



Community Report Back

July 12, 2017
Center On Halsted
3656 N. Halsted

July 17, 2017
Affinity Community Services
2850 S. Wabash, Suite 108



OUTAging: Summit On Our Possibilities - Community Meeting Agenda

- Welcome
- OUTAging video
- Remarks & key take aways
- Report back & discussion
- Closing remarks

Our Voices, Our Stories



Summit Overview and Take Aways



OUTAging: Summit On Our Possibilities



OUTAging: Summit on our Possibilities was May 24-25, 2017 at the offices of AARP in downtown Chicago. An opening reception was held May 23 at Affinity Community Services on the South Side.

OUTAging's goals were to:

- Create a platform that centers the voices and experiences of LGBTQ older adults to shed light on the issues they face and gaps in services, resources and opportunities;
- Provide a diverse and inclusive forum for redefining aging and care; and
- Develop an agenda for advocacy, resources and inclusion with and for LGBTQ older adults.

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OUTAging Planning Committee



Staff: Kim L. Hunt & Jackie Thaney

Jean Albright (constituent), **Gloria Allen** (constituent), **Don Bell** (constituent), **Jacqueline Boyd** (The Care Plan), **Lynn Hull** (constituent), **Britta Larson** (Center on Halsted), **Angelica Martinez** (University of Illinois at Chicago), **Jesus Ramirez-Valles** (University of Illinois at Chicago), **Imani Rupert-Gordon** (Affinity Community Services), **Cynthia Tucker** (AIDS Foundation of Chicago), **Terri Worman** (AARP) and **Serena Worthington** (SAGE – Service and Advocacy for GLBT Elders)

Other volunteer roles: registration, moderators, note takers, bag stuffers

OUTAging Key Take Aways

"There are two extremes- seniors all have the same needs, but then LGBT seniors have some really unique needs. We aren't all the same."

- LGBTQ older adults want a range of options housing that include LGBTQ-specific housing to continuing care communities that allow them to age in place.
- LGBTQ older adults want to be strong advocates for themselves and their loved ones both in interactions with service providers and through engagement with elected officials.
- LGBTQ older adults want to stay connected to younger people through intergenerational programming, services, and friendships.

OUTAging Key Take Aways (cont'd)

- LGBTQ older adults want service providers and the general public to stop making assumptions about their ability to speak for themselves, sexual activeness, technology proficiency, family status, gender identity, sexual orientation, etc.
- LGBTQ older adults want to be visible.
- Despite the “digital divide,” there are opportunities to use technology as a tool for community building and connection and service provision for LGBTQ older adults.

OUTAging Key Take Aways (cont'd)

- Affirming faith communities are an underutilized resource for LGBTQ older adults for services and community connections, provided that a commitment to faith is not required.
- LGBTQ older adults and service providers stressed the need for “navigators” to guide people through the complex systems of Medicaid, private insurance, housing programs, medical and legal documents and other benefits and services.
- To the extent possible, older adults want “one stop shopping” options that can be digital or in person for services and paperwork.

Report Back & Discussion



Report Back & Discussion – Major Themes



This section is organized into three major themes that came out of the notes from the brainstorming sessions:

- Lack knowledge about or access to resources
- Desire for social supports and community building
- Needed improvements to institutions and structures

Major Theme: Access to resources

"There's so much I don't know. Personally, there is a generation or two that is lost. There aren't many gay men that I can talk to. So I'm winging this [aging thing]."

Concerns/issues

Navigating paperwork and services is very challenging

Services are needed to help people age in place

How can resources and information be shared and services be matched with the people who need them

Need one stop shop for broader aging and LGBTQ-specific services

Need to improve access to technology and leverage that technology to connect to older adults and provide services

Major Theme: Access to resources

Potential Solutions

Hire navigators to help people know what resources are available to them (transportation, meals, insurance coverage, medical, etc.)

Have volunteers (or contract with) groups like Trans Tech Social Enterprises for tech training and support

Host mobile, regularly scheduled clinics with LGBTQ Bar Association and other lawyers and students to help with legal documents

Have workshops on communal living (“Golden Girls,” village model, etc.)

Develop and maintain a resource list

Utilize shared car services like Uber and Lyft to increase access to services

Discussion – Access to resources



Small group questions:

1. What other solutions might there be?
2. What resources/assets are currently available?

Major Theme: Community building

"I don't have the support system – no children, no nieces or nephews. If I get sick, I'm going to California or Mexico and 'end it.' I need a quality of life so I can do things. I need something to do. All of my responsibilities keep me going."

Concerns/issues

There is uncertainty about what support network will be there for you in the future

Need to make continuing care communities affordable. Neighbors should help neighbors. Mutual aid groups needed for aging through death

Want connections to young children, intergenerational programming

Technology could be leveraged to reduce isolation

Change is hard – I know what I know and am not interested in what's happening elsewhere

Major Theme: Community building

Potential Solutions

Comprehensive navigators

Villages and other models, including those using tiny homes, with younger person(s) living on-site

Digital and in person care taker and “buddy” services

Lift up the stories of LGBT older adults in media and other venues

Informal and formal peer groups to share information and support each other

More engagement of faith communities as locations for services

Discussion – Community building



Small group questions:

1. What other solutions might there be?
2. What resources/assets are currently available?

Major Theme: Systems & institutions

"I've been HIV positive since 1987 and AIDS since 1997. I'm healthy, but I don't know what is going to happen having been on medication that long. And now I'm old and coming to the realization that no one can answer that question and being comfortable with it."

Concerns/issues

Religion is challenging. Progressive churches could be terrific partners but religiously affiliated care facilities are challenging

Providers have to tease out physical well-being and safety vs. mental/emotional well-being without a lot of time

There are assumptions about having families of origin to help and what family structures should be and little acknowledgement of about families of choice

Infantilization is problem – assumptions about decision making, sex, etc.

Major Theme: Systems & institutions

Concerns/issues

LGBTQ older adults should be a bigger part of leadership of service providers – hiring, boards, advisory councils, etc.

The continuous burden of educating providers falls on the clients. Service providers should strive for client-directed, “continuously competent” care, incl. updated intake forms, trainings, visual signals of “safe space”

Acknowledge the multiple identities within the LGBTQ community and individuals

Personal safety and security is fluid and contextual – transitioning from one provider to another, to a higher level of care, getting to and from programs, within certain spaces, etc.

Major Theme: Systems & institutions

Concerns/issues

Segregation, racism and other forms of discrimination have lasting impacts historically and in the present

Some LGBT older adults are still fearful of being out, despite changes in laws and policies, and go back into the closet when interacting with mainstream services and family care takers

Some LGBTQ older adults are unprepared for future challenges – the process of aging, legal documents, DNRs, etc.

LGBT older adults want to be organized and engaged in public policy changes – insurance coverage for Hep C, cuts to programs like meal delivery, holistic health care, expanding nondiscrimination protections, maintaining Sr. Health Insurance Program

Major Theme: Systems & institutions

Potential Solutions

Require competency training for service providers and clinicians and include in curricula for professional degrees

Showcase the stories of LGBTQ older adults in the media and other venues

Incorporate intergenerational initiatives in housing. Perhaps collaborating with GSAs

Strengthen LGBTQ older adult advocacy through grassroots organizing and training and provide stipends and recognition

Advocate for single payer universal health care

Attend to the sexual health of older adults – PrEP, etc.

Major Theme: Systems & institutions

Potential Solutions

Organize a funder/researcher collaborative on LGBT older adult issues

Expand SAGE Corps (grassroots movement of LGBT and allied elders, other adults and youth)

Advocate for level or increased funding for LGBT older adults and programs at federal level

More workshops on self defense, self-help, physical strength and balance, trauma drills, emergency plans

City of Chicago (and/or Illinois) roundtable on LGBTQ aging

Discussion – Systems & institutions



- Small group questions:
1. What other solutions might there be?
 2. What resources/assets are currently available?

Closing Thoughts



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