, by mainstream religious groups as a sin, by both employers and families as shamefully unacceptable, and by the media as corrupt and perverted.”⁹

These harmful social attitudes often led to extreme marginalization and crippling stigma. Many LGBT people adapted by living in a socially invisible manner, in what is now known as “the closet,” which will be discussed more further on. Most pretended to be straight or avoided mainstream assistance out of fear. Even today, many older LGBT people let only a trusted few know about their sexual orientation and/or gender identity and often will return to the “institutional closet” if they do need to seek housing or healthcare assistance.¹⁰

⁵ Cambridge Community Development Department. *Housing Options for Older Cantabrigians*. City of Cambridge, 2010.

⁶ Ibid.

⁷ Movement Advancement Project, SAGE. *Understanding Issues Facing LGBT Older Adults*. 2017.

⁸ SAGE and the Alzheimer’s Association. *Issue Brief: LGBT and Dementia*. 2018.

⁹ Special Legislative Commission on Lesbian, Gay, Bisexual, and Transgender Aging. Report to the Commonwealth of Massachusetts. 2015.

¹⁰ Special Legislative Commission on Lesbian, Gay, Bisexual, and Transgender Aging. Report to the Commonwealth of Massachusetts. 2015.

Even as we consider the history of LGBT people in this country, it must be remembered that some of it is a living history. It was not until June 15, 2020 that the Supreme Court issued its decision in *Boston, V. Clayton Cty.*, 140 S. Ct. 1731 (2020), ruling that Title VII of the Civil Rights Act of 1964 prohibits employment discrimination based on sexual orientation or gender identity.¹¹ The Biden administration extended this protection to housing through Executive Order on January 20, 2021.



Source: <https://www.usnews.com/news/articles/2014/06/16/gop-house-leaders-still-oppose-enda-despite-obama-action>

Health

Living in an environment that is politically and socially hostile toward LGBT people has left this population facing many challenges that non-LGBT older adults do not, including many health disparities. LGBT older adults face higher rates of diabetes, high blood pressure, Alzheimer's Disease, infectious disease, depression, anxiety, substance abuse, some chronic diseases and even certain cancers.¹² A 2001 national study found that 44 percent of LGBT older people report that their physical activities are limited due to physical, mental and emotional problems, and 20 percent use equipment such as canes, wheelchairs and more. LGBT older adults are more likely to have a disability than older adults in general. Up to two thirds of people living with HIV/AIDS in the U.S. are gay and bisexual men and transgender women and about half of the HIV-positive population in the United States is now age 50 or older.¹³

Social emotional health is another deeply important consideration. One specific issue that LGBT older adults face is isolation. A recent survey found that nearly one in three (32%) LGBT older people are very or extremely concerned about "being lonely and growing old alone," as compared to 19% of non-LGBT people.¹⁴ Another study found that only 16% of LGBT adults reported being currently married compared to about 50% of adults in the general public. In another study, nearly 60% of LGBT older adults

¹¹ The Equal Rights Center. *Opening Doors: An Investigation of Barriers to Senior Housing for Same-sex Couples*. 2014.

¹² Movement Advancement Project, SAGE. *Understanding Issues Facing LGBT Older Adults*. 2017.

¹³ Special Legislative Commission on Lesbian, Gay, Bisexual, and Transgender Aging. Report to the Commonwealth of. 2015.

¹⁴ SAGE and the Alzheimer's Association. *Issue Brief: LGBT and Dementia*. 2018.

reported feeling a lack of companionship, and over 50% reported feeling isolated from others.¹⁵ LGBT seniors are also less likely to have children, so they lack that source of support as well.

Isolation is a major risk factor for suicide, and according to the American Foundation for Suicide Prevention (AFSP), the second highest suicide rate was found in people over the age of 85. They also found increased risk of suicide attempts among LGBTQ+ people. LGBTQ+ veterans have a higher rate of suicide than other veterans, and veteran suicide rates are already elevated. LGBT older adults face even greater risk, as they may fall into one or more of these categories.¹⁶ LGBT people also experience higher rates of post-traumatic stress disorder (PTSD) which can lead to anxiety, depression, and suicidality.¹⁷

THERE ARE MORE THAN 2.7 MILLION
**LESBIAN, GAY, BISEXUAL AND TRANSGENDER
(LGBT)** ADULTS **AGES 50 OR OLDER** LIVING IN
COMMUNITIES ACROSS THE COUNTRY.

LGBT OLDER ADULTS ARE **TWICE AS LIKELY**
TO LIVE ALONE AS NON-LGBT ADULTS AND OFTEN FACE
SOCIAL ISOLATION AND VULNERABILITY.

Source: Movement Advancement Project, SAGE. *Understanding Issues Facing LGBT Older Adults*. 2017.

On top of the many health disparities that LGBT older adults face, they are also less likely to access the very services that could benefit them the most. A federal government survey in 2001 found that LGBT elders were only 20% as likely as heterosexual elders to access services such as attending a senior center, congregate meal programs, housing assistance, food stamps, or other entitlements. Additionally, lower rates of accessing mainstream senior services can exacerbate social isolation.

Transgender older adults face many of the same challenges that sexual minorities face, however they often have additional needs such as transition-related medical care and support as well as trans-inclusive medical and mental health care providers. While there is limited research on LGBT older adults in general, there is even less on transgender older adults, which creates a vital knowledge gap.¹⁸ We do

¹⁵ Choi, S.K. & Meyer, I.H. *LGBT Aging: A Review of Research Findings, Needs, and Policy Implications*. The Williams Institute, 2016.

¹⁶ Special Legislative Commission on Lesbian, Gay, Bisexual, and Transgender Aging. Report to the Commonwealth of Massachusetts. 2015.

¹⁷ Ibid.

¹⁸ Choi, S.K. & Meyer, I.H. *LGBT Aging: A Review of Research Findings, Needs, and Policy Implications*. The Williams Institute, 2016.

know, however, that many transgender older adults feel unwelcome at senior centers, volunteer programs, and even at LGBT community centers, which may be unfriendly to transgender people or to older adults generally.¹⁹

Housing Discrimination

Housing discrimination is a major issue for the LGBT older adult community. In a study by SAGE looking at the experiences of LGBT adults ages 45-75, one in eight (13%) LGBT older people reported that they had been discriminated against when searching for housing due to their sexual orientation. Additionally, one in four (25%) transgender older people reported experiencing housing discrimination on the basis of gender identity. Another study found that 26% of housing agencies tested treated same-sex couples differently by either quoting higher monthly rent or denying housing applications. Another study that surveyed transgender adults found that 19% were refused a home or apartment and 11% were evicted because of their gender identity or expression.²⁰

In a 2014 nationwide study, when an LGB-identified senior and heterosexual-identified senior contacted the same senior housing community to determine availability, nearly half of the tests (48%) showed that the LGB-identified senior experienced unfavorable differential treatment in terms of availability of housing, pricing, financial incentives, amenities, or application requirements. In some cases, while the testers inquired about 1-bedroom units, the LGB tester was only given information about 2-bedroom apartments, while the heterosexual tester was provided with the 1-bedroom information requested. In 20 of the 200 tests (10%), housing providers offered fewer units to LGB testers. In 3 of these 20 tests, there was an outright denial of availability for the LGB tester, who was told there was no housing available at the community, while there were housing options made available for the heterosexual tested.²¹ For LGBT people of color the numbers are even worse, with 24% of non-White LGBT older people reporting experiencing housing discrimination on the basis of race or ethnicity, compared to 18% of non-White, non-LGBT older people.

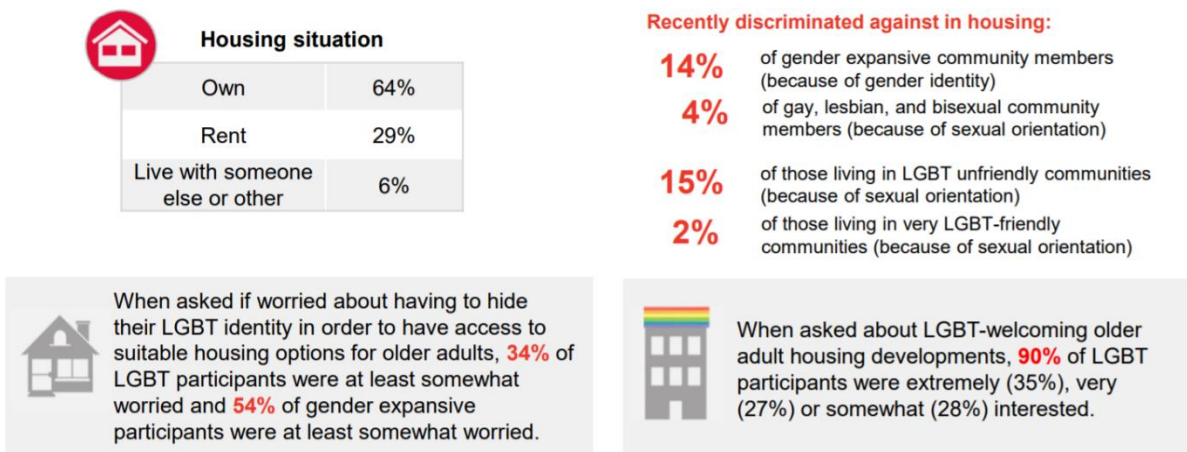
Housing discrimination is extremely common, but often goes underreported. One report stated that in 2011, 4 million fair housing violations were estimated to have occurred, but only approximately 27,000 housing discrimination complaints were actually filed with government agencies.²² In Cambridge, since 2015, there have been 7 cases of housing discrimination based on sexual orientation reported to the Cambridge Human Rights Commission, and 8 cases based on sex or gender. It is likely that there were more instances that went unreported.

¹⁹ SAGE. *Aging While Transgender: Unique Issues*. 2018.

²⁰ The Equal Rights Center. *Opening Doors: An Investigation of Barriers to Senior Housing for Same-sex Couples*. 2014.

²¹ Ibid.

While facing a discriminatory housing market is extremely difficult, LGBT seniors also fear discrimination in senior housing that they do get into. One study found that one in six (17%) LGBT older people is very or extremely concerned that they would be discriminated against if others in an assisted-living community knew about their sexual orientation or gender identity. In 2012, The U.S. Department of Housing and Urban Development (HUD) issued an Equal Access Rule that ensures housing protections on the basis of sexual orientation, gender identity and marital status, however this only covers sites that receive HUD funding. Only 21 states protect against housing discrimination on the basis of sexual orientation and only 18 states (plus the District of Columbia) protect against housing discrimination on the basis of gender identity. A handful of localities offer these protections as well. Massachusetts has housing protections based on sexual orientation and gender identity, but that does not mean that discrimination along these lines does not take place here. In 2019, the City of Cambridge Fair Housing Ordinance was amended to add gender identity as a protected class, and it already included sexual orientation [CMC Chapter 14.04.030.11]. It is essential that LGBT people covered by these protections



Source: National Resource Center on LGBT Aging. *Age-Friendly Inclusive Services: A Practical Guide to Creating Welcoming LGBT Organizations*. 2017.

know their rights and that housing providers in Cambridge and the state abide by them.

It should also be noted that LGBT discrimination in senior housing does not just harm the targeted individual or individuals, but impacts the entire community. Residents of senior housing facilities are denied the opportunity to live and learn in a diverse community; relatives or loved ones may not feel welcome when they visit and may visit less frequently; younger LGBTQ+ people may witness this discrimination and fear for their own futures as they age; and more.²³

LGBT-friendly housing is available in some parts of the U.S., including a planned building in Boston, but these developments offer a limited amount of units.²⁴ One study found that 78% of LGBT older people were at least somewhat interested in living in an affordable LGBT-friendly housing development at some

²³ The Equal Rights Center. *Opening Doors: An Investigation of Barriers to Senior Housing for Same-sex Couples*. 2014.

²⁴ Choi, S.K. & Meyer, I.H. *LGBT Aging: A Review of Research Findings, Needs, and Policy Implications*. The Williams Institute, 2016.

point in the future—with 44% being very/extremely interested in such communities.²⁵ Another study showed that when asked about LGBT-welcoming older adult housing developments, 90% of participants were either extremely (35%), very (27%), or somewhat (28%) interested.²⁶ Creating new housing that is targeted in its inclusion of LGBT older adults while still being open to the general population is quite difficult and costly, however having current senior housing become more inclusive is much more attainable. Later in the report we will offer concrete recommendations for how to do so.

Discrimination in Senior Housing and the “Closet”

According to AARP Research, having to go back “into the closet” or having to hide one’s identity in order to have access to or receive proper treatment in housing is a concern for one in three LGBT older adults.²⁷ Because of their history of institutional mistreatment, many LGBT older adults view nursing homes as “institutional closets”—dangerous and unwelcoming places where, at the end of life, being LGBT reverts to how it was in their younger years, facing discrimination, bullying, and harassment.²⁸

Being able to be one’s full self, including being open about being LGBT, is a central concern. In a study one respondent recalled how “when he got into the nursing home and they found out he was gay, they refunded him his money and threw him out.”²⁹ This very real fear of discrimination leads many LGBT older adults to hide their sexual orientation and/or gender identity from providers, even after they may have been “out” at other times in their life. Hiding one’s LGBT identity can be harmful because LGBT older adults may not receive special supports and care that they need. It can also be psychologically damaging to have to hide one’s identity. One study showed that gay and bisexual older adults who reported that their providers are aware of their sexual orientation reported better perceived health and lower depression compared to those who reported their providers are unaware of their sexual orientation.³⁰

“So any fears (about aging) that heterosexuals may have, you can probably times it by five at least for LGBT seniors, considering the stigma, the fear, and the discrimination that they’ve faced throughout their lifetime, it’s just so overwhelming that they’re so afraid that they may have to climb back into the closet that took them 40 to 50, 60 years to climb out of; it’s just not acceptable.” -LGBT Senior

²⁵ National Resource Center on LGBT Aging. *Age-Friendly Inclusive Services: A Practical Guide to Creating Welcoming LGBT Organizations*. 2017.

²⁶ AARP Research. *Maintaining Dignity: Understanding and Responding to the Challenges Facing Older LGBT Americans*. 2018.

²⁷ Ibid.

²⁸ Special Legislative Commission on Lesbian, Gay, Bisexual, and Transgender Aging. Report to the Commonwealth of Massachusetts. 2015.

²⁹ Ibid.

³⁰ Choi, S.K. & Meyer, I.H. *LGBT Aging: A Review of Research Findings, Needs, and Policy Implications*. The Williams Institute, 2016.

Most older adults fear possible placement in a nursing home. For LGBT older adults, this fear is exacerbated by facing a near complete lack of privacy and being subjected to the possible homophobia/transphobia of facility staff and fellow residents. Many LGBT older adults say with great conviction that “they would rather die than be placed in [an institution].”³¹ One study showed that 67% of LGBT older adults feared neglect in long-term care, 60% feared verbal or physical harassment, and 52% feared that they would be forced to hide their LGBT identity.³² Other studies have recorded incidents of conflict and abuse of LGBT older adults in residential care due to displays of same-sex affection or due to others' perception of residents as LGBT. LGBT older adults were also afraid of being neglected by their health care providers and of being ostracized by other residents due to their sexual orientation and/or gender identity.³³

These fears have also been recorded in some studies. One study found that of LGBT older adults who had entered long-term care or had a loved one in long-term care, nearly half had experienced mistreatment in a care facility. 23% of incidents were based on a resident's real or perceived sexual orientation and/or gender identity and involved verbal or physical harassment from other residents; 14% of incidents involved verbal or physical harassment by staff; 20% involved staff's refusal to admit or re-admit an LGBT resident, or the attempted or abrupt discharge of a resident.³⁴ While these accounts may be shocking, it is important to remember that a great many housing providers do wish to be inclusive, and many already make efforts to do so. Additionally, many LGBTQ+ people have paved the way for others to come out of the closet and proudly share their identity, which may be a shift we see with older LGBT adults as well.

³¹ Special Legislative Commission on Lesbian, Gay, Bisexual, and Transgender Aging. Report to the Commonwealth of Massachusetts. 2015.

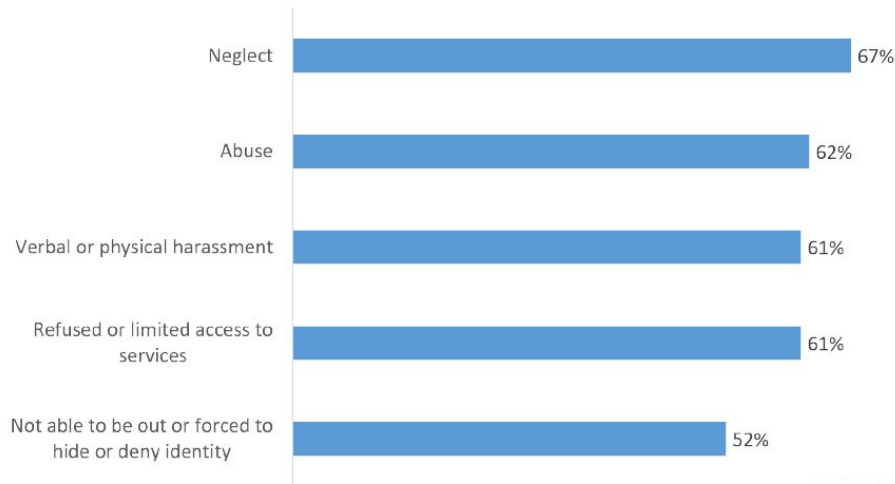
³² The Journal on Active Aging. *Enhancing health, wellness and community for LGBT adults*. July/August 2018.

³³ Choi, S.K. & Meyer, I.H. *LGBT Aging: A Review of Research Findings, Needs, and Policy Implications*. The Williams Institute, 2016.

³⁴ Movement Advancement Project, SAGE. *Understanding Issues Facing LGBT Older Adults*. 2017.

As an LGBT community member, if you or your spouse/partner ever needed long-term care, such as in-home assistance, assisted living or nursing home care, how concerned would you be about the following?

% Very or Somewhat Concerned among LGBT Adults Age 45 and Older



Source: Maintaining Dignity: Insights on Concerns and Preferences of Mid-Life and Older LGBT Adults



Source: <https://www.aarp.org/research/topics/life/info-2018/maintaining-dignity-lgbt>

Resilience

When we consider LGBT older adults, it is vital to consider not only the challenges they face, but also their many strengths and their resiliency in addressing those challenges. Health and wellbeing, economic security, and social connections are keys to successful aging, however many LGBT older adults may not have access to these. This stems from current and lifetime discrimination, including structural and legal, as well as social stigma, and isolation. It is vital to remember, however, that despite these challenges many LGBT older adults have survived and even thrived.

Paired with the many challenges are resilience factors for successful aging. In the face of stressors such as those described above, LGBT people display resilience through coping and social support. The impact of stress on LGBT populations can be ameliorated by this resiliency so that the outcome of stress is not always negative. Some studies show that many LGBT older adults are well-adjusted, happy, and thriving. Coping mechanisms can be at the individual level and at the group level, ranging from personal strengths or characteristics, to groups creating a sense of unity by fostering a positive environment of support and protection.³⁵ As this report moves forward to examine the current housing situation in Cambridge, challenges, and recommendations, keep in mind that many LGBT older adults we hope to serve already have internal wells of resilience as well as resilient networks that can be brought forth to thrive if inclusive environments are fostered.

³⁵ Choi, S.K. & Meyer, I.H. *LGBT Aging: A Review of Research Findings, Needs, and Policy Implications*. The Williams Institute, 2016.

Mission of this Report

As is evidenced by the data presented in this section, LGBT older adults face numerous historical and ongoing challenges, including physical and mental health, discrimination in housing and employment, caregiving needs, financial difficulties, and more. This group also has powerful stores of resilience within it, and through this report and its recommendations, we seek to help Cambridge senior housing providers address the challenges and capitalize on the good.

“We’re in a major movement moment. On a scale of one to 10 in optimism, I’m a 10.” -LGBT Senior/Community Leader

Methodology

A literature review was performed to gather information on the challenges LGBT seniors face both in general and in housing specifically. Novel research was done in the form of Google Forms surveys and hard copy paper surveys disseminated to seniors 55+ living in both private and public senior housing in the City of Cambridge. Surveys were also disseminated to staff at those same housing sites. Survey data was collected and analyzed to gauge the demographics, knowledge, attitudes, and desires of tenants and staff. All survey responses were completely confidential, and information gathered was not used to identify any specific person or place.

There were four surveys in total: one for tenants of senior/disabled Cambridge Housing Authority housing, one for tenants of private senior housing in Cambridge, and one each for staff/management/providers at both places. The staff survey was first administered in 2015 to Cambridge Housing Authority senior/disabled housing staff. For this round of surveys, it was duplicated in order to survey private senior housing staff as well. Surveys were available from 7/25/19 through 10/28/19, for approximately 3-week windows at the varying sites. They were distributed to 12 CHA sites and 7 private sites identified as serving populations of people aged 55 and over.

Following collection and preliminary analysis, no major differences were found between private and public housing staff/tenant responses, therefore for analysis all staff surveys were combined, and all tenant surveys were combined. There were 58 staff surveys completed in total and 73 tenant surveys completed in total. For further analysis the tenant surveys were broken down into those who identified as LGBT (N=10) and those who identified as Straight/Heterosexual (N=53).

Limitations

It is important to recognize that the findings from this survey are based on a small sample size of both senior housing staff and tenants. Therefore, results may not be indicative of the beliefs of all staff and tenants. Additionally, the LGBT population is also overrepresented likely due to relevance and/or interest.

Findings

General Tenant Responses

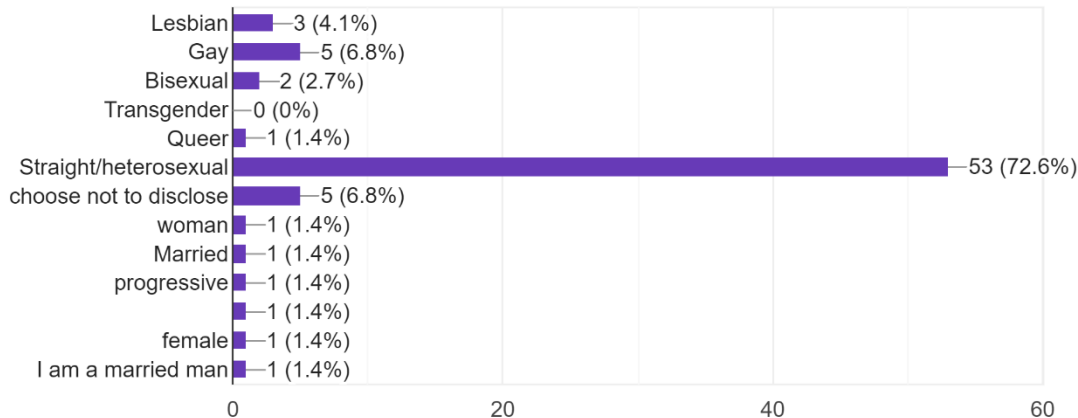
As previously noted, surveys were administered to seniors at private senior housing sites as well as CHA housing sites, and then were combined for analysis, resulting in 73 tenant responses. This section examines the general responses from tenants, and the following section will look at highlighted differences between straight/heterosexual and LGBT responses.

1. When asked their age, 12.3% responded they were 55-64, 39.7% responded they were 65-74, 30.1% responded they were 75-84, and 17.8% responded they were 85 or older. 64.4% of respondents were female, 35.6% of respondents were male, and none were transgender or non-binary.

The majority of respondents (72.6%) identified as straight/heterosexual, 4.3% identified as lesbian, 6.8% identified as gay, 2.7% identified as bisexual, and 1.4% identified as queer. 6.8% chose not to disclose. 1.4% each (1 respondent each) wrote in “woman,” “married”, “progressive,” “female,” “I am a married man.” Respondents could choose more than one option which is why the total is slightly higher than 100%. The number of LGBT respondents is likely higher than what is believed to be the national percentage (15% vs. 5%) due to the voluntary nature of this survey and its relevance and interest to the LGBT community.

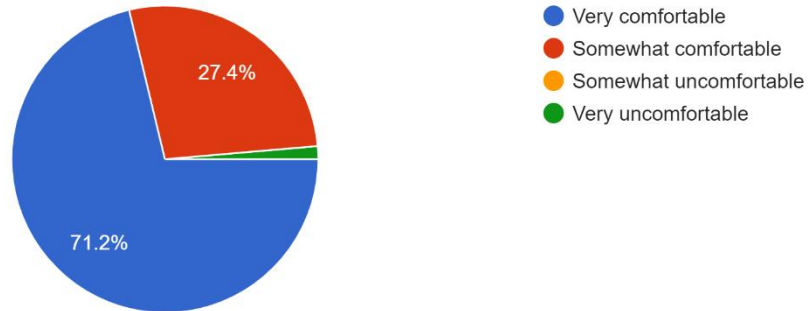
How do you identify? Select all that apply.

73 responses



2. When asked if they were treated respectfully by fellow residents in their housing development, the vast majority, 94.5%, responded yes. 95.9% responded that they were treated respectfully by staff. When asked their comfort level interacting with fellow residents when at home, 71.2% responded “very comfortable” while 27.4% responded “somewhat comfortable.” 1.4% (1 respondent) responded “very uncomfortable.”

What is your level of comfort interacting with fellow residents at your site when you are at home?
73 responses



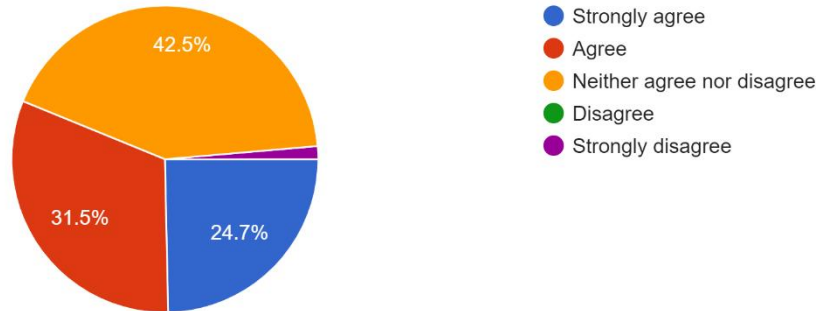
97.2% of respondents reported feeling “safe” or “very safe” in their unit, and 93.2% reported feeling “welcome” or “very welcome” in their unit. When asked about the hallway and lobby of their building, 95.9% reported feeling “safe” or “very safe” and 98.7% reported feeling “welcome” or “very welcome” there. 90.4% of respondents reported feeling “safe” or “very safe” on the outside grounds of their development, 6.8% responded “does not apply” and 2.8% responded “unsafe” or “very unsafe.” 87.6% reported feeling “welcome” or “very welcome” on the outside grounds of their development, 11% responded “does not apply” and 1.4% (1 respondent) reported feeling “unwelcome.”

The survey asked about feeling safe and feeling welcome in separate questions for each location because we felt safety was important to measure but it could have been threat of violence in general or threat of violence based on one’s identity. Feeling welcome was intended to gauge whether an atmosphere felt inclusive, including to an LGBT person. Additionally, a place may be safe, but still feel unwelcoming. Answers were similar but did vary slightly, generally with feelings of safety rating higher than feelings of being welcome.

3. 56.2% of respondents either agree or strongly agree that there are LGBT elder residents in their housing organization's senior housing, 42.5% neither agree nor disagree, and 1.4% (1 respondent) disagreed.

There are LGBT elder residents living in my housing organization's senior housing.

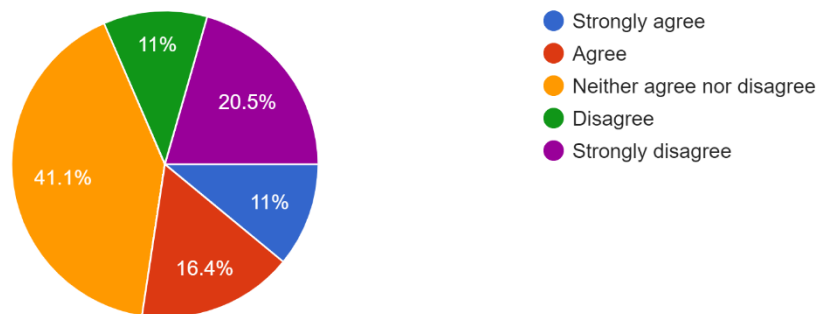
73 responses



4. Voluntary and anonymous collection of data to show that there are LGBT residents in senior housing can help housing organizations address resident needs and become more inclusive. To gauge attitudes about this practice, both staff and tenants were asked to respond to the following statement on a strongly agree-strongly disagree five point scale: "My housing organization should confidentially collect information about the gender identity (e.g. male, female, transgender female-to-male, transgender male-to-female, non-binary, other) senior residents who are currently living in its Senior Housing." 27.4% either agreed or strongly agreed with this statement, 31.5% either disagree or strongly disagree, and 41.1% neither agree nor disagree.

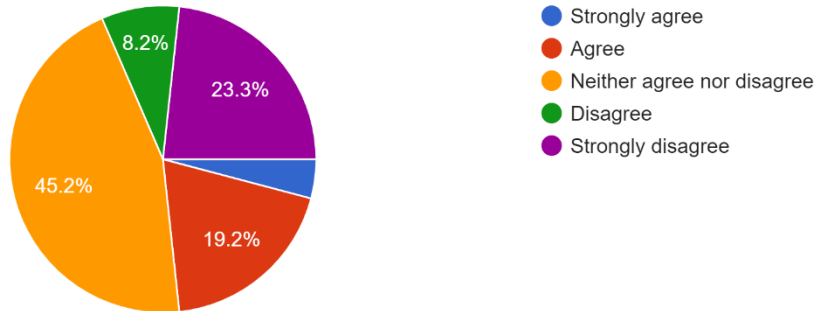
My housing organization should confidentially collect information about the gender identity (e.g. male, female, transgender female-to-male, transgen...ts who are currently living in its Senior Housing.

73 responses



5. When asked to respond to the statement “My housing organization should confidentially collect information about the sexual orientation (e.g. lesbian, gay, bisexual, other) of senior residents living in its Senior Housing, 23.3% either strongly agree or agree, 31.5% either strongly disagree or disagree, and 45.2% neither agree nor disagree.

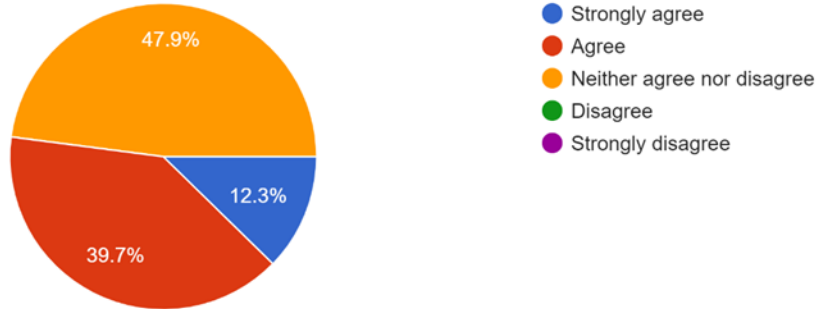
My housing organization should confidentially collect information about the sexual orientation (e.g. lesbian, gay, heterosexual, bisexual, other) of seni...dents who are currently living in its Senior Housing
73 responses



6. 79.4% of respondents either strongly agreed or agreed that their housing organization creates a community culture in which residents feel safe with each other and with staff. 17.8% neither agreed nor disagreed and 2.8% disagreed. Regarding LGBT residents specifically, about half (52.1%) either strongly agreed or agreed that their housing organization creates a welcoming environment for senior residents who may identify as LGBT; 47.9% neither agreed nor disagreed. Similarly, a little over half of respondents (54.8%) either strongly agreed or agreed that their housing organization creates a safe living environment for senior residents to openly identify as LGBT, if they choose to do so; 45.2% neither agreed nor disagreed.

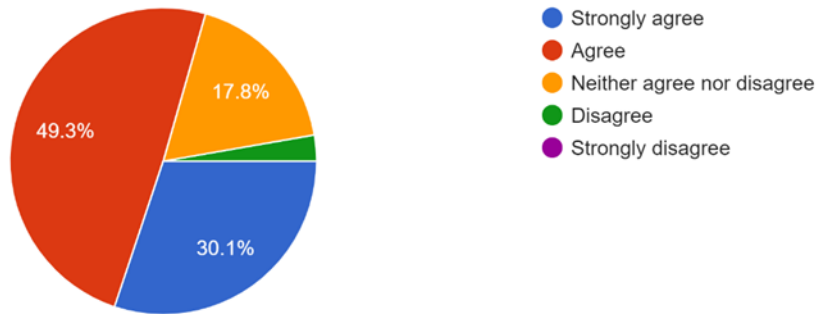
My housing organization creates a welcoming environment for senior residents who may identify as LGBT.

73 responses



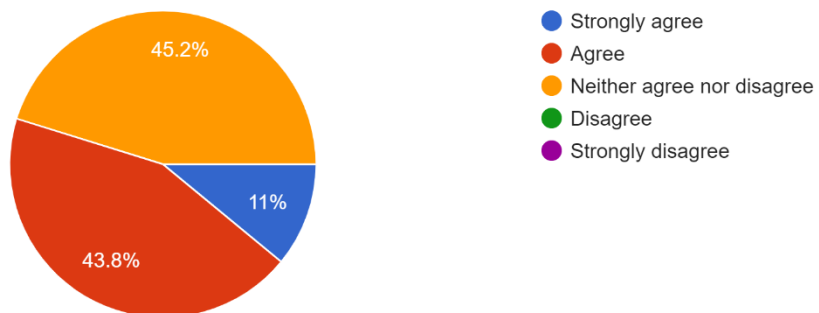
My housing organization creates a community culture in which residents feel safe with each other and with staff.

73 responses



My housing organization creates a safe living environment for senior residents to openly identify as LGBT, if they choose to do so.

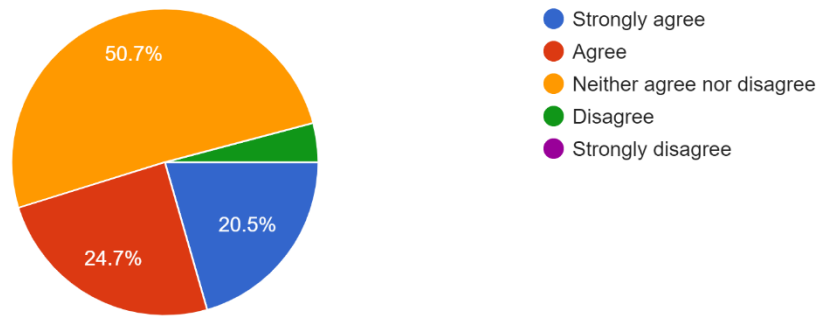
73 responses



7. As a gauge of anti-discrimination sentiment and LGBT awareness, residents were asked about their confidence in addressing a complaint voiced by a senior resident about LGBT discrimination, including discrimination by other residents, housing staff, or outside service personnel. 45.2% either strongly agreed or agreed that they were confident in their ability to address such a complaint, and 50.7% neither agreed nor disagreed; only 4.1% disagreed and none strongly disagreed.

I feel confident in my ability to address a complaint voiced by a senior resident about LGBT discrimination. This could be discrimination by oth...dents, housing staff, or outside service personnel.

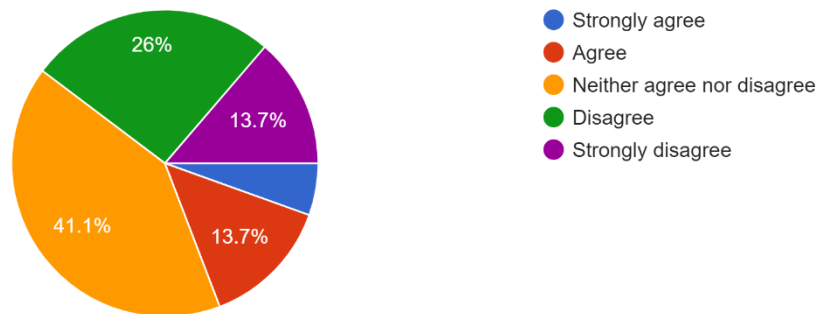
73 responses



8. Answers varied widely when asked about LGBT discrimination in their housing organization. 41.1% neither agreed nor disagreed that they had observed or heard about instances of LGBT discrimination in their housing organization; 39.7% strongly disagreed or disagreed; and 19.2%, or about one in five, either strongly agreed or agreed.

I have observed or heard about instances of LGBT discrimination in my housing organization.

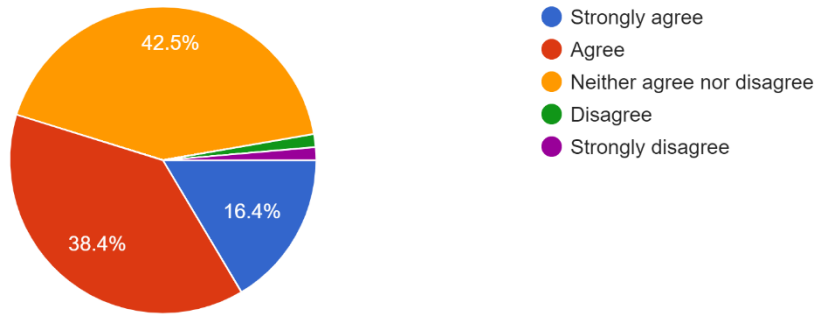
73 responses



9. In addition to demographics and attitudes/beliefs, this survey gathered data about what desires residents in senior housing may have, both regarding LGBT issues and general aging issues. Among the general population, 54.8% of respondents either strongly agreed or agreed that their housing organization should sponsor an event related to LGBT aging, open to all senior residents and staff; 4.2% neither agreed nor disagreed; and 2.8% either strongly disagreed or disagreed.

My housing organization should sponsor an event related to LGBT aging, open to all senior residents and staff.

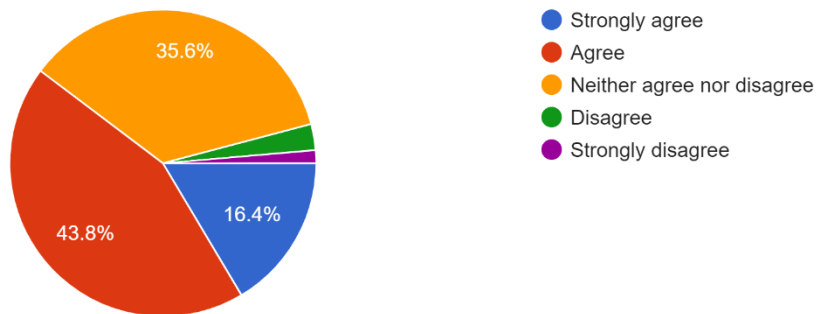
73 responses



10. 60.2% of respondents either strongly agreed or agreed that they would like the training that all their housing organization’s staff receives to include information about the aging concerns and needs of LGBT seniors; 35.6% neither agreed nor disagreed, and 4.2% either strongly disagreed or disagreed.

I would like the training that all my housing organization's staff receive to include information about the aging concerns and needs of LGBT seniors.

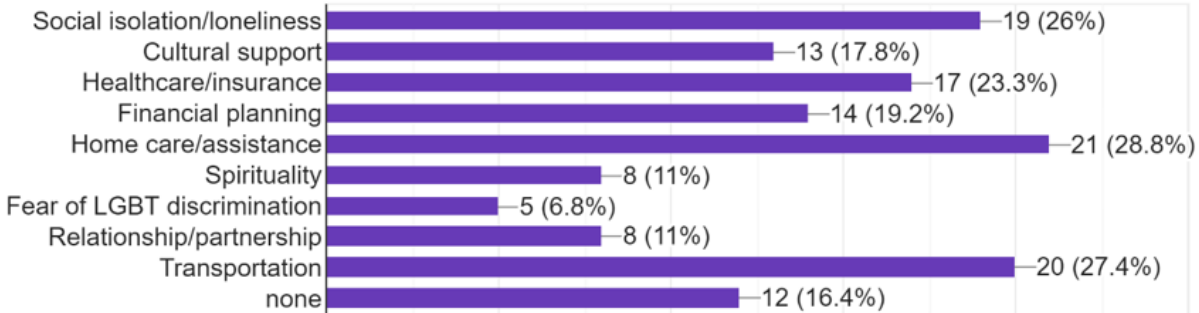
73 responses



11. Based on research about the concerns and desires of LGBT seniors and seniors in general, survey respondents were also asked to select their own concerns and desires from a list, with an option to write in their own. The top concerns for the general survey included social isolation/loneliness, homecare/assistance, and transportation. Top programs they would like included healthy aging workshops, volunteer opportunities, information on home care options, and educational programs.

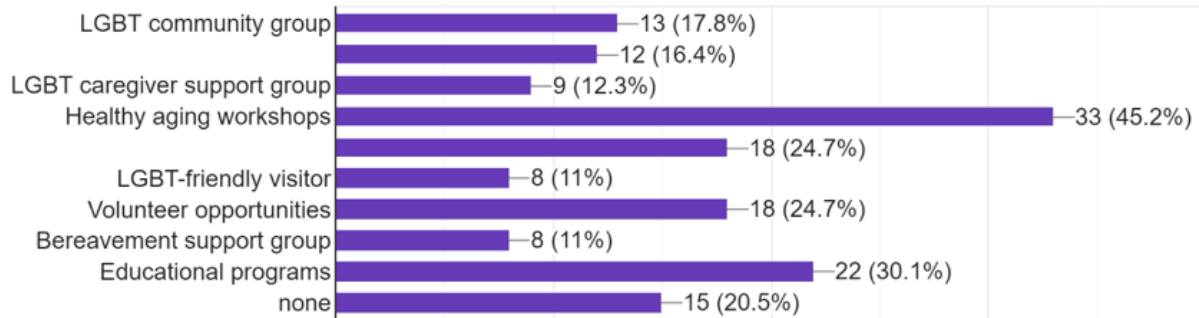
What are your current concerns? Check all that apply.

73 responses



What programs would you like? Check all that apply.

73 responses



12. When asked if there was anything else they would like to add, selected responses included:

- “I don't know if there are LGBT individuals in our community, although I assume there are some. If they would like more openness and/or support, I would be happy to support that.”
- “There are no LGBT persons where I live. I would have no problem if such persons were included.”
- “Peace! Love your neighbor! Respect!”

Comparison of Selected LGBT and Straight/Heterosexual Responses

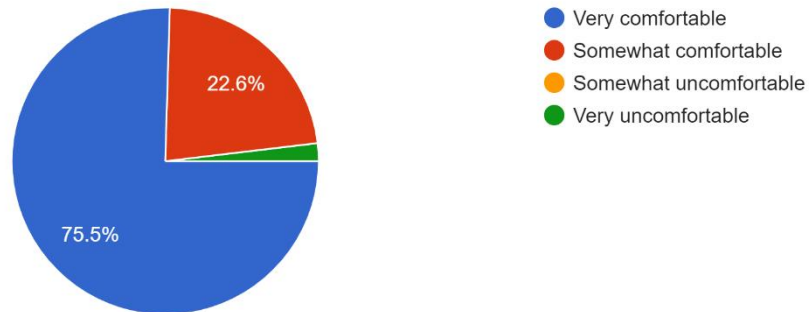
In order to better understand LGBT inclusiveness of senior housing sites, general responses were disaggregated into LGBT (N=10) and straight/heterosexual (N=53). In some areas, responses were very similar, however in others they differed significantly. With a sample size of only 10, the LGBT results cannot be taken to represent all LGBT residents' opinions, but the comparison is valuable.

1. Both LGBT and straight respondents reported nearly 100% levels of feeling very comfortable or somewhat comfortable when they are at home, however, while three out of four (75.5%) straight respondents said they were very comfortable, only half of LGBT respondents did. The difference between "very" and "somewhat" may not seem that important, but the difference in responses is valuable to see.

Straight:

What is your level of comfort interacting with fellow residents at your site when you are at home?

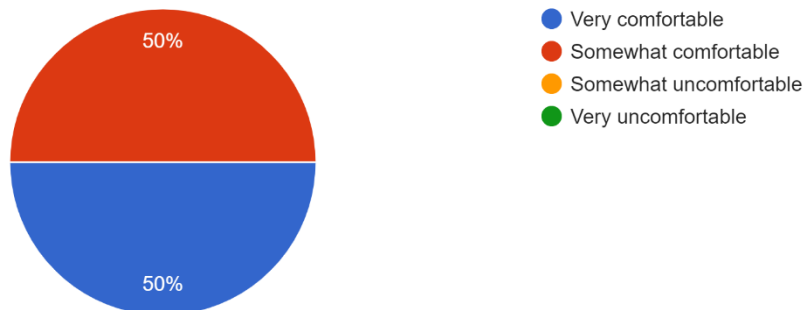
53 responses



LGBT:

What is your level of comfort interacting with fellow residents at your site when you are at home?

10 responses

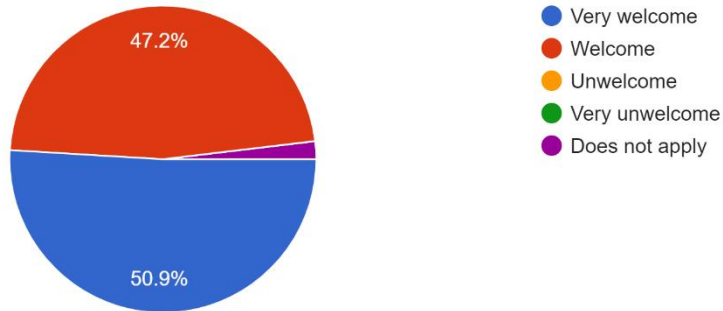


2. Similar to feeling comfortable at home, more straight respondents (50.9%) reported feeling “very welcome” compared to “welcome” in the hallway and lobby of their building, where only 30% of LGBT respondents reported feeling very welcome.

Straight:

How welcome do you feel in the hallway and lobby of your building?

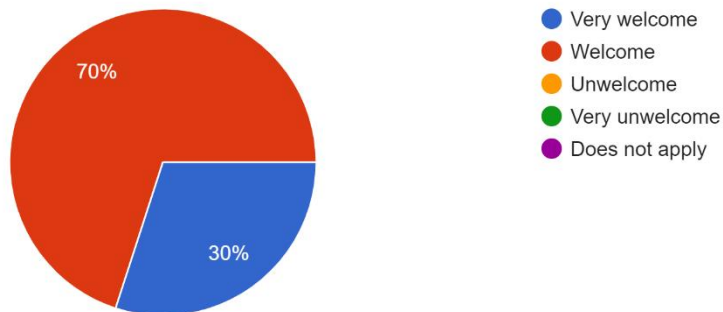
53 responses



LGBT:

How welcome do you feel in the hallway and lobby of your building?

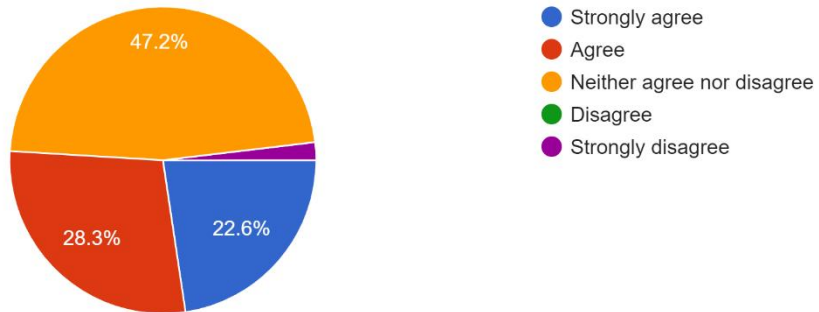
10 responses



3. When asked to respond to the statement “There are LGBT elder residents living in my housing organization’s senior housing,” the majority of straight respondents either strongly agreed or agreed (50.9%), though an almost equal number neither agreed nor disagreed (47.2%). One person strongly disagreed. By contrast, nine out of ten LGBT respondents either strongly agreed or agreed, while only one person neither agreed nor disagreed.

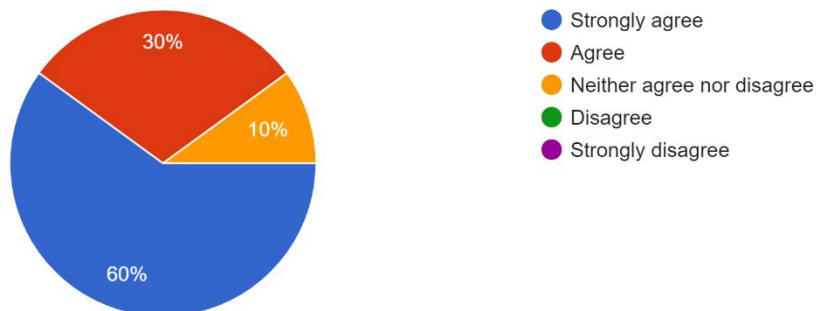
Straight:

There are LGBT elder residents living in my housing organization's senior housing.
53 responses



LGBT:

There are LGBT elder residents living in my housing organization's senior housing.
10 responses

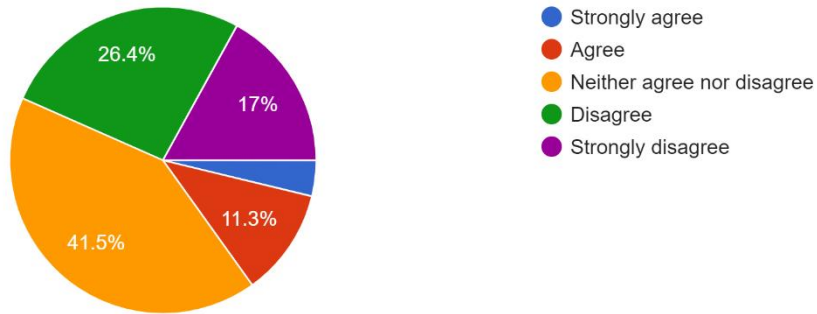


4. When asked about LGBT discrimination in their housing organization, 41.5% of straight respondents neither agreed nor disagreed that they had observed or heard about it, 43.4% either disagreed or strongly disagreed, and 14.1% either agreed or strongly agreed. In a drastic difference from LGBT respondents, 40% either agreed or strongly agreed that they had observed or heard about LGBT discrimination in their housing organization. 50% either disagreed or strongly disagreed and 10% neither agreed nor disagreed.

Straight:

I have observed or heard about instances of LGBT discrimination in my housing organization.

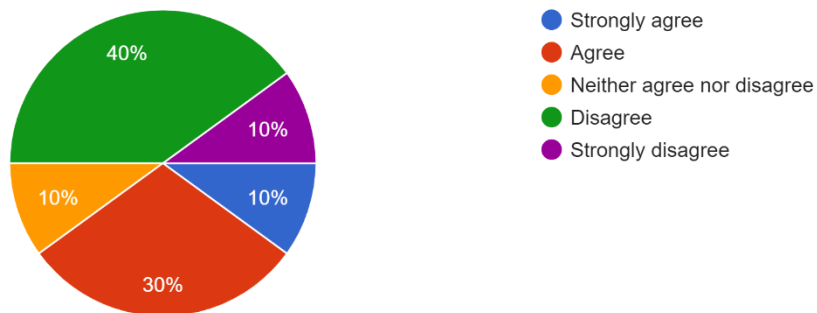
53 responses



LGBT:

I have observed or heard about instances of LGBT discrimination in my housing organization.

10 responses

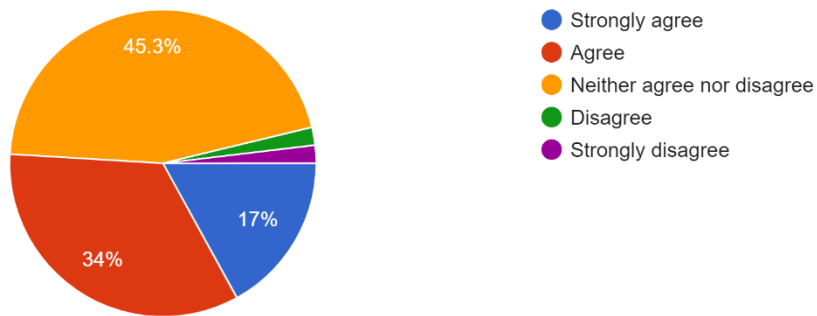


5. Another question where there were disparate responses between straight and LGBT residents was as to whether the housing organization should sponsor an event related to LGBT aging, open to all senior residents and staff. 45.3% of straight respondents neither agree nor disagree, 51% either agree or strongly agree, and 3.8% either disagree or strongly disagree. For LGBT respondents, 90% either agree or strongly agree and one person neither agreed nor disagreed.

Straight:

My housing organization should sponsor an event related to LGBT aging, open to all senior residents and staff.

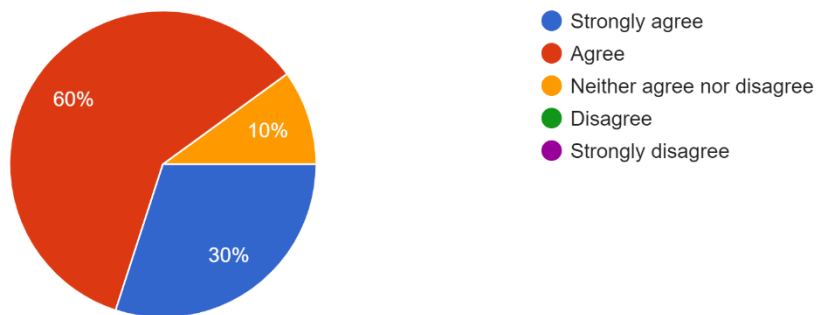
53 responses



LGBT:

My housing organization should sponsor an event related to LGBT aging, open to all senior residents and staff.

10 responses

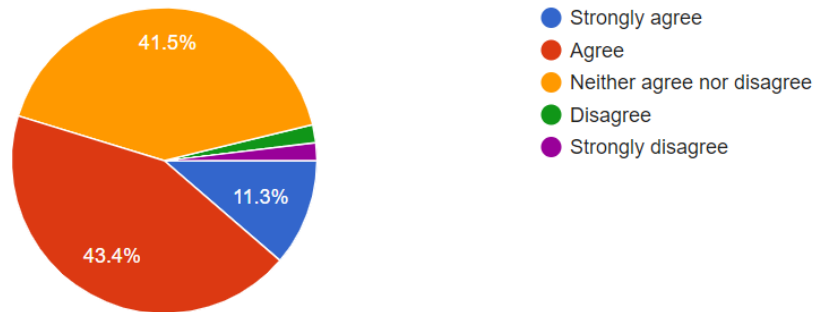


6. One of the biggest differences between LGBT and straight respondents was regarding the statement “I would like the training that all my housing organization’s staff receive to include information about the aging concerns and needs of LGBT seniors.” 41.5% of straight respondents neither agreed nor disagreed, 54.7% either agreed or strongly agreed, and 3.8% either disagreed or strongly disagreed. By contrast, 100% of LGBT respondents agreed or strongly agreed with that statement.

Straight:

I would like the training that all my housing organization’s staff receive to include information about the aging concerns and needs of LGBT seniors.

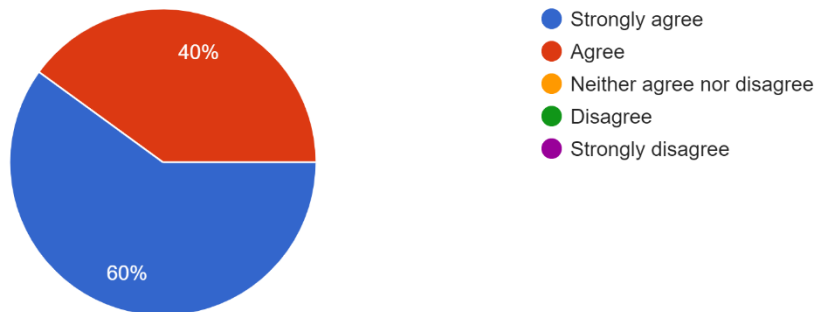
53 responses



LGBT:

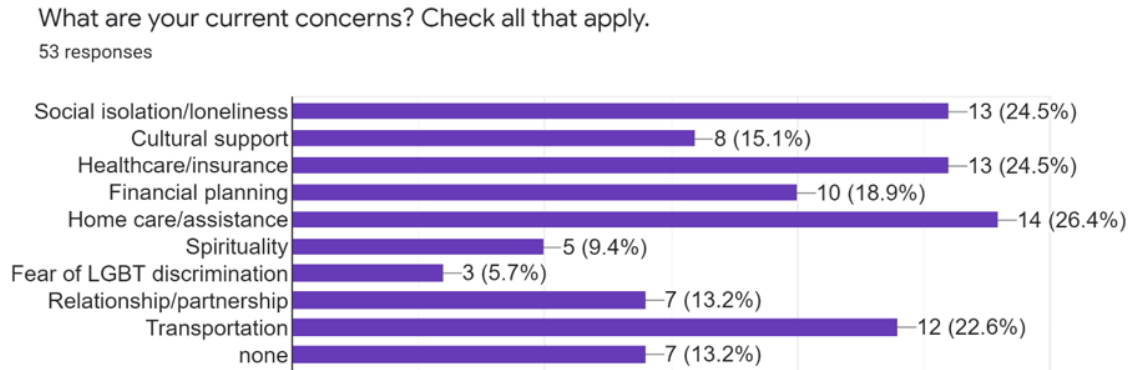
I would like the training that all my housing organization's staff receive to include information about the aging concerns and needs of LGBT seniors.

10 responses

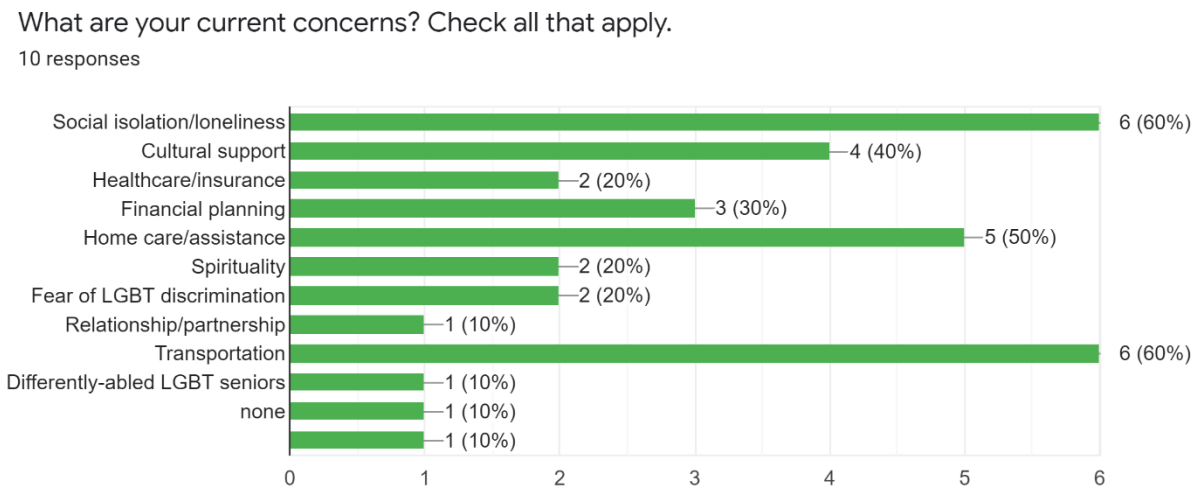


7. Current concerns between LGBT and straight respondents were very similar, with both expressing strong concern about social isolation/loneliness, home care/assistance, and transportation.

Straight:

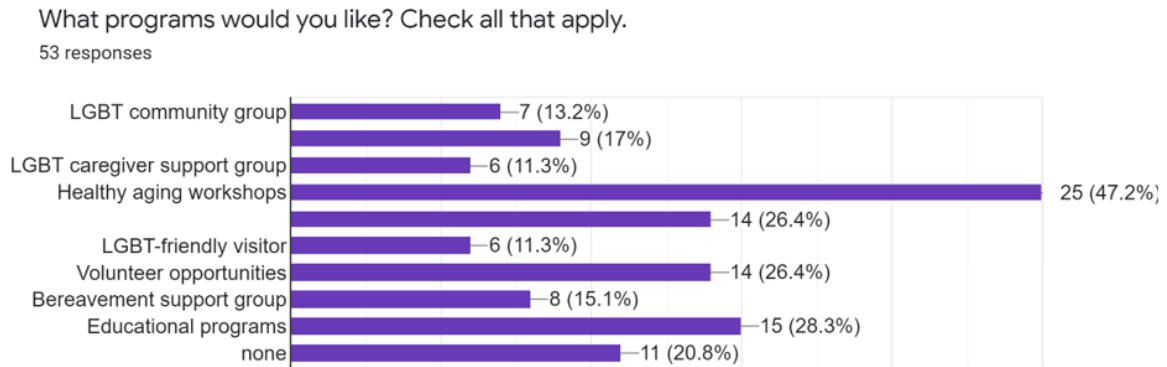


LGBT:

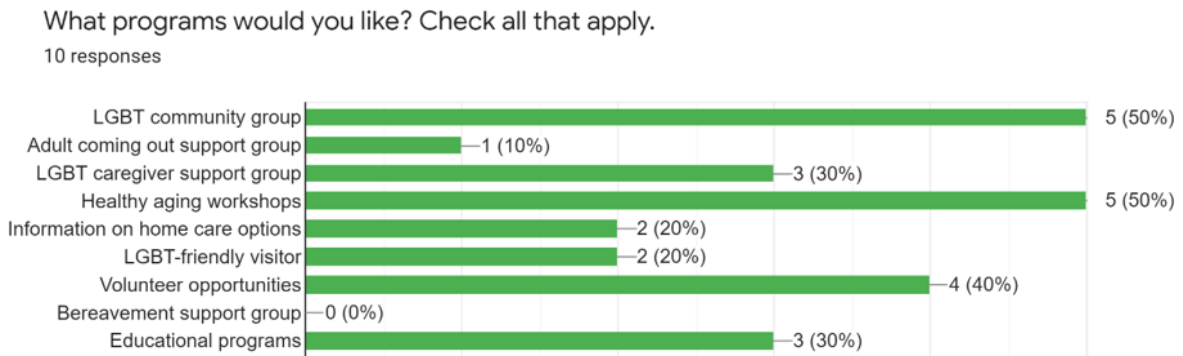


8. Like concerns, interest in programs was similar among straight and LGBT seniors. Healthy aging workshops, volunteer opportunities, and educational programs ranked high among both groups. For LGBT seniors there was additional interest in an LGBT community group, and LGBT caregiver support group.

Straight:



LGBT:



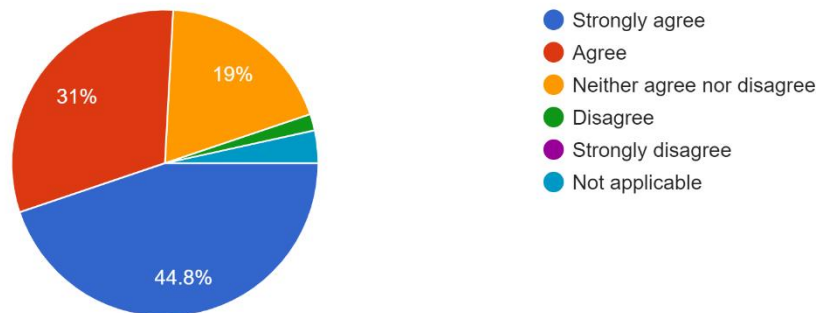
Staff Responses

Once CHA and private site responses were combined, there were 58 staff responses. Responses came from positions as varied as Executive Director, groundskeeper, waitstaff, general management, and more. The same survey was also administered in 2016, for Part I of this report, though at that time it was only sent to CHA staff and the number of surveys analyzed was 24. The following section examines key findings from the 2019 staff survey as well as comparisons between the 2019 and 2016 data.

1. It is known, both through the data in this report and national findings, that LGBT seniors are living in senior housing, however that fact is not always acknowledged. When asked to respond to the statement “There are LGBT elder residents living in my housing organization’s senior housing,” 1.7% disagreed, 3.4% said it was not applicable, 19% neither agreed nor disagreed, and 75.8% either agreed or strongly agreed. This is an increase from 67% in 2016.

There are LGBT elder residents living in my housing organization's senior housing.

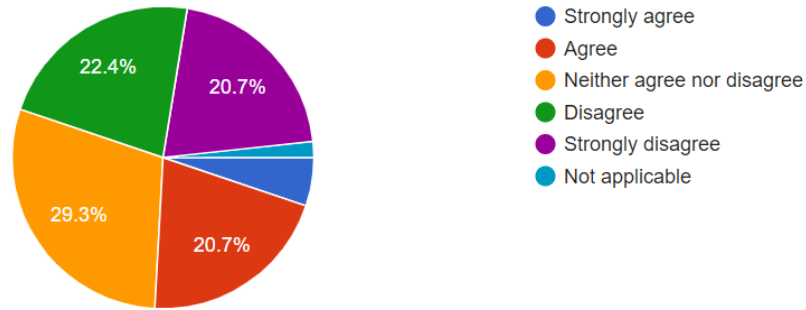
58 responses



2. Numerous sources advocate for the collection of SOGI (sexual orientation and gender identity) data in services for seniors, especially healthcare. Part 1 of this report recommended the collection of SOGI data from seniors living in Cambridge Housing Authority housing. As a follow up to that 2016 research, we asked the same questions about data collection from staff at both CHA and private senior housing sites. When asked to respond to the statement “My housing organization should confidentially collect information about the gender identity (e.g. male, female, transgender male-to-female, transgender female-to-male) of residents who are currently living in its Senior Housing,” 1.7% responded “not applicable”, 29.3% responded that they neither agree nor disagree, 25.1% either strongly agreed or agreed, and 43.1% either strongly disagreed or disagreed. In 2016, 37.5% either strongly disagreed or disagreed.

My housing organization should confidentially collect information about the gender identity (e.g. male, female, transgender female-to-male, transgender male-to-female) of senior residents who are currently living in its Senior Housing.

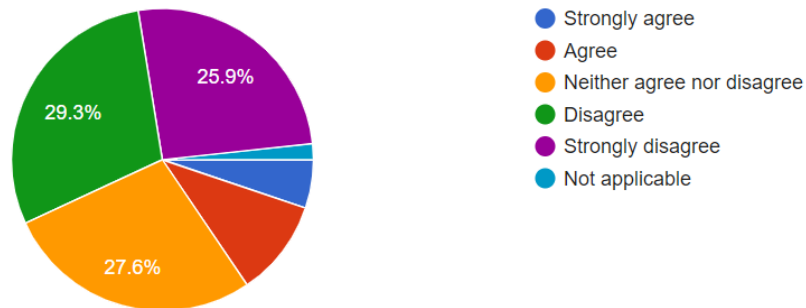
58 responses



3. When asked to respond to the statement “My housing organization should confidentially collect information about the sexual orientation (e.g. lesbian, gay, heterosexual, bisexual, other) of residents who are currently living in its Senior Housing,” 2.7% responded “not applicable”, 27.6% responded that they neither agree nor disagree, 14.5% either strongly agreed or agreed, and 55.2% either strongly disagreed or disagreed. In 2016, 58.3% either strongly disagreed or disagreed.

My housing organization should confidentially collect information about the sexual orientation (e.g. lesbian, gay, heterosexual, bisexual, other) of senior residents who are currently living in its Senior Housing.

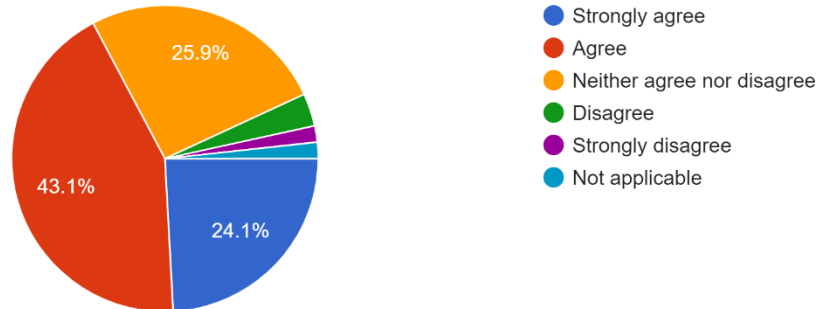
58 responses



4. Similar to the tenant surveys, the staff surveys asked both about feelings of safety and welcoming. 1.7% responded “not applicable,” and 25.9% neither agreed nor disagreed with the statement “My housing organization creates a community culture in which residents feel safe with each other and with staff.” 5.1% disagreed or strongly disagreed, and 67.2% agreed or strongly agreed. In 2016, 75% agreed or strongly agreed.

My housing organization creates a community culture in which residents feel safe with each other and with staff.

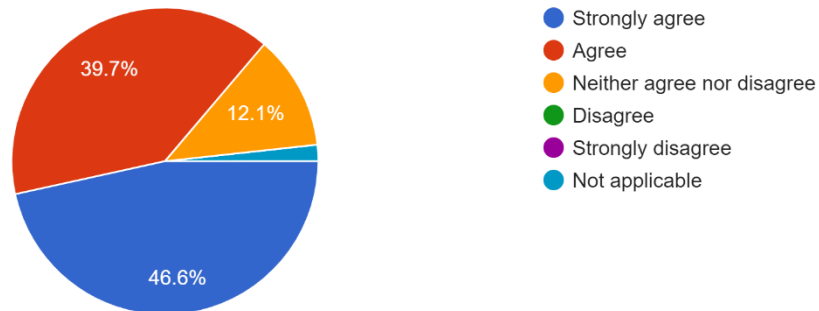
58 responses



5. In addition to questions about tenants, staff surveys asked about beliefs about employee feelings of safety and welcoming. When asked to respond to the statement “My housing organization creates a welcoming environment for employees who may identify as LGBT,” 1.7% responded “not applicable,” 12.1% responded that they neither agree nor disagree, and 86.3% either agreed or strongly agreed. This is an increase from 2016, when 75% either agreed or strongly agreed.

My housing organization creates a welcoming environment for employees who may identify as LGBT.

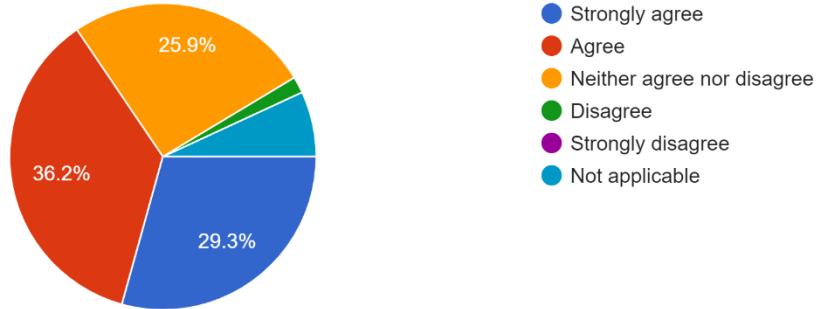
58 responses



6. 6.9% of respondents responded “not applicable,” 25.9% neither agreed nor disagreed with the statement “My housing organization creates a welcoming environment for senior residents who may identify as LGBT.” 1.7% disagreed, and 65.5% either agreed or strongly agreed. This is a marked increase from 41.7% agreeing or strongly agreeing in 2016.

My housing organization creates a welcoming environment for senior residents who may identify as LGBT.

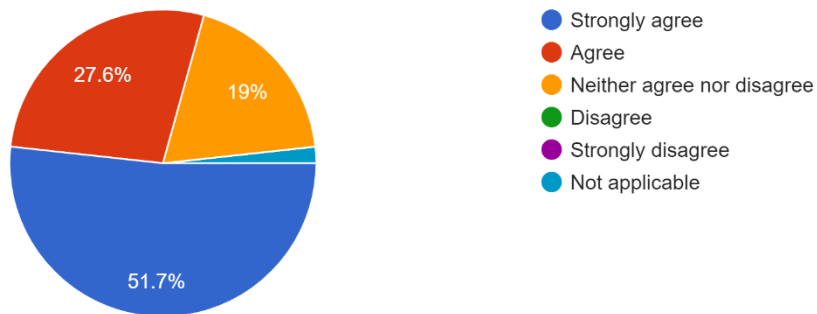
58 responses



7. The majority of respondents, 79.3%, either agreed or strongly agreed and none disagreed or strongly disagreed with the statement “My housing organization creates a safe work environment for employees to openly identify as LGBT, if they choose to do so.” 1.7% responded “not applicable,” 19% neither agreed nor disagreed. Almost exactly the same amount, 79.2%, agreed or strongly agreed with this statement in 2016.

My housing organization creates a safe work environment for employees to openly identify as LGBT, if they choose to do so.

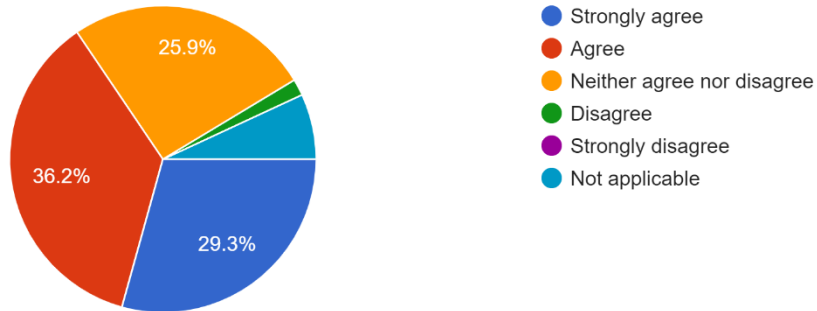
58 responses



8. A smaller majority than the previous question, 62.1%, agreed or strongly agreed with the statement “My housing organization creates a safe living environment for senior residents to openly identify as LGBT, if they choose to do so,” 6.9% responded not applicable, and 25.9% neither agreed nor disagreed. Only 1.7% disagreed. In 2016, a smaller amount, 54.2%, agreed or strongly agreed with that statement.

My housing organization creates a safe living environment for senior residents to openly identify as LGBT, if they choose to do so

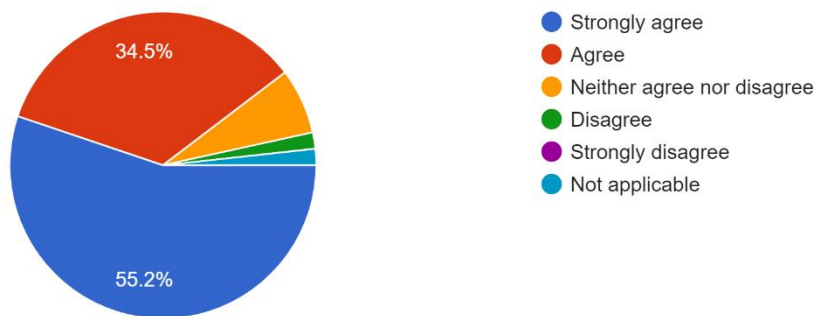
58 responses



9. Nearly nine out of ten (89.9%) respondents agreed or strongly agreed with the statement “I am fully aware of my housing organization’s written policies that address discrimination.” 1.7% responded “not applicable,” 6.9% neither agreed nor disagreed, and 1.7% disagreed. In 2016, 83.3% agreed or strongly agreed.

I am fully aware of my housing organization's written policies that address discrimination.

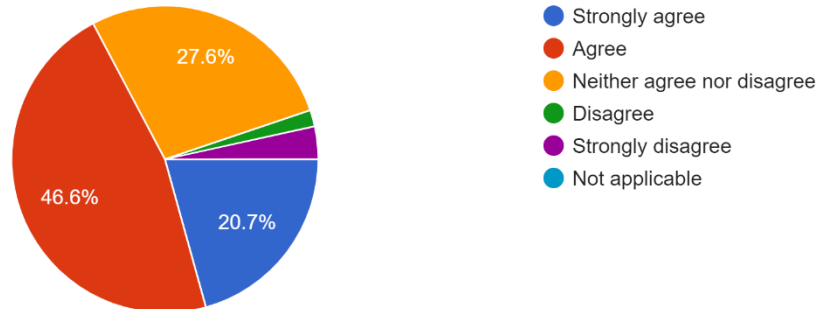
58 responses



10. Holding LGBT-related events is one way housing organizations can become more inclusive. To this end, we asked if respondents believed that their housing organization should sponsor an event related to LGBT aging, open to all residents and staff. 27.6% neither agreed nor disagreed, 5.1% disagreed or strongly disagreed, and 67.3% agreed or strongly agreed. In 2016, 75% agreed or strongly agreed.

My housing organization should sponsor an event related to LGBT aging, open to all senior residents and staff.

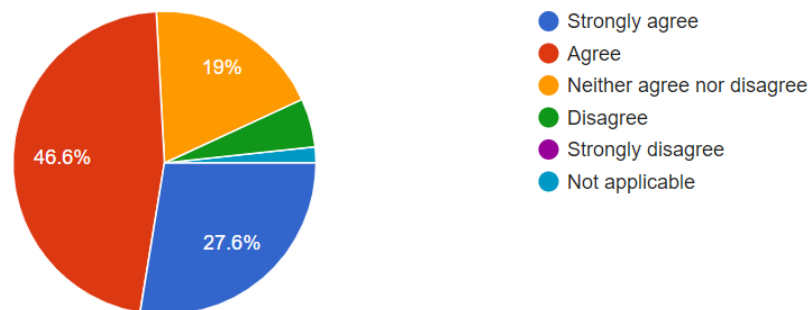
58 responses



11. As with tenants, staff were asked to respond to the statement “I feel confident in my ability to address a complaint voiced by a senior resident about LGBT discrimination. This could be discrimination by other residents, housing staff, or outside service personnel.” 1.7% responded “not applicable,” 19% neither agreed nor disagreed, 5.2% disagreed, and 74.4% agreed or strongly agreed. In 2016, a slightly smaller percent, 70.8%, agreed or strongly agreed.

I feel confident in my ability to address a complaint voiced by a senior resident about LGBT discrimination. This could be discrimination by other residents, housing staff, or outside service personnel.

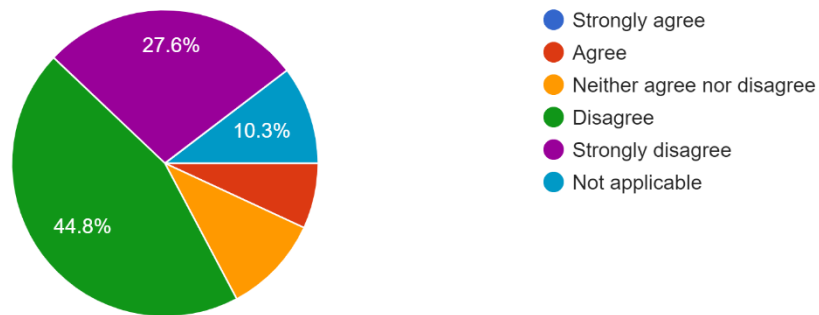
58 responses



12. One of the key measures of inclusion is overt discrimination. This can be any type of negative differential treatment of LGBT individuals by other residents, staff, or anyone else in the senior housing and includes anything from offensive language to differential access to resources. To measure this, staff were asked to respond to the statement “I have observed or heard about instances of LGBT discrimination in my housing organization’s senior housing.” 10.3% responded “not applicable,” 10.3% neither agreed nor disagreed, 6.9% agreed, and 72.4% disagreed or strongly disagreed. This is an increase from 2016, when 66.7% disagreed or strongly disagreed.

I have observed or heard about instances of LGBT discrimination in my housing organization's senior housing.

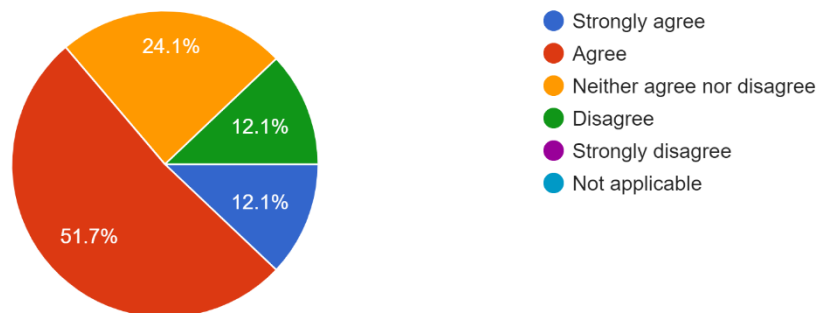
58 responses



13. Another measure of inclusion is staff knowledge of LGBT senior issues and needs. When asked to respond to the statement “I have a strong understanding of the additional issues that LGBT seniors may face with respect to health and/or family,” 24.1% neither agreed nor disagreed, 12.2% disagreed, and 63.3% agreed or strongly agreed. This is a sharp increase from 41.7% agreeing or strongly agreeing in 2016, though ideally that number would be greater.

I have a strong understanding of the additional issues that LGBT seniors may face with respect to health and/or family.

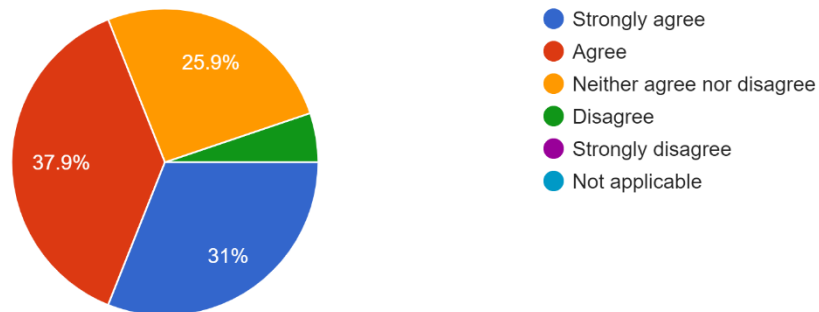
58 responses



14. To follow up the question about preexisting knowledge, staff were asked to respond to the statement “I would like the training that all staff receive to include information about the aging concerns and needs of LGBT seniors.” 25.9% neither agreed nor disagreed, 5.2% disagreed, and 68.9% agreed or strongly agreed, compared to 62.5% in 2016.

I would like the training that all staff receive to include information about the aging concerns and needs of LGBT seniors.

58 responses



15. When asked if there was anything else they would like to add, selected responses included:

- “I think it is logical to expect there is an existing population of LGBTQ seniors in our housing and that we should offer training/services to support that population. I don't think we need to collect data to be supportive.”
- “There could be more information posted in the lobby regarding LGBT information and perhaps a safe space sticker to ensure awareness.”
- “The agency had a Gender & Sexuality training two years ago, but, like the Domestic Violence training, it should be an annual occurrence. Without repetition and follow-up from the leadership, this becomes a checking of a box rather than a paradigm shift for empowered inclusion and progressive culture shift. I would also like to receive more resources and guidance on how housing agencies can proactively serve their LGBTQ+ residents in a non-tokenizing way, in a manner that minimizes legitimate fears of being outed to staff and fellow residents alike without support in the aftermath.”

Recommendations

There are a number of ways to make senior housing more inclusive for LGBT seniors, which we know from our surveys and national data could be beneficial. Some best practices are low-cost/effort, and others require more time, planning, person power, and, sometimes, funding. This section lays out these recommendations by low input to high input. The hope is that that senior housing providers can utilize some, most, or all of them based on capacity and the needs that have been laid out in this report. The LGBTQ+ Commission is also available for help or technical assistance and the list of resources at the end of this report may be useful.

Low Input

Assume: There are LGBT seniors living in senior housing in Cambridge. This is clear from data from this report as well as national data. Part I of this report recommended voluntary and anonymous collection of sexual orientation and gender identity data however the latest survey found that many people, including both staff and tenants, were averse to that idea. Creating an inclusive environment should not be dependent on knowing exact numbers; it should presume there are LGBT seniors and proactively be inclusive. This section gives several recommendations for how to do that.

Signage: Creating welcoming spaces can be as simple as posting rainbow flags in public areas of housing. An internal audit can also be done of existing imagery, asking questions such as “Does the couple portrayed in this image appear to be male and female?” “Do we have images of different types of families?” Staff can also be encouraged to wear rainbow pins or use rainbow-design pens. Before this is done, however, it is important that staff go through training so they can support their inclusive images with inclusive attitudes.

Pronouns in email signatures: Many places have adopted the practice of including one’s pronouns in their email signature. An example is:

Name

Title

Organization

Address

Phone number

Pronouns: she/her/hers

Asking about gender identity; beyond male/female: It is likely that applications or various other forms ask tenants to disclose their gender, but for a non-binary person or transgender person, the “male/female” options may not feel inclusive. While ensuring confidentiality, the gender question could be stated:

What is your gender identity? _____

Another way to make sure you are using inclusive language is to add a section for names/pronouns:

Legal Name _____ Nickname or Preferred Name _____

Pronouns You Use _____

Another way to edit the forms without making a large change is to include an additional option:

Name: _____

Gender: Male Female Other: _____

Medium Input

Connect with local organizations: One great way to commit to inclusion is by connecting with local organizations that work with LGBT seniors. Some of those include the City of Cambridge LGBTQ+ Commission, the Cambridge Senior Center/Council on Aging, Cambridge Volunteer Clearinghouse, Ethos, and the Fenway Aging Project. You may email the LGBTQ+ Commission at LGBTQPlusCommission@CambridgeMA.Gov. and we can connect you directly. There is also a resource guide available at the end of this report.

One-time programing: Not all changes to be inclusive require a significant amount of effort. One suggestion is starting small when it comes to programming for LGBT seniors. Informal social programs such as a lunch or coffee group can be a great way to start. Pride Month (June) and LGBTQ+ History Month (October) can also be great occasions for celebration and inclusion. Both staff and tenants may benefit from a viewing of “Gen Silent,” a salient movie available at the Cambridge Public Library, that goes in depth about the unique challenges that LGBT seniors face.

All-Gender Restrooms: Converting single-stall men’s, women’s, and “unisex” restrooms to be “All-Gender” can make spaces more welcoming for transgender and gender nonconforming individuals so that they are not obliged to choose a restroom that does not align with their gender identity or where they will not feel safe. As an added benefit, All-Gender restrooms make it easier for families with children of different genders to use the restroom together as well as people with different gender care attendants. The City of Cambridge recently instituted a policy whereby all City buildings relabel their single-occupancy restrooms to “All Gender” and this will be the same in all future construction.

High Input

Ongoing training of staff: SOGI (Sexual Orientation and Gender Identity) training, especially training that focuses on the needs of LGBT seniors can be extremely valuable. As mentioned earlier, the film “Gen Silent” may be a good place to start. The Fenway Aging Project may also offer trainings. It is important that these trainings happen on a regular or yearly basis because otherwise, as noted by one of the staff survey respondents, it may simply be “checking a box.” The issues of this minority community should be considered in an ongoing way so that they are not forgotten or invisible.

Ongoing training of residents: Training of tenants may be equally important to training of staff. Most seniors grew up and lived the majority of their lives in a social climate where being LGBT was not acceptable and may have even been a crime. In many places, including Cambridge, there is still a lack of acceptance for LGBT people, including seniors. Having events for LGBT seniors and making sure that everyone is invited is one way to increase LGBT senior inclusion. The Fenway Aging Project also may offer

trainings for senior residents. Like staff training, this should be ongoing so it is not quickly forgotten or ignored.

Ongoing programing: Following up on a one-time event such as a coffee hour or lunch for LGBT seniors (open to all), private housing sites may consider making such events regular and ongoing. Social isolation is a big issue among seniors generally and LGBT seniors in particular, so a weekly or monthly social event may be very welcome. These can be informal gatherings with food, a “lunch and learn” where topics about LGBT aging are discussed, or even a speaker series. This is a high input recommendation because staff time would need to be devoted to organizing and promoting such events.

GSA-type group: Another option that staff could work on that would improve the lives of LGBT seniors would be a GSA-type group. GSAs (Gay-Straight Alliance or, to be more inclusive, Genders and Sexualities Alliance) have been proven to reduce discrimination in schools and offer vital social support for youth. The same may be true for seniors and fits into the LGBT community group desire from the survey.

Ombudsperson: A designated staff-person to hear complaints from residents has been recommended by a number of LGBT-serving groups. Often if an LGBT senior is facing discrimination or any other issue, they may not know who to turn to, especially because many of them have a history of institutional distrust. If a staff person is identified as an ally, they may be a valuable resource for LGBT seniors facing challenges in their housing and in life. This person would also not have to be specific for only LGBT seniors, they may play a vital role for all tenants in senior housing.

Conclusion

It is clear from these surveys and from national data that LGBT seniors live in senior housing, and they have unique challenges and needs. This report has offered background data, survey analysis, and comprehensive recommendations. It is the sincere hope of the City of Cambridge LGBTQ+ Commission that senior housing providers take this information to heart, utilize as many recommendations as is feasible, make use of the resource guide, and turn to us for support if needed. We acknowledge that, like many service providers, senior housing providers are busy and may not have time for new initiatives. It is our hope, however, that this report has made clear the importance of inclusion of LGBT seniors in senior housing and speaks to the missions senior housing organizations have around providing safe and quality housing for their tenants.

Thanks

Special thanks to all Cambridge senior housing organizations that participated in our survey, including staff and tenants. Thanks to the Cambridge LGBTQ+ Commission initiating this process, the community members who identified the need, and the City of Cambridge for supporting the inclusion of LGBT seniors in our city.

Appendix: Summary of Part I

Part I drew results from 24 surveys completed by Cambridge Housing Authority (CHA) staff. It asked about three key areas for creating welcoming, affirming agencies for LGBT older adults: 1. Data collection, 2. Organizational culture, and 3. Training. Its goals were to understand staff opinions, learn about CHA policies, provide background data, and provide recommendations.

Key findings from the Part I survey included:

- The majority of staff respondents either strongly agreed or agreed that there are LGBT elder residents currently living in CHA's Senior Housing.
- A minority of respondents either strongly agreed or agreed that CHA should confidentially collect information about sexual orientation and gender identity (SOGI) from current senior residents. The goal of adding SOGI related questions to an anonymous, resident satisfaction survey would be to assess and better understand the experiences of senior residents with respect to sexual orientation and gender identity/expression.
- The majority (75%) of staff respondents either strongly agreed or agreed that CHA creates a community culture in which residents can feel safe with each other and with staff.
- 41.67% either strongly agreed or agreed that CHA creates a welcoming environment for senior residents who may identify as LGBT.
- 54.17% either strongly agreed or agreed that CHA creates a safe living environment for senior residents to openly identify as LGBT, if they choose to do so.
- The majority (75%) either strongly agreed or agreed that CHA creates a welcoming environment for employees who may identify as LGBT.
- The majority (79.17%) either strongly agreed or agreed that CHA creates a safe work environment for employees to openly identify as LGBT, if they choose to do so.
- The majority (75%) of staff either strongly agreed or agreed that CHA should sponsor an event related to LGBT aging, open to all senior residents and staff.
- The majority (83.3%) of staff either strongly agreed or agreed that they are fully aware of CHA's written policies that address discrimination.
- The majority (62.5%) either strongly agreed or agreed that they would like their staff training to include information about the aging concerns and needs of LGBT seniors.
- Less than half (42%) of staff respondents either strongly agreed or agreed that they have a strong understanding of the additional issues that LGBT seniors may face with respect to health and/or family.
- The majority (66.7%) of staff respondents either strongly disagreed or disagreed that they have observed or heard about instances of LGBT discrimination. 4.2% either strongly agreed or agreed with the statement that they have observed or heard about instances of LGBT discrimination.
- The majority (70.8%) of staff respondents either strongly agreed or agreed that they feel confident in their ability to address a complaint about LGBT discrimination voiced by a senior resident, regarding other residents, CHA staff, or outside service personnel.

Main recommendations from Part I included:

- Including LGBT cultural proficiency training into current diversity training that all staff receive. If possible, providing this training to residents as well.
- Sponsoring, co-sponsoring, or promoting LGBT programming and events available for all of CHA's senior residents and staff.
- Including "Gender Identity" as a protected class in CHA's current anti-discrimination policy and post this policy in the Resident Handbook for new and current CHA senior residents, as well as in relevant online and published documents. (Note: Since Part I was published, "Gender Identity" has been added to the policy.)
- Clarifying among all staff the practices and policies for how to respond to a discrimination complaint voiced by a senior resident or staff member, with regard to sexual orientation, gender identity and gender expression.
- Collecting SOGI information from current residents of CHA senior housing in a voluntary and anonymous way. SOGI information could be collected by adding questions to a program-wide satisfaction survey that is distributed to residents.
- Continuing to connect with the LGBTQ+ Commission for any support, questions or concerns about addressing and supporting the needs of LGBT older adults and creating a welcoming agency.

Citations

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SAGE and the Alzheimer's Association. *Issue Brief: LGBT and Dementia*. 2018.

SAGE and Center for Consumer Engagement in Health Innovation. *Training the Aging Network to Provide Culturally Competent Care for LGBTQ Older Adults*. March 2019.

Special Legislative Commission on Lesbian, Gay, Bisexual, and Transgender Aging. Report to the Commonwealth of Massachusetts. 2015.

Resource Guide

Local LGBTQ+ Resources for All Ages

Bisexual Resource Center

www.biresource.org

PO Box 400639

Cambridge, MA 02140

(617) 424-9595

Resource center for bisexuals, including youth and adults. Also sponsors events and discussion groups.

Cambridge LGBTQ+ Commission

www.cambridgema.gov/Departments/LGBTQPlusCommission

The LGBTQ+ Commission meets on the fourth Thursday of every month (except August and December), from 6:00 - 7:30PM on Zoom until further notice. Meetings are open to the public. The link can be found on the City website.

Fenway Community Health Center

www.fenwayhealth.org

1340 Boylston Street

Boston, MA 02215

(617) 457-8140

Comprehensive health care in a welcoming environment. The mission of Fenway Health is to enhance the wellbeing of the lesbian, gay, bisexual and transgender community and all people in our neighborhoods and beyond through access to the highest quality health care, education, research and advocacy.

Gay and Lesbian Advocates and Defenders (GLAD)

www.glad.org

294 Washington Street; Suite 740

Boston, MA 02108

(617) 426-1350

New England legal rights organization dedicated to ending discrimination based on sexual orientation, HIV status, and gender identity and expression.

Greater Boston PFLAG (Parents and Friends of Lesbians and Gays)

www.gbpflag.org

P.O. Box 541619

Waltham, MA 02454

Waltham Office: (781) 891-5966

Provides training, resources and opportunities for dialogue about sexual orientation and gender identity, and acts to create a society that is healthy and respectful of human diversity.

Massachusetts Transgender Political Coalition (MTPC)

www.masstpc.org/tp

PO Box 960784

Boston, MA 02196

(617) 778-0519

Dedicated to ending discrimination on the basis of gender identity and gender expression.

Local LGBT Resources for Older Adults

Somerville-Cambridge Elder Services

61 Medford Street

Somerville, MA 02143

(617) 628-2601

eldercare.org/find-what-you-need/advice-info/lgbt_resources

Somerville-Cambridge Elder Services is committed to meeting the needs of lesbian, gay, bisexual, and transgender (LGBT) older adults.

Somerville-Cambridge Elder Services Resource Guide

<https://eldercare.org/wp-content/uploads/2017/08/LGBT-Resources-Guide.pdf>

A comprehensive list of LGBT resources and meal programs and other for older adults in the Somerville/Cambridge/Greater Boston area. Please click see the guide a full list of LGBT older adult resources.

General Senior Resources

Cambridge Senior Center/Council on Aging

806 Mass Ave

Cambridge, MA 02139

617-349-6220

<https://www.cambridgema.gov/DHSP/programsforadults/seniorscouncilonaging>

The Council on Aging (COA) works to promote and safeguard the health and independence of Cambridge seniors over the age of 60. We arrange many necessary services and provide many meaningful social and recreational options that help enhance our senior's lives.

Cambridge Volunteer Clearinghouse

<http://www.cambridgevolunteers.org/>

Founded in 1994, the Cambridge Volunteer Clearinghouse matches potential volunteers of all ages with Cambridge agencies that need their skills and talents. Volunteers in Cambridge help tutor students, provide services to elders, feed the hungry, steward the environment, and provide support to a wide range of community organizations. Whether you'd like to participate in a day of service or make a longer-term commitment to a city agency or non-profit we welcome you to join the thousands of active volunteers in Cambridge, MA. You can make a difference for your community.