

OUT AGING

SUMMIT ON OUR POSSIBILITIES

2017 FINAL REPORT

December 2017

SUMMIT SPONSORED BY:



**OUTAGING: SUMMIT ON OUR POSSIBILITIES
2017 WAS MADE POSSIBLE BY THE
GENEROUS WORK OF THE FOLLOWING
PLANNING COMMITTEE MEMBERS.**

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ADVOCACY FOR GLBT ELDERS)**



PURPOSE AND OVERVIEW

OUTAging: Summit On Our Possibilities 2017 took place May 23-25, 2017 and brought together people from the LGBTQ community, particularly LGBTQ older adults, with service providers and stakeholders to discuss issues facing the LGBTQ aging community. The summit sought to bring forth the voices of our elders, calling on a history of oral tradition well known to the LGBTQ community, to shed light on those who may feel forgotten or cast aside. According to the Population Reference Bureau, as of 2016, most baby boomers are between the ages of 52-70, and the number of individuals currently over the age of 65 is expected to grow from 15% (46 Million adults) to 24% of the American population (98 Million adults) by 2060 (Mather, Jacobsen & Pollard, 2015). As millions of Americans age, the roughly 4% who identify as LGBTQ continue to do so as well, and their needs must be specifically addressed (Gates, 2017).

The aging community collectively faces issues regarding health care management, living and aging in place or in designated communities, staying safe, seeking and fostering support in these communities, having their voices heard and advocating for themselves, managing financial futures, and designing legal futures for their loved ones and families. Additionally the LGBTQ aging community faces extra challenges in the areas of poverty, which disproportionately affects LGBTQ individuals (Badgett, Durso, & Schneebaum, 2013) health management, particularly with HIV/AIDS facing the first generation living with anti-retroviral treatment, homophobia and discrimination, and the maintenance of community given that ties with families of origin have often been broken with older segments of LGBTQ communities. These, among many more, were some of the major conversations at the OUTAging Summit.

The summit was designed with a desire to hear and center the voices of LGBTQ older adults first. Following an opening reception on Wednesday, May 23, the summit kicked off on May 24th with a full day of testimony, brainstorming and community engagement with nearly 60 members of the LGBTQ older community. Information and testimony gathered from this day was then reported to service providers the following day who came together to discuss the major challenges they faced in their respective fields. Feedback from both days was collected and aggregated to develop a major list of themes, takeaways, and potential projects.

MAJOR THEMES THAT DEVELOPED FROM OUR CONVERSATIONS WERE:

Lack of knowledge or appropriate access to resources which support LGBTQ and the aging communities

Desire to have strong social support networks and communities, and

Need to update and transform existing systems and institutions (health, legal, justice among others)

MAJOR TAKEAWAYS FROM THE SUMMIT WERE:

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.

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.

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.

A full list of these is available later in the report.



THE SUMMIT GENERATED A SPACE FOR CREATIVE SOLUTIONS. SOME OF THE SOLUTIONS WERE:

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

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

Developing and maintaining accessible and up to date resource lists that are easy to navigate.

Creating villages and other models, including those using tiny homes, which include younger person(s) living on-site.

Promoting transgenerational programming at living facilities.

Expanding care-taking to include in person, digital (virtual) and non-clinical buddy services.

Requiring competency training for service providers and clinicians and include these in curricula for professional degrees.

Advocating for level or increased funding for LGBTQ older adults and programs at federal level.

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

A full list of these is available later in the report.



The summit was made possible by the outstanding work of the OUTAging Planning Committee, and the fantastic assistance of our volunteers.

The resources available at the summit were provided by a cohort of sponsors including lead sponsor Lambda Legal, host sponsors AARP- Chicago and Affinity Community services, media sponsor, Windy City Times, and other sponsors including AIDS Foundation of Chicago, Chicago Foundation for Women, Renewal Care, and SAGE.

Our community partners included Affinity Community Services' Trailblazers, Alzheimer's Association, American Cancer Society, Anshe Emet, Association of Latinos/as Motivating Action (ALMA), Athenaeum Theatre, AVER Chicago Chapter (American Veterans for Equal Rights), Belmont Theater District, Center on Halsted, Chicago Commission on Human Relations, Chicago Department on Aging, Chicago Department of Public Health, CJE Senior Life, Equality Illinois, Gerber/Hart Library, Holy Covenant Metropolitan Community Church (Brookfield), Howard Brown Health, HRC Chicago Steering Committee, Jane Addams Senior Caucus, The Law Office of Kate Curler, Lakeview Presbyterian Church, The Legacy Project, National Center on Elder Abuse, National Council of Jewish Women – Chicago North Shore, Oak Park Temple, Or Chadash, Renewal Care Partners, Second Presbyterian Church, Senior Helpers, Temple Sholom, The Care Plan, TPAN, University of Chicago Poverty Lab, and Village Chicago.

Response to the summit from attendees was overwhelmingly positive, and evaluations of the summit for most responders was at 4/5 or 5/5 in satisfaction and value. Service providers and LGBTQ older adults both responded similarly that issues of discrimination and erasure and staying connected were of most importance. LGBTQ older adults also prioritized conversations on their health and wellbeing, while service providers prioritized having conversations on access to resources and health care. Some issues of importance that were not addressed explicitly at the summit, but were said to be important were poverty, spirituality, mental health, the experience of dying, bisexual health and the needs of members of the BTQIA community. These topics may be addressed in future conversations at events hosted by Pride Action Tank and its partners.

The rest of this report will describe the themes, conversations, and proposed solutions in detail and allow context for moving forward.



THEMES AND CONCERNS

The themes presented are an aggregation of individual concerns and a general community concern, based on individual testimonies from LGBTQ older adults and service providers. These testimonials and the information collected was synthesized into three major conversations: knowledge and access to resources, strengthening of social support networks and communities, and transforming existing systems and institutions.

KNOWLEDGE OF AND 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]. ”

LGBTQ older adults discussed the anxiety of not always knowing what to do, where to go or who to speak to about their concerns. Social isolation was a major underlying component of these conversations. Individuals repeatedly asked for more information on how they could best empower themselves to take control of their own futures. The LGBTQ older adults who attended the summit requested that they have a voice in how resources are prioritized. Service providers also echoed this sentiment, continually addressing the lack of funding for programs that address older adults in their respective fields, while also identifying key resources they believed would be beneficial, but perhaps had not been used effectively so far.

CONCERNS:

Navigating paperwork and services can be very challenging, due to complexity or format.

Services are lacking and needed to allow people age in place.

Resources and information are not always matched with individuals who need them most.



Services are complex and have multiple steps, leading to confusing processes.

There is an increased need for convenient and “one-stop-shop” aging and LGBTQ specific services.

Technology poses both a challenge and a tool, and with resources continually moving to a digital format, LGBTQ older adults feel left out.

STRENGTHENING SOCIAL SUPPORT NETWORKS AND COMMUNITIES

“ 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.

As mentioned, American older adults face increasing social isolation, a situation which can be worsened in the LGBTQ community with the lack affirming relationships with families of origin or with the restrictions and laws currently put in place to disallow partners and chosen families to take part in support. LGBTQ older adult testimonials continued to voice the idea “I'm old, NOT dead! Don't count me out just yet!” stressing the importance of their presence in community. Additionally, as the LGBTQ community relies heavily on the existence of chosen families, the development, fostering and strengthening of community ties is an essential need. Testimonials discussed the loss of an oral and tradition based history where knowledge was passed down generationally to younger LGBTQ individuals, as mentors and friends. Health crises such as the HIV epidemic, and laws that have restricted the LGBTQ community have made a major dent in this intergenerational conversation. LGBTQ older adults stressed the need for having this opportunity to share their communal knowledge with each other and with younger generations.

CONCERNS:

Uncertainty regarding support networks for the future poses challenges.

Continuing care communities are not always an affordable option.

There is an increased need for “community caring for community” options (neighbors caring for neighbors, mutual aid groups for aging, etc.).

Desire for healthy connections to young children and intergenerational programming was consistently mentioned.

Social isolation is a major issue and technology can be used as a tool to reduce it.

Change poses a challenge, and changing communities for those most accustomed to a particular setting can be difficult.

TRANSFORMING SYSTEMS AND 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 BE COMFORTABLE WITH IT.

Repeatedly, LGBTQ older adults mentioned their desire to have their choices supported and be understood, seen, empowered, advocated for and treated humanely by a multiplicity of systems which have failed them. These systems include: health care, politics, caregiving, justice and safety, spiritual communities, the LGBTQ community and urban design. LGBTQ older adults stressed wanting to see these institutions transformed to be inclusive and just. Service providers identified shortcomings in their own fields and noticed areas where they could provide more client-directed and holistic services to this population.

CONCERNS:

Religious and spiritual communities are not always open and accepting of LGBTQ older adults, which poses a challenge for aging adults who desire to be a part of spiritual communities.

Providers (particularly in health) do not always distinguish between physical well-being and social/mental/emotional well-being.



Families of origin are not always sources of support in LGBTQ communities and there is little to no acknowledgment of families of choice.

Infantilization of the aging community is a problem.

LGBTQ older adults want to be involved in the leadership of service provider organizations.

LGBTQ older adults feel the burden of having to continue to educate their providers on cultural competency and the development of safe spaces, which limits their ability to be and exist in spaces of care.

Not all LGBTQ individuals are the same. There are a multiplicity of identities to acknowledge and serve.

Personal safety is a major concern for the LGBTQ older adult population and “safety” is a contextual and fluid situation.

Segregation, racism, and discrimination are still in existence in all institutions and systems.

LGBTQ older adults still experience fear of being out, and will return to the closet when they feel unsafe (e.g. in mainstream care services or with family care takers).

LGBTQ older adults feel unprepared for future challenges regarding aging and death.

LGBTQ older adults want to be engaged and organized in public policy changes.



PROPOSED SOLUTIONS

LGBTQ older adults and service providers were charged with the development and creation of potential solutions to address the major challenges they had faced. The proposed solutions are organized by themes.

KNOWLEDGE OF AND ACCESS TO RESOURCES

Hire navigators to assist complex systems and communicate to LGBTQ older adults what resources are available.

Develop partnerships with groups like Trans Tech Social Enterprises for technology training and support.

Host mobile, regularly scheduled, legal clinics with the LGBTQ Bar Association and other lawyers and students to assist in preparation/maintenance of legal documents.

Create and host workshops on communal living (“Golden Girls” or village model).

Develop, maintain and disseminate comprehensive resource lists pertaining to LGBTQ older adults, and communicate them in formats that are accessible and understandable.

Utilize car share services to allow for increased access to services that require

STRENGTHENING SOCIAL SUPPORT NETWORKS AND COMMUNITIES

Include comprehensive navigators that not only assist in resource connection and navigation but have a stake in community development.

Develop village and community living models, which also include younger person(s) living on-site.

Create digital and in-person care taker services along with “buddy” services for support outside of traditional care.

Center, disseminate and lift up the stories and voices of LGBTQ older adults in media.

Create formal and informal peer groups for support.

Continue to push for positive inclusion and engagement in faith communities for services and support.

TRANSFORMING SYSTEMS AND INSTITUTIONS

Require competency training that includes LGBTQ and aging competency for all service providers and clinicians as well as other professional degrees.

Showcase the stories of LGBTQ older adults in media.

Incorporate intergenerational initiatives in housing, through collaboration with schools, colleges and other institutions.

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

Advocate for single payer universal health care.

Acknowledge that older adults are sexual beings and address their sexual health.

Organize funding/research collaborations on LGBTQ older adult issues.

Expand SAGE Corps.

Advocate for increased funding for programs supporting LGBTQ older adults at federal and state levels.

Create and increase frequency of safety workshops focusing on self-help, self-defense, physical wellness and strength and balance, emergency preparedness and trauma preparedness.

Create of a roundtable on LGBTQ aging for the City of Chicago or the State of Illinois.



CONCLUSION

Everything that came from this summit was developed with the input of older adults with the partnership of community leaders and institutions. To continue to provide, expand and improve services that touch older adults' lives we must continue to center and boost their voices, provide platforms for their own self-determination, and ensure that those listening have what they can in hand to make an impact. The planning committee for the summit has become an ongoing committee discussing aging in the LGBTQ community, under the guidance of Pride Action Tank. This committee will prioritize, develop and provide input for putting ideas discussed at the summit into action. While there is much to be done, it is a space of opportunity and inspiration to create a just future for our elders. Let us reclaim the meaning of the word and take their leadership, as they guide our community forward.

PREPARED BY

Kim L. Hunt
Executive Director, Pride Action Tank

Jackie Thaney
Project Coordinator, Pride Action Tank

Anthony Guerrero
Intern, Pride Action Tank

REFERENCES

Badgett, M.V.L., Durso, L.E., & Schneebaum, A. (2013). New Patterns of Poverty in the Lesbian, Gay and Bisexual Community. The Williams Institute at UCLA School of Law. Retrieved from: <https://escholarship.org/content/qt8dq9d947/qt8dq9d947.pdf>

Gates, G.J. (January 11, 2017). In U.S., More Adults Identifying as LGBT. Gallup News: Social Issues. Gallup Inc. Retrieved from: <http://news.gallup.com/poll/201731/lgbt-identification-rises.aspx>

Mather, M., Jacobsen, L.A., & Pollard, K.M. (2015)., Aging in the United States. Population Bulletin. 70(2) retrieved from: <http://www.prb.org/pdf16/aging-us-population-bulletin.pdf>

MEDIA

OUTAging summit pinpoints challenges faced by LGBTQ senior: www.windycitymediagroup.com/LGBTQ/OUTAging-summit-pinpoints-challenges-faced-by-LGBTQ-seniors/59284.html

OUTAging summit ends with Movement Advancement Project report, call for visibility: <http://www.windycitymediagroup.com/LGBTQ/OUTAging-summit-ends-with-Movement-Advancement-Project-report-call-for-visibility/59285.html>

OUTAging: Perspectives on Aging: <https://www.youtube.com/watch?v=ayl6vlnZYkw>

Keynote: <http://cantv.org/watch-now/outaging-summit-keynote-presentation/>

Queering Gerontology: <http://cantv.org/watch-now/outaging-summit-queering-gerontology/>

COMMUNITY SPONSORS

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Anshe Emet | Association of Latinos/as Motivating Action (ALMA) | Athenaeum Theatre
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on Halsted | Chicago Commission on Human Relations | Chicago Department on Aging | Chicago
Department of Public Health | CJE Senior Life | Equality Illinois | Gerber/Hart Library | Holy
Covenant Metropolitan Community Church (Brookfield) | Howard Brown Health | HRC Chicago
Steering Committee | Jane Addams Senior Caucus | The Law Office of Kate Curler | Lakeview
Presbyterian Church | The Legacy Project | National Center on Elder Abuse | National Council of
Jewish Women – Chicago North Shore | Oak Park Temple | Or Chadash | Renewal Care Partners |
Second Presbyterian Church | Senior Helpers | Temple Sholom | The Care Plan | TPAN
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PROMOTION

APPENDIX A: OUTAGING FLIER
APPENDIX B: OUTAGING SOCIAL
MEDIA KIT

APPENDIX A: OUTAGING FLIER

PRIDE ACTION TANK

presents

OUT
AGING

SUMMIT
ON
OUR
POSSIBILITIES
MAY 23-25

MAY 23 OPENING RECEPTION

FREE AND OPEN TO ALL
Hosted at Affinity Community Services
2850 S. Wabash, Suite 108

MAY 24 | SUMMIT DAY 1

Free for LGBTQ older adults (55+) who are not paid
staff of service providers or related institutions
Hosted at AARP | 222 N LaSalle Dr, Suite 710

MAY 25 | SUMMIT DAY 2

Open to all but targeted to service providers, researchers,
funders, policy makers and others interested in improving
outcomes for LGBTQ older adults
Hosted at AARP | 222 N LaSalle Dr, Suite 710

\$35 before **May 12** | **\$45** after **May 12**

Contact:
Kim L. Hunt | khunt@aidschicago.org

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REGISTER TODAY!

REGISTRATION REQUIRED FOR EACH EVENT

BY WEB [Bit.ly/outaging](https://bit.ly/outaging)

BY PHONE Call Jackie | 312-922-2322 x723



#OUTAGING

APPENDIX B: SOCIAL MEDIA KIT

OUTAging: Summit on Our Possibilities will take place May 23 – 25, 2017. This summit aims to create a platform that centers the voices of LGBTQ older adults to shed light on the issues they face and to develop an agenda to address them. The Summit is divided into three parts and each must be registered for individually.



SAMPLE FACEBOOK POSTS

Join me at the OUTAging Summit on Our Possibilities to advocate for the issues facing LGBTQ older adults in the community. #OUTAging <http://prideactiontank.org/projects/outaging/>

I'm attending the OUTAging Summit on Our Possibilities to make the voices of LGBTQ older adults heard! You should too. #OUTAging <http://prideactiontank.org/projects/outaging/>

Calling all LGBTQ elders! Join me on Day 1 of the #OUTAging Summit on Our Possibilities as a day of empowerment for our community. <http://prideactiontank.org/projects/outaging/>

I'll be at the #OUTAging Summit on Our Possibilities to support LGBTQ older adults on May 23-25. Join me! <http://prideactiontank.org/projects/outaging/>

The #OUTAging Summit on Our Possibilities will provide a diverse and inclusive forum for redefining aging for LGBTQ adults. Join in on the conversation! <http://prideactiontank.org/projects/outaging/>

SAMPLE TWEETS

Join me at the #OUTAging Summit on Our Possibilities to advocate for LGBTQ older adults and issues affecting them. <http://bit.ly/2nIogdM>

I'm attending the #OUTAging Summit on Our Possibilities- you should too! Make the voices of LGBTQ older adults heard <http://bit.ly/2nIogdM>

LGBTQ elders: Join me on Day 1 of the #OUTAging Summit on Our Possibilities for a day of empowerment! <http://bit.ly/2nIogdM>

I'll be at the #OUTAging Summit on Our Possibilities to support LGBTQ older adults, May 23-25. Join me! <http://bit.ly/2nIogdM>

The #OUTAging Summit on Our Possibilities provides a diverse forum for redefining aging for LGBTQ adults-Join in! <http://bit.ly/2nIogdM>

DAY OF SUMMIT

APPENDIX C: PROGRAM BOOK
APPENDIX D: VOLUNTEER HANDOUTS
APPENDIX E: NOTES FROM
BRAINSTORMING SESSIONS
APPENDIX F: SYNTHESIZED NOTES
FROM 7/7/17

APPENDIX C: PROGRAM BOOK

PROGRAM BOOK

Pride Action Tank presents



OUTAging: Summit on Our Possibilities

May 24 & 25, 2017





OUR SPONSORS

Lead Sponsor:



Host Sponsors:



Media Sponsor:



Other Sponsors:





ABOUT OUTAging

Pride Action Tank (PAT) is proud to present ***OUTAging: Summit on Our Possibilities***. OUTAging brings together LGBTQ older adults, service providers, clinicians and advocates from across the nation to talk about the needs of LGBTQ older adults (55+ years of age) in the Chicago region.

There are 1.5 million LGBTQ older adults in the U.S.; approximately 40,000 of them live in Chicago. These numbers are expected to double by 2030. From lack of acknowledgement of families of choice to the challenges of meeting the needs of an aging population living with HIV to forcing people back into the closet when they reside in senior facilities, it is evident that our systems of care often do not work for LGBTQ older adults.

OUTAging's goals are 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.

OUTAging would not have happened without the dedication of our ***planning committee***, which consisted of LGBTQ older adults, researchers and staff from organizations that focus on this constituency. Thank you to:

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)

Events like OUTAging are difficult to do without ***sponsors***. Thank you to Lambda Legal for being our lead sponsor. Thank you to AARP and Affinity Community Service for hosting the summit days and opening reception, respectively. Thank you to Windy City Times for being our media sponsor. And, thank you to our other



sponsors AIDS Foundation of Chicago, Chicago Foundation for Women, Renewal Care Partners, and SAGE – Service and Advocacy for GLBT Elders.

OUTAging's *community partners* helped with promotion, offered volunteers and provided speakers. Thank you to:

Affinity Community Services' Trailblazers | Alzheimer's Association | American Cancer Society | Anshe Emet | Association of Latinos/as Motivating Action (ALMA) | Athenaeum Theatre | AVER Chicago Chapter (American Veterans for Equal Rights) | Belmont Theater District | Center on Halsted | Chicago Commission on Human Relations | Chicago Department on Aging | Chicago Department of Public Health | CJE Senior Life | Equality Illinois | Gerber/Hart Library | Holy Covenant Metropolitan Community Church (Brookfield) | Howard Brown Health | HRC Chicago Steering Committee | Jane Addams Senior Caucus | The Law Office of Kate Curler | Lakeview Presbyterian Church | The Legacy Project | National Center on Elder Abuse | National Council of Jewish Women – Chicago North Shore | Oak Park Temple | Or Chadash | Renewal Care Partners | Second Presbyterian Church | Senior Helpers | Temple Sholom | The Care Plan | TPAN | University of Chicago Poverty Lab | Village Chicago

A special thank you goes out to Jackie Thaney of the Pride Action Tank for holding all the pieces together.

Pride Action Tank is a project of the AIDS Foundation of Chicago. Our mission is to improve the health, safety and progress of individuals and groups within the LGBTQIA community by inspiring, supporting and leading collaborative action that improves policy, service, access and community dynamics in the core areas of housing, health, safety, financial security, youth and aging. Learn more about PAT at www.prideactiontank.org.

SOCIAL MEDIA NOTE

Use the hashtag #OUTAging2017. Please tag us on Twitter, @Prideactiontank, and Facebook, Pride Action Tank. We ask that you not attribute direct quotes to individuals unless they are serving in an official capacity **and** do not say their remarks are off the record.



SCHEDULE – OUTAging: Summit on Our Possibilities

May 23 – Affinity, 2850 S. Wabash Ave. (Opening reception)	
Time	Activity/Session
5:45	Doors open
6:00 – 8:00	Reception and program

May 24 – AARP, 222 N. LaSalle St. (for LGBTQ older adults)	
Time	Activity/Session
9:30	Registration begins
10 – 10:30	Breakfast and social time
10:30 – 10:50	Welcome -- Artemis Singers -- Terri Worman, AARP -- Kim L. Hunt, Pride Action Tank & Don Bell, Constituent
10:55 – 12:15	MORNING PANELS
10:55 – 11:35	Resilience: Health & Aging <i>Moderator:</i> Britta Larson, Center on Halsted -- Dr. Oluwatoyin Adeyemi, John H. Stroger Hospital -- Cecilia Hardacker, Howard Brown Health
11:40 – 12:30	Resistance: Advocacy & Aging <i>Moderator:</i> Don Bell, Advocate -- Karen Loewy, Lambda Legal -- Linda Diaz, Jane Addams Sr. Caucus -- Debra Stark, J.D., The John Marshall Law School
12:40 – 1:30	LUNCH -- Viewing & discussion of Art AIDS America video
1:45 – 2:45	CONCURRENT FACILITATED DISCUSSIONS
	Health & Well-being
	Personal Safety & Security
	Community & Connections
3:00 – 4:00	REPORT BACKS & CALL TO ACTION
4:00 – 4:30	CLOSING RITUAL



May 25 – AARP, 222 N. LaSalle St. (for service providers and others)	
Time	Activity/Session
9:30	Registration begins
10 – 10:30	Breakfast and social time
10:30 – 10:40	Welcome -- Terri Worman, AARP -- Kim L. Hunt, Pride Action Tank & Gloria Allen, Constituent
10:45 – 11:15	How to be an ally to older adults training -- Jacqueline Boyd, The Care Plan
11:30 – 12:30	CONCURRENT PANELS
	Queering Gerontology <i>Moderator:</i> Antonio King, Chicago Department of Public Health -- Jesus Ramirez-Valles, PhD, University of Illinois at Chicago -- Dr. Magda Houlberg, Howard Brown Health
	Older Adults as Decision Makers <i>Moderator:</i> Rebecca Incledon, AIDS Foundation of Chicago -- Dan Ebner, Prather Ebner LLP -- Brian Grossman, PhD, University of IL at Chicago -- Dominic Bialecki, Constituent
	Staying Connected <i>Moderator:</i> Imani Rupert-Gordon, Affinity Community Services -- Imani Woody, PhD, Mary's House for Older Adults -- Robin Tillotson, Atlas Senior Center -- Phyllis Johnson, Affinity Trailblazer
12:45 – 1:45	LUNCH -- Heron Greenesmith, Movement Advancement Project -- Barbara Satin, The National LGBTQ Task Force (keynote)
2:00 – 3:00	CONCURRENT FACILITATED DISCUSSIONS
	Health & Well-being
	Personal Safety & Security
	Community & Connections
3:15 – 3:45	REPORT BACKS
3:50 – 4:40	Advocacy & Call to Action <i>Moderator:</i> Tom Hunter, Chicago House & Social Service Agency -- Alaina Kennedy, AIDS Foundation of Chicago -- Serena Worthington, SAGE
4:45 – 5:30	Intergenerational Closing



SPEAKER BIOS – OUTAgging: Summit on Our Possibilities



Oluwatoyin “Toyin” Adeyemi, MD, is an attending physician in Infectious Diseases at the Cook County Health and Hospitals System (CCHHS) and Associate Professor of Medicine at Rush University medical Center, Chicago. She has provided care to adults living with HIV and/ or viral hepatitis for over 17 years at the Ruth M Rothstein CORE Center, Chicago. She is the director of the multidisciplinary CORE hepatitis clinic which she co-founded in 2002. In addition to patient care and medical education, Dr Adeyemi is actively involved in clinical research in the areas HIV and Aging, hepatitis C and health disparities. She has authored or co-authored over 50 manuscripts published in peer reviewed journals.



Gloria Allen*, 71, is a transgender African-American woman who is seen as an icon by many in her community. She volunteered for years teaching a charm-school class at Chicago’s Center on Halsted, trying to teach transgender and gender nonconforming youths how to survive and to believe in themselves. (From Huffington Post article, <http://www.theroot.com/meet-gloria-allen-trans-icon-who-led-charm-school-for-1791182884>)



Donald M. Bell*, is a native Chicagoan with a deep commitment to social justice. Don spent his professional career in higher education administration/student affairs at the University of Illinois, Governors State University, Joliet Junior College, and IIT. He is a founding member and past president of the Association of Campus Activities Administrators. Don provided serial long-term care for his two parents while raising two sons as a single custodial parent and now has six beautiful grandchildren. Don is a member of the first “out” generation of LGBT+ seniors.



Dominic Bialecki is a 67 year old out gay male residing in Edgewater. He is involved in Senior Voice at the Center in Addison and also as a health ambassador at the Center. Dominic ushers at the Lyric Opera during opera season. He participates in a senior book club in East Lakeview. He is learning to play bridge with a few residents at the Breakers where he lives. He is a widower of 8 years, losing his high school sweetheart. He was married for 38 years and has two married adult children and 4 amazing grandkids! His family accepts him as a gay dad and gay grandfather.



Jacqueline Boyd* is the founder of The Care Plan, a health and aging navigation company which provides affirming services for LGBTQ+ communities. The Care Plan collaborates with individuals and their support systems to restore clarity, comfort and control to their lives. She is a Chicago area LGBTQ+ and aging activist.

Jacqueline serves as an advisory board member of Pride Action Tank, a co-founder of Project Fierce Chicago and a member of the Services Committee for Little Brothers Friends of the Elderly. You can stay connected to her work through The Care Plan at www.the-care-plan.com or on social media.



Linda Diaz has been with Jane Addams Senior Caucus since March 2014. As Senior Aide, she assists Claudette Morin with office tasks. Linda's interest in organizing led her to JASC after many years volunteering with other organizations. Along with office duties, Linda is getting an education every day by attending meetings, going to rallies, and volunteering her time. On the personal side, Linda loves art and tries to do things crafty. Linda also loves to sing: Look out, America's Got Talent!



Dan Ebner is a partner at Prather Ebner LLP where he focuses his practice on representing trustees, executors, beneficiaries, not-for-profits, shareholders, and guardians in litigation involving wills, estates, trusts, and breach of fiduciary duty claims. Dan frequently writes and presents in his practice area including serving as vice-chair for the Probate and Fiduciary Litigation Committee of the ABA’s Section of Real Property Trusts and Estates, teaching “Wills and Trusts” at DePaul University College of Law, and publishing articles in “Trusts & Estates” and “Probate and Property” magazines. Dan’s prior experience includes a federal district court clerkship in the Western District of Tennessee and Kirkland & Ellis LLP. Dan received his B.S. degree in chemical engineering from Case Western Reserve University in 2000 and his J.D. from Harvard Law School in 2004 where he was a research assistant to Elizabeth Warren.



Heron Greenesmith, Esq., leads the Movement Advancement Project's regulatory policy, conducts research in support of MAP’s public policy work, and supports MAP's movement analyses. Their work has focused on legal analyses of religious exemption laws and the particular disparities facing bisexual people. Heron is a graduate of the University of New Hampshire and American University, Washington College of Law and is admitted to the New York and Massachusetts bars. They are a board member of the National LGBT Bar Association, a co-founder of BiLaw, a former fellow with the Rockwood Leadership Institute, and a returned Peace Corps Volunteer.



Dr. Brian R. Grossman is an Assistant Professor in the Department of Disability and Human Development at the University of Illinois at Chicago (UIC). His research addresses the personal, familial and social impact of policies that promote justice and equity for older adults and people with disabilities. Currently, Dr. Grossman is co-principal investigator (along with Dr. Sandra Magaña) for the NIDILRR-funded project to develop a national strategic plan for family support research. He is also thinking and writing theoretical and empirical manuscripts about how the structure of Medicaid affects the cross-state move experiences of disabled people who use personal assistant services. He has previously worked on projects related to HIV and aging, and the experiences older gay and lesbian adults accessing Social Security spousal benefits in the period after the Supreme Court decisions legalizing gay marriage across all states. Dr. Grossman lives in the Northside of the city with his husband, his two daughters, a garden, a freshwater fish tank, and a dog named Kugel.



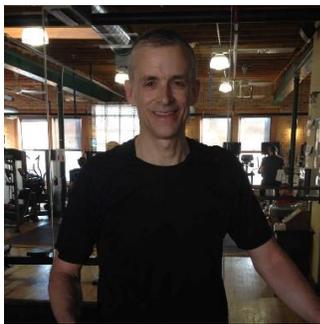
Cecilia "Cec" Hardacker, RN, MSN-CNL, is Director of Education and HEALE Program Manager at Howard Brown Health where she provides cultural competency training. The Nurses' Health Education About LGBT Elders (HEALE) curriculum focuses on the vulnerable elder LGBT community for nurses and healthcare providers. She and her team present Nurses' HEALE to academic centers, hospitals, nursing schools, Veteran's Administration facilities, home health agencies, and elder care facilities. The training has taken the team to sites throughout the Chicago area, Midwest region, and the US, in an effort to address the gaps in quality of care and disparities in health care across racial, ethnic and socioeconomic groups. Her lectures provide the medical professional with cross-cultural skills to comprehend and tools to communicate effectively with these diverse and marginalized populations. Ultimately, the goal of her team is to bring cultural awareness, humility, and responsiveness to healthcare providers that will improve health and wellness of LGBTQ patients they serve.



Magda Houlberg, MD, AAHIVS, is the Chief Clinical Officer at Howard Brown Health since 2011 and her role encompasses clinical leadership for medical services including primary care, sexual health and behavioral health services, research and clinical quality improvement. Dr. Houlberg completed her medical degree at Rush University and Internal Medicine residency with a fellowship in geriatric medicine at Rush and is board certified in internal medicine and geriatrics. Dr. Houlberg is certified as an HIV specialist by the Academy of HIV Medicine. Clinical and research interests include trauma informed care for vulnerable populations, public health interventions, HIV care and hepatitis C, behavioral health, gender affirming care, LGBTQ medicine, HIV treatment trials and PrEP.



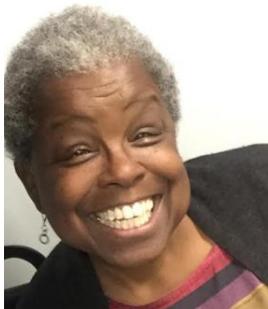
Kim L. Hunt, MUPP, MPP, is currently the executive director of Pride Action Tank (PAT), a social justice lab devoted to improving outcomes for LGBTQ communities through a collaborative process of inquiry, advocacy, and action. PAT is a project of the AIDS Foundation of Chicago, where Ms. Hunt also serves as an advocacy advisor. She is a co-host of a monthly LGBTQ storytelling event, the political columnist for FOP Magazine, serves on several boards and advisory councils and has taught numerous workshops and mini-courses over her career. Ms. Hunt is also a recent inductee into the Chicago LGBT Hall of Fame.



Tom Hunter, MA, LCSW, is Manager of Medical Case Management at Chicago House and Social Service Agency. He has a particular interest in LGBT aging as well as aging with HIV. He has been a Ryan White case manager and a DRS Home Service Program case manager. Before coming to Chicago House, Tom worked at Heartland Human Care Services. Tom received his Master's in Social Work from the University of Chicago's School of Social Service Administration in 2013 and became a Licensed Clinical Social Worker in 2017. Tom is an avid cyclist. He rides every year in the Ride for AIDS Chicago.



Rebecca Incledon, MPH, has more than 10 years of experience working in the HIV sector. In her current role, as Associate Director of Program Director at the AIDS Foundation of Chicago, she provides grants management support to AFC's Care and Prevention programs. Rebecca also leads AFC's HIV and aging initiative, which has developed and implemented a training on HIV and aging for AFC's case management network.



Phyllis Johnson is a retired teacher who is a member of the Baby Boom generation. She taught at Columbia College in the Arts Management Department. Her proudest accomplishment, besides mentoring students, was the development of a curriculum focused on managing organizations that provide support to young people and communities through the arts. She helped found Women of All Colors Together [WACT], a multiracial, multi-generational recurring brunch space for lesbians to meet new people. Phyllis has been involved in activist campaigns since she was 13 – 23 years before she came out. Her first taste of activism was around a push to fire the Superintendent of CPS when she was in high school. She has been involved in movements/campaigns around electoral politics, community action, union support, legislative bills, and, pressuring appointed public officials.



Alaina Kennedy leads the AIDS Foundation of Chicago's federal policy and advocacy work. She is also a fellow for the National Council for Behavioral Health's Addressing Health Disparities Leadership Program. In both roles she is building awareness and knowledge in her home state of Illinois about health care access and Medicaid, health disparities and equity and social determinants of health. Prior to joining AFC, Alaina was Illinois House Speaker Michael J. Madigan's research and budget analyst for human services. In that role, Alaina oversaw the Department of Public Health's budget during the budget impasse and assisted in drafting the Omniums Stopgap Budget. Before serving on Speaker Madigan's staff, Alaina attended Michigan State University where she received a Bachelor of Science in Interdisciplinary Health and Society with a specialization in bioethics and humanities.



Antonio King, a Chicago native, is Public Health Administrator/LGBTQ Outreach Liaison with The Chicago Department of Public Health. Antonio has over 20 years of experience in HIV/AIDS health education and prevention beginning as a volunteer in the late 80's with Chicago area community based organizations. Antonio has resided in various cities including: Chicago, IL, New York City, NY, Memphis, TN and Nashville, TN, and has served diligently in various capacities of LGBT Program management, Health Education & Outreach and LGBTQ At-Risk Youth Advocacy. Antonio has served as a sponsor, promoter or volunteer with various organizations, advisory boards and Board of Directors such as: Memphis PRIDE, What's TEA Trans Group, Chicago Pride, Chicago Rocks Committee, The Continental Transgender Pageantry System, Chicago Black Gay Men's Caucus (CBGMC) and Illinois Marriage Equality. He has also served as the co-chair of the Trinity UCC LGBT Ministry and currently co-chairs the Meningitis Advisory Group for Information (MAGI) with the Chicago Department of Public Health.



Britta Larson*, MNA, LNHA, is the Senior Services Director at Center on Halsted, the Midwest's most comprehensive community center dedicated to building and strengthening the Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) community. Ms. Larson is responsible for overseeing the older adult programs at Center on Halsted which serves over 500 seniors annually. Additionally, she manages the nation's first homesharing program designed for LGBTQ older adults. Ms. Larson also supervises the programs and services that are provided the residents of Town Hall apartments, Chicago's first LGBT-friendly senior housing. Prior to Center on Halsted, Ms. Larson worked at a senior living community in the areas of social services and marketing. She is a Licensed Nursing Home Administrator and holds a Master's degree in Nonprofit Management from North Park University.



Karen L. Loewy is Counsel and Seniors Strategist for Lambda Legal, the oldest and largest national legal organization committed to achieving full recognition of the civil rights of lesbians, gay men, bisexuals, transgender people and those with HIV. Ms. Loewy is involved in all aspects of Lambda Legal’s impact litigation, policy advocacy and public education, with particular emphasis on issues affecting LGBT and HIV-positive seniors.

Ms. Loewy is working to develop and expand Lambda Legal's work addressing the legal needs of LGBT and HIV-affected older adults. She works collaboratively with local and national aging organizations to advance policies that protect the rights of the LGBT and HIV-positive aging community. She speaks publicly on LGBT and HIV aging issues in areas that include life planning, access to health care, and housing.



Jesus Ramirez-Valles*, PhD, MPH, is a scholar, filmmaker, and an advocate of Latino and GLBT health. He is author of the award-winning book, “Compañeros: Latino Activists in the Face of AIDS,” and of *Queer Aging: The Gayby Boomers and the new Frontier in Gerontology*, and creator of a documentary, *Tal Como Somos/Just As We Are*, on the lives of Latino gay men, transgender persons, and people living with HIV/AIDS. He was named one of the “Top Gay Latino Activists who Have Broken Boundaries” by the Huffington Post. For more than twenty years he has worked in public health in both the United States and abroad in a variety of projects ranging from reproductive health, substance abuse to HIV prevention and economic development with women, youth, and gay

male populations. Also, he is the Editor-in-Chief of the journal *Health Promotion Practice*. He was born in Mexico, obtained his doctoral and masters degrees from the University of Michigan, and is a professor and director of Community Health Sciences at the University of Illinois-Chicago’s School of Public Health.



Imani Rupert-Gordon*, MSW, serves as the Executive Director of Affinity Community Services. Affinity is a social justice organization that works to support and provide resources for all people, with a particular emphasis on LGBTQ women of color. In addition, Imani serves on both the governing board of United Way of Metropolitan Chicago's United Pride Executive committee, and the Illinois State Treasurer's LGBT Advisory Council.

Previously, Imani served as the Director of the Broadway Youth Center (BYC), part of Howard Brown Health in Chicago. There she worked to serve LGBTQ youth experiencing homelessness. Prior to coming to Chicago, Imani worked for 8 years at the University of California, Santa Cruz. There, she served as a lecturer and developed campus wide programming. She was also a founder of the incredibly popular Social Fiction Conference that helped students dismantle biases and examine issues of social justice through science fiction, gaming and fantasy.



Barbara Satin is a transgender activist who has been deeply involved with LGBTQ issues, locally and nationally, particularly around the issues of aging and faith. She serves as Assistant Faith Work Director for The National LGBTQ Task Force where her responsibilities include working for the full inclusion of trans persons in communities of faith. Barbara was heavily involved in the development of a LGBT senior housing project in Minneapolis. Called Spirit on Lake, the 46-unit affordable rental facility opened in September 2013. In 2016, she was appointed by President Obama to his Faith Based and Neighborhood Partnership Advisory

Council, the first transgender person to serve in that capacity. Barbara sits on the boards of a number of non-profits that serve the LGBT community in the areas of philanthropy, training of senior care providers and HIV/AIDS services. She is an active member of the United Church of Christ, having served on the denomination's Executive Council and she was involved in the church's 2003 decision to affirm the inclusion of transgender persons in the full life and ministry of the United Church of Christ.



Professor Debra Stark received her B.A. degree from Brandeis University, summa cum laude, phi beta kappa, and her J.D. degree from Northwestern University School of Law, cum laude. She proudly joined the faculty of The John Marshall Law School in 1994 after eight years in private practice with Katten Muchin. Professor Stark founded and is the director of the law school's Family Law & Domestic Violence Clinic, which won the Illinois State Bar Association's "Excellence in Legal Education" Award in 2016. Prof. Stark is also an expert on real estate law and has engaged in substantial empirical research, scholarship, and legal advocacy on behalf of victims of predatory lending.



Robin Tillotson, MSW, is currently the Southeast Regional Director at the Chicago Department on Aging (CDoA). Prior to working for CDoA, Robin served as director of women's services at the Harris YWCA. In that capacity, she was responsible for the administration of sexual assault services to victims of rape and incest. Under her direction, survivors of sexual assault were able to access medical/legal advocacy, therapeutic and counseling services. Additionally, Robin oversaw YWCA's community education programs within the Chicago Public Schools and community based organizations during her tenure. These programs were designed to educate teens and community servants on dating violence prevention strategies.



Dr. Imani Woody is the founding director and CEO of Mary's House for Older Adults, Inc. She has a PhD in Human Services, specializing in non-profit management. Her thesis: Lift Every Voice: A Qualitative Exploration of Ageism and Heterosexism as Experienced by Older African American Lesbian Women and Gay Males when Addressing Social Services Needs. She holds a Master of Human Services degree from Lincoln University and is a graduate of Georgetown University's Paralegal program.



Terri Worman* is an Associate State Director for Advocacy and Outreach for the Illinois AARP Office in Chicago, covering northern Illinois and the City of Chicago. She works on education and advocacy projects and community organizing activities on a broad range of strategic issues for AARP, as well as working on LGBTQ issues for over 30 years. She has been with AARP since 1995.



Serena Worthington* is the Director of National Field Initiatives at Services & Advocacy for GLBT Elders (SAGE), where she oversees the SAGE affiliate network, facilitates policy advocacy on LGBT aging issues, and strategically enhances the capacity of partner organizations across the country to work effectively on behalf of LGBT older people.

A leader in aging services and advocacy, she frequently presents at national conferences, sharing her passion and expertise on LGBT aging issues. She has been quoted in the *BBC News Magazine*, *Business Week*, *Health Care Finance News*, and *Medill Reports*. Serena serves on the Chicago Department of Public Health's LGBT Health Advisory Council and the Chicago Task Force on LGBT Aging.

**Indicates member of the OUTAging planning committee.*

APPENDIX D: VOLUNTEER HANDOUTS

AGENDA	
Time	Task
10:00am	Gathering
10:15am	Welcome and Introductions
10:30am	Summit Overview <ul style="list-style-type: none">- Purpose and history of the summit- Summit timeline, speakers, sessions, etc.
10:50am	Older Adults Training <ul style="list-style-type: none">- Common Challenges- Sensitivity Activity- Ally building skills
11:30am	Position Overview <ul style="list-style-type: none">- Review Position descriptions for 1) Notetaker 2) Facilitator- Day of Expectations- Facilitation Tips- Note-taking Tips- Practice in small groups- Q&A
12:30pm	Assignments Confirmed
1:00pm	Closing and Thank You

POSITION DESCRIPTIONS

Facilitator

- Review the facilitator protocol, consider the content and focus of your session
- Arrive to location 15 minutes prior to session start
- Greet the notetaker, monitor
- Start the session promptly
- Monitor length of responses, maintain equitable sharing and idea space. Try to limit answers to 2 minutes
- Follow the participant guidelines/agreements (see reference below)
- **Session Agenda**
 - Introductions of participants name, pronoun (if less than 15 people, otherwise no intro)
 - Introduction of the topic area
 - Review the group agreements
 - Start with question 1, split the time evenly between the 3 questions
 - At five minutes to the end of the session begin to wrap up
 - Confer with the notetaker, prepare to present 10 minute summary at Report Back Session
- **Session Questions (Kim please review/revise - modification was to adjust questions to 1) What are your current challenges regarding _____ and 2) What are potential solutions)**
 - What affects you every day regarding _____(topic)_____
 - What are your personal, programming, policy and provider needs in _____(topic)_____
 - In an ideal world what would LGBTQ aging look like in this area? (create notecards for people to answer this throughout the summit)

Notetaker

- Review the notetaker protocol prior to the day
- Bring laptop
- Arrive 15 minutes before the session
- Connect laptop to the internet
- Meet with the Facilitator, find seat next to an outlet
- Take notes
 - 1) On a laptop in a system that saves automatically (google drive)
 - 2) In a notebook
 - 3) On flipchart paper

****After the session is over, please immediately email the notes or photos of the notes to Khunt@aid schicago.org Please convert notebook or flipchart notes to electronic, e-mail to Khunt@aid schicago.org by Friday, May 26, 2017.**

- Try to identify major themes and group notes under it.
- Keep phone on silent or off
- Maintain a friendly, approachable demeanor
- Ask questions sparingly to clarify ideas or speech that you may not have understood
- Confer with facilitator about any questions you may have at the end to confirm comprehension and note accuracy for Report Back Session summary
- Categories
 - Personal
 - Policy
 - Program
 - Funders
 - Service Providers
 - Other

Working With Older Adults

Common Personal Challenges

- Isolation and Loneliness
- Communication
- At risk for abuse/neglect
- Mobility
- Physical impairment
- Memory loss
- Mental health
- Accessing LGBTQ+ affirming care



Common Systemic Challenges

- Stigma and discrimination
- LGBTQ oppression
- Housing
- Poverty
- Safety
- Transportation
- Health disparities

Strengths of Older Adults

- Independent
- Confidence in their assessment and opinions
- Adaptability, resilience
- Years of experience to draw from
- Knowledgeable of systems
- May view themselves as mentors or interested in mentorship

Tips for Allies

- Listen first
- Allow time for processing and answering before you respond
- Encourage participation, ask people who haven't spoken yet to share their thoughts
- Speak in clear, short sentences
- Speak a little louder if needed
- Stay off your phone while speaking with an older adult
- Only offer to stay connected if you are able to follow-up

- Explain activities and steps thoroughly and slowly
- Repeat step by step instructions, questions and tasks more than once
- At the beginning of sessions explain where the restrooms, exits and water are
- Assist with standing up, sitting down if someone is struggling
- If there is a crisis or challenge that you cannot resolve, contact 911 in case of ER, and notify **Kim Hunt 773-450-2444**

Facilitation and Note-taking Practice

- 1) Split into groups of 4, assign 1 facilitator and 1 notetaker
 - 2) Facilitator to lead a discussion on one of the topic areas for the OUTAging Summit between the 2 group members who are not assigned a responsibility
 - 3) Notetaker to document
 - 4) Follow the suggested agenda for sessions
 - 5) Wrap up in 10 minutes
 - 6) Now switch and allow the 2 participants to become the facilitator and notetaker
 - 7) Facilitator to lead a discussion on a different topic area
 - 8) Notetaker to document
 - 9) Wrap up in 10 minutes
 - 10) Discuss as a group the challenges
-

Scenarios for Consideration

#1 - You are facilitating a session and no notetaker has arrived at 5 minutes before the session. What do you do?

#2 - A participant is very enthusiastic about the topic and continues to speak over other participants. How do you maintain a positive and inclusive space?

#3 - One of the participants appears to be falling asleep during the session. After the session you approach this person and notice they have very poor hygiene and can barely stand to move to the next session. What follow-up can you provide to ensure their needs are met?

Notes Template

Name of Session :
Name of Notetaker :
Name of Facilitator :

Date :
Time of Session :

VERBATIM - Personal Experience	
PERSONAL	PROGRAMMING
FUNDERS	POLICY
SERVICE PROVIDERS	OTHER

Please email notes to Khunt@aidschicago.org by Friday, May 26th, 2017

APPENDIX E: NOTES FROM BRAINSTORMING SESSIONS

COMMUNITY AND CONNECTIONS (DAY 1: COMMUNITY)

Moderator: Antonio King

Notetaker: Cec Hardacker

Ground Rules - agreements

WHAT DOES THIS MEAN COMMUNITY AND CONNECTIONS TO YOU FOR YOU IN CONJUNCTION WITH LGBTQ?

- Tribe you belong to
- Platoon
- People to be involved with
- Relationships you can count on
- When your Gay community and connections are your family - sometimes - of origin or chosen?
- Network - meaning a safety net web of people/support
- Where or who can I call for help
- Housing health care (list of resources)
- ** Much larger network of systems people relationships in constant evolution -- all over the world
- Goes way beyond personal friends - like (familiar) groups, groups you see yourself as part of, not just THE community

CHALLENGES OF COMMUNITY AND CONNECTIONS?

- Exclusiveness and all the “isms” All the “isms” continue to affect the community - Race
- Cultural ignorance
- Isolation
- “You don’t know what you don’t know.”
- Not aware of WHO you can count on... outside of your tribe
- Your community may not actually include the people you need for support - having to rely on people outside your community
- Not understanding the culture of the community you’re in
- How to ask for help in your community or knowing how to ask, assumption of well-being when not necessarily true
- Geographic mobility - trusted family or friends are not close
- Presumption of heterosexuality / Religious affiliations
- Connectedness to Chicago Gay community - microcosms of the L-G-B-T-Q representing everyone - challenge to the entire community
- Disparity of values and norms of community - biases in the community Eg. Ageism - no reason to go to bars on Halsted
- Individualism - Immigrant from Mexico - difficult to connect - US culture and LGBTQ community
- Couples vs. Single - safety of having someone with you
- Ability to dialogue in safety spaces - in a respectful manner
- Understanding our own - Diversity within the (LGBT) group - each “letter” of the acronym have their own challenges - layers - and within each letter has layers - complexity
- PrEP people not marketing PrEP to the older African-American community

- Acknowledging class and SocioEconomic Status differences
- Muslim people not considered as POC, or in need of HIV care, OR part of LGBTQ community
- LGT Vets - experiencing PTSD and survivor guilt, issues with govt.
- Philosophical differences between gender and sex
- Labels - “I hate labels” multiple names/words for who we (lesbians) are
- “confirmed bachelor” are you married, no do you have children, no I’m a confirmed bachelor

WHAT ARE POTENTIAL SOLUTIONS TO...?

- **How do we address geographic concerns?**
 - Change mind sets? perceptions and attitudes - starts in the family - know NOT to disrespect anyone in the community
 - Self-help groups
 - Self help education
 - Compiling a list of LGBTQ senior resources - housing social services support services Pink pages - Long-term care resource
 - Overcome the community issues
 - Exception - not counting on THIS community to supply and give me all my needs - rather to seek outside as well
- **Create welcoming and safe spaces where people can congregate - all spaces?**
 - “There is no purely safe space...”
 - Do hetero folks need safe spaces? No. WE have that concern.
 - Sub-groups of straight people have support groups to address marginalization
 - ILL. safe school alliance - safe senior alliance? - Or an advocate agency that goes “around” to determine safe spaces
- **BabyBoomers**
 - Seeing insurance, taxes redefined on a limited income
- **Public Policy**
 - Senior population about to experience hits NOW - more reactionary, not pro-active - should educate ourselves and prepare for Public policy decisions who are making cuts to Medicaid - legislative advocacy - activism - contact elective officials - throughout the greater Chicagoland area - collaborative forum to ensure self-advocacy
- **Determine causes - and organize collaborations for LGBTQ community**
- **Organize Senior LGBTQ self-advocacy - Grey Panthers?**
- **Religion?**
 - Confront 2nd class citizen status within religious/faith systems
- **Couple vs. Single?**
 - Multi-women relationships - polyamory among women
 - Huge issue - assumption that you have family to help you - who cares if you are a couple or single? Who will help? But if you don’t, a “Golden Girls” solution
 - Who will be my advocate?

- **Systemic change...**
 - Need to change the fundamental assumption that every person has someone - resources that are there for everyone
 - Inter-generational connections within the community - if it's just within the senior community, we will just keep dying off
 - "Mutual AID" - groups who make plans to care for each other, in ageing and in death
 - Ageism - Loss of power in working in groups - in society

NOTES

Name of Session : Community and Connections

Name of Notetaker : Naomi Goldberg

Name of Facilitator : Sanford Gaylord

Date : May 25, 2017

Time of Session : 2:00 pm

VERBATIM - PERSONAL EXPERIENCE

“There is 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].”

“We’re beginning to plan where we’re going to be when we “end.” So, I’m eager to hear what models are out there and how we can support each other as we age.”

“I’m educating myself and can provide information to our staff and volunteers.”

PERSONAL

Here to see what’s changed; how far we’ve come; what’s left to do:

Everything revolves around of community

Fear – lack of acceptance and lack of belonging

Lack of understanding of intersectionality

Lack of diversity

Lack of access to information

Complacency

Ageism and internalized ageism (both for older adults and young adults)

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

WAY TO CHANGE

Seeing success; sharing stories of navigating systems positively – on panels, in marketing campaigns, in media, with staff, with residents

PROGRAMMING

Here to learn how our faith community can be affirming and supporting. We have a diverse congregation but we don’t talk about issues. I’m here so that we can better understand the issues. Both of our clergy members are straight and want to be supportive and affirming of those in our community.

My church and my church friends don’t know anything about aging. We don’t talk about. I want to learn share information.

Looking to increase communication and resources to the older LGBT community through media

Transportation

Lack of intergeneration opportunities to engage

Opportunities to share knowledge (if we learn, how do we transmit what we’re learning) Does it die with us?

Informal vs. formal information sharing that is offered through aging centers – how to plug LGBT adults into that given they may not feel comfortable

Religion is challenging – progressive churches could be terrific partners and/but religiously affiliated care facilities are challenging

WAYS TO CHANGE

- Improve access to technology
- Leveraging technology to coordinate volunteers to provide services (giving rides; giving Uber accounts)
- “Village moment”: neighbors helping neighbors. Ex: Greenhouse nursing home as a model
- One stop shop for sharing both broader aging services and LGBT-specific (e.g. like the trans drop in at the Center on Halsted with various organizations)
- “Tech talks” – sharing information about technology
- Engaging faith communities to engage religiously-affiliated facilities

FUNDERS

Competition for financial resources is challenging – it can be destructive. How can collaborations be encouraged so resources go to the right place

Why aren't we fundraising to create more organizations; to create innovative programs?

Engaging donors directly – most people who give to LGBT orgs are older

WAYS TO CHANGE

More resources

POLICY

Here to learn and see what people aren't getting when they interact with community services (through Older Americans Act) and to share what is being offered

Older adults aren't included in the decision-making at all levels

Trump Administration –

Impact of segregation and racism over generations (historic and present)

Role and impact of institutions in communities (universities that have taken up land, resources, not investigated in communities but used them as research subjects)

SERVICE PROVIDERS

Territorialism – organizations staking their turf and not working together

Lack of resources

Complacency

Listening to those impacted and letting that drive the services that are offered

Staff turnover – great person leaves and the entire institution loses; loss of institutional knowledge

Hire older adults to work at organizations; put them on the board. Create a diverse advisory board. Low-income people are never on the board.

Please email notes to Khunt@aidschicago.org by Friday, May 26th, 2017

Community is the foundation and the core of our lives and of successful aging. Community and connections save lives for all of us, but particularly as we age.

Individual barriers to engaging in community and connecting: fear, transportation; older adults aren't at the table where decisions are made; ageism both against older adults and young adults; lack of education about what's available and how to navigate systems; long-lasting impact of historic and current racism

Organizational barriers: territorialism (lack of collaboration; turf challenges; mission creep); lack of diversity in leadership (mostly white); lack of an intersectional approach; lack of resources and knowledge; lack of opportunities for intergenerational opportunities; lack of institutional knowledge and then loss of that when someone leaves

SOLUTIONS:

- Lifting up the stories of LGBT older adults and showing successful aging; changing hearts and minds of staff, residents
- Increasing resources for transportation and services (funders, government, individual giving); making it a line item (paying for people to get to the program) in a grant proposal or an individual donor ask
- Leveraging volunteers; "Neighbor to neighbor" to help one another in the "Village to Village" model. Creating an LGBT version?
- Ensuring people who are impacted are decision makers. Creating an advisory board, formal board positions, and hire older adults for positions
 - Having the chair of the advisory board have a seat on the board; a liaison from advisory board to the governing board
- A navigator to help people know what's available (reduced fare cards, meals, volunteer programming, heating). A one stop shop.
 - Formal information systems vs. informal information systems
 - LGBT adults are cut off from formal information sharing. Maybe they would be welcome at the senior center but they aren't sure or may have had bad experiences
- Engaging elder donors, who research shows are older, to devote their money to causes that impact LGBT elders

NOTES

Name of Session : Health & Well-Being
Name of Notetaker : Naomi Goldberg
Name of Facilitator : Alan Johnson

Date : May 24, 2017
Time of Session : 1:45 pm

VERBATIM - PERSONAL EXPERIENCE

"I have a small group of my friends who are going to be 78, and I see a lot of variation happening in terms of health and mental health. How do you still live well when you have a chronic condition?"

"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."

"I don't have the support system – no children, no nieces or nephews. If I get very 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 my responsibilities keep me going."

"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 having lived with HIV that long. And now I'm old. Coming to the realization that no one can answer that question and being comfortable with that."

"When I feel something new, what does that mean? Is it arthritis? Is something growing? I had cancer; is it coming back?"

"Always needing to educate my provider is a burden. Sometimes I'm pissed off and I let my anger be the guide or just shut down. I can either deal with this as I can or I can be invisible."

"I was treated for cancer last year. Friends and families stepped up and I was covered. A friend who ended up with a long-term disease in a nursing home. Her network has fallen away. Our experiences were so different."

"We are so resilience. We face our own crises. We face the crises of our parents and family. We reconcile with people who push us aside so we can now care for them. It is our greatest strength."

"It could take decades to change the system. What are we going to do for ourselves right now?"

PERSONAL

Engaging spiritual communities that may have rejected us before

Reliance on alternative medicine

Who are our caregivers? It takes a huge toll on us as caregivers who also have other responsibilities. We will all become caretakers. How do we get self-care?

Disproportionate number of us (LGBT people) are caregivers for our parents

Can't focus on just one component of health and wellbeing (mental, emotional, social, social, physical)

PROGRAMMING

Courses related to building core strength

Need for community services to follow up after being released from the hospital. Help with navigating insurance – denying medication and services

Substance use treatment – dealing with Hep C and treatment for drug use. There is a lack of programming

for women over 50 who are growing in their use of heroin and opiates. A lack of resources at intersections for LGBT and elderly and substance use.

We need to take care of ourselves – creating villages; LGBT agencies need to encourage activities like walking (an LGBT seniors group to do Pokemon Go).

Connection to young children; creating intergenerational programming (daycares run by older adults)

POLICY

Can't cure Hep C patients because of health insurance coverage issues. Physicians know what they can do but they can't because of policy and insurance.

Unable to be outside for safety reasons or access fresh food. How can people stay healthy when there aren't resources available in their neighborhoods?

Push insurance industry and government. Forming a broad-based community organization that can find the paths to power and get the power behind us to talk to the state legislators and federal government and insurance agencies. Changing things that don't have any basis.

Lots of legislation is impacting LGBT seniors

How can we help people get the meals delivered or afford their medications? Concerns about cuts to meal delivery plans.

Current systems looks one way. Doctors don't get paid to practice in a holistic way.

SERVICE PROVIDERS

Uncharted territory and lack of answers (re: aging with HIV). Found a physician who has expertise. But that may not be true for everyone.

Continuing care communities – making them affordable. Looking to other models (outside of LGBT community). Ex: village to village.

Competency around gender, sexual orientation, and gender identity

Continuous burden of educating providers – a lot falls on patients.

Sharing a template for forms for providers about how to create inclusive options (pronouns, sex/gender identification)

Create a resource lists and FAQ sheets for schools, providers, etc that offers 101s and terminology guides

Animal engagement and opportunities to engage with young children

OTHER

How can this group share resources, information, events that are happening with all the participants (concerts, prayer groups)?

Escape Fire – video about healthcare system

Please email notes to Khunt@aidschicago.org by Friday, May 26th, 2017

NOTES

Name of Session : Health & Wellness

Name of Notetaker : Alison Stanton

Name of Facilitator : Laurie Grauer

Date : 5/25/17

Time of Session : 2pm, Thursday

PERSONAL EXPERIENCE

• What want out of session?/Why here?

- Resources available
- Networking and offer services
- how to meet needs in long term care
- to be asked questions
- current/future health consumer
- health IT history.
- Wanting to know lay of land in aging services
- capturing experience of aging generation
 - tool to access members sense of well-being. (assessment tools) need functional definition
- end of life care, advance directives.
- HIV/AIDS
- currently an advocate, keeps people informed
- Aging issues in Bi populations
- facilitate nursing home residents to advocate for themselves
- attorney - nursing home negligence (legal)

CURRENT CHALLENGES

- **Navigating paperwork.** Crazy. trying to understand. Spend down limits. God awful things. So hard to understand. Wish people were out there available to help. Envelope after envelope. Government speak. Not legible. # of documents. type of documents. language of documents.
- **County by county differences** - quality and quantity. Rural v city as well.
- Adding LGBT to cognitively impaired. More vulnerable. Educating family members about LGBT status b/c can't withhold anymore. Family dynamics.
- **Technology challenge.** Makes it hard for providers. Makes it hard for older adults. Applications that can only be done online. Do you have access? Do you have cognitive abilities to do?
- My aging self. Biggest challenge. Myself as a person who is aging. I can not see when I do things some of the problems that might emerge in the future. I might not be able to continue to do X. I'm not concerned about healthcare or vulnerability but my actual body.
- Feeling of connection and community. Some people will have no network. There is uncertainty about what support network will be there for you in the future.
- Teasing out **physical well-being and safety versus mental/emotional well-being** as a provider without a lot of time.
- Isolation. Many clients don't have internet capabilities. Started a friendly visitor program in NJ.
- **Health education.** Primarily African-American community. "Healthspeak" is not fully understood. Trailblazers came together because of ACA. Got BCBS rep to come to Affinity event at Urban League. Didn't know about insurance that you I had. Little print. Some way somebody we can start educating - at the masses level - 6th and 7th grade level. Information should be conveyed at that level. Not putting anybody down. But so people have basic understanding of what they

have in their policies.

- **Getting people to understand importance of power of attorney, healthcare representative.**
Older adults don't want to hear it. Even more important when you don't have children.
 - impacts of not having paperwork.
 - Closest blood relative not taking care of an LGBT person as an LGBT person.
 - Time talking to insurance company. Finding the right person to talk to.
 - Without power of attorney you can't have anyone visit you in ICU.
- No one in Medicaid understands what spenddown is. Can't get straight answer from anyone. Medicaid dropped because didn't fill out a form that didn't get.
- Active advocacy should be a part of this conversation.
 - Despite being mothers caregiver for 18 years, despite having all the paperwork, at the time of surgery I was confronted by a nurse, Dr, chaplain asking to rescind the DNR. Don't think that b/c you have plans you're covered. What's legal isn't necessarily operational.
 - Advocacy for control of one's own body and freedom to die.
- **Body/Physicality**
 - Recovery
 - Don't appreciate what a health crisis is like. To need recovery time. What it's like to recover.
 - "Getting old isn't for sissies." "Even though sissies get old."
 - Healthcare providers not noticing people in hospital not eating. It's how healthcare system works so that being in the hospital is a vulnerability. No one paying attention to person.
 - people making under \$10/hr. not insured. Understaffed. Back issues of their own.
 - Hospital and running of hospital fault.
 - Hospice care
 - doesn't necessarily mean "going to die soon"
 - Get past nursing home gatekeepers. Who do you talk to. Social service director. (sidebar)
 - How does someone offering services to queer elders get to queer elders. No one in nursing homes is out. The next generation will be.

POSSIBLE ACTION ITEMS

- From discussion
 - Paperwork navigators
 - Small groups to support each other in health education.
 - (workshops?) to provide legal guidance for power of attorney, health care, and end of life documents
 - Active advocacy training
- Possible Solutions from group
 - Call elected officials
 - Every federal office has a senior specialist.
 - Total income and what qualify for.
 - People that qualify for things that don't know it.
 - Legislative liaisons for all health insurance companies. Those people return telephone calls.
 - LGBT Baby Boomer group for education on legal
 - bring people together people in different spots discuss why legal paperwork is important. why aren't more agencies doing that?
 - City of Chicago just held event for multi-disciplinary collaborative approach. Might be helpful to

have a multi-disciplinary event for issues for seniors.

- Bar association event. Volunteer lawyers, law students. Hot Docs. Software on computer. Formulate forms. Asking questions to populate a power of attorney or will. At community center.
 - How do you call to schedule with? Talk with people afterwards.
 - Anyone can get the software.
 - Bring in LGBT bar association.
 - Do at Center on Halsted/Addison. Affinity.
- trauma drills. emergency plans.
 - rehearse thing with people in network. who has duplicate key to apartment? refrigerator documents with medication lists. POA. hospital of choice. clothes are. walk all the way through. practice
- Responsibility of providers to be affirming
 - intake
 - facilities
 - list of things to do (i.e. emergency plan, POA) template action plan.
- Legal strategies around current administration around non-discrimination protections.
- Consumer advocacy
- resistbot
- idea: Include cultural competence training as a right included in non-discrimination protections. i.e. person's right to have trained staff
- internet as
- language concern - i.e. too technical
- comprehensive navigators
 - healthcare
 - all services
 - paperwork
 - admissions paperwork.
 - contracts for nursing homes
 - arbitration as a problem
 - son signing on behalf of mom
 - mom, suffering from dementia, signing herself
 - currently SHIP program. Senior health insurance p_____. free program to help figure out insurance coverage. Up for complete elimination under AHCA.
 - dozen meds
 - 8 specialists
 - transitions of care
 - called "medical navigators" in medical community
 - pharmacist who pays attention
- Churches not doing their jobs. Could be little areas within the churches for all religions. Information. Where to go. Centers of information
- Buddy 2 Buddy to reduce isolation
 - pairs seniors with a buddy who checks in on them. weekly phone call. sometimes house call. connecting point.
 - improves mental health
 - volunteers that can be any age. are trained. supportive person
- Providers who listen to their clients.

- esp. a problem who are assigned female at birth or those who identify as female. also happens with disabled and other marginalized
- lack of literacy in health care providers. hear you and don't get it. or not listening.
- assuming having boobs means female pronouns and ovaries

CLOSING

- Challenge: Can become impossible to stay where you are. Pressure to conform to an institutional map you didn't choose. Age in place. (lots of agreement)
- On the worst day of your life will you be as rational as this? Need to practice and get things in place ahead of time.

REPORT OUT

- We identified that there are distinct areas of concern among LGBT older adults from aging in place, to recovery care to nursing home care to long term care to hospice care.
- If there was one theme of our session it was that there was a widespread lack of knowledge about what services are available and how to access them.
 - Whether it was understanding resources available, what services you're eligible for, health insurance signup and paperwork, or the county by county differences in availability or the technology challenges related to applying for services, the overly technical or medical jargon used in paperwork, or the phone tree mazes people encounter, this stood out as a major issue that adds anxiety, time, and frustration to already challenging circumstances.
- The group also spoke about the importance of mental health and the negative impacts of social isolation.
- The lack of understanding around the importance of legal paperwork including power of attorney, healthcare representatives, living wills, wills, et cetera is a pain point that people find out about in times of crisis when people can't get into the ICU or make decisions or inherit property.
- However, even if you have done all your paperwork and prepared ahead of time it's important to know how to advocate when, for example, providers try to talk people out of a DNR they had prepared in advance.
- There was also a not directly stated undercurrent of thought around needing people to pay attention. For example, having someone in the hospital and no healthcare provider noticing they weren't eating anything.
- In terms of solutions, we had 10 specific items or requests.
 - (1) The need for individuals that are comprehensive navigators of paperwork and systems underscored most of our conversation. These navigators would include medical, insurance, personal legal decisions, contracts, and more. Right now there is a program called SHIP that covers the medical insurance portion of that navigation only, but that is of course up for total deletion in current federal legislation.
 - (2) Small groups to support each other in health education.
 - (3) workshops to provide legal guidance for power of attorney, health care, and end of life documents. There is a software program lawyers already use at pro bono workshops called Hot Docs.
 - (4) Active advocacy training to help older adults understand
 - Call elected officials
 - trauma drills. emergency plans.
 - Responsibility of providers to be affirming

- Churches
- Programs to form connections to other individuals. An example program in Florida is called Buddy to Buddy.
- Providers who listen to their clients.
- Anything that can help older adults age in place.

Please email notes to Khunt@aidschicago.org by Friday, May 26th, 2017

NOTES

Name of Session : Personal Safety & Security

Date : 5/24/17

Name of Notetaker : Alison Stanton

Time of Session : 1:45pm,

Wednesday

Name of Facilitator :

PERSONAL EXPERIENCE

- Security
 - “Venturing out at certain times of the day” is a concern for LGBT seniors. For example, after dark and leading up towards evening hours, esp. if using public transportations. Violence/robbery against LGBT seniors. Traveling is vulnerable/target.
 - Issues of safety not adequately addressed. Limited access but also limited front desk staff. Only staffed M-F 3-10pm. If residence becomes widely identified as building of LGBT aging population and could become a target.
 - Caitlin Jenner weekend witnessed a trans woman of color assaulted by Town Hall residence building out the window.
 - 2 snipers on police building during pride parade. (Terrifying)
 - It’s not necessarily unsafe streets, but it’s a psychological fear. Fear of backlash on marriage.
 - “Going back into the closet is going into a coffin, that’s what it really is.”
 - “You want to be out. I want to be totally out of the closet. I’m afraid to go out. There shouldn’t have to be.”
 - Regular bomb threats at a disabled service provider because bad people blame not getting a job on disabled people.
 - “There is no middle class.” Need to make people realize it’s a 1% causing their problems. We are not your enemy.
 - Element of “locus of control”. Reference to Manchester bombing. Can control risk taking, those around you, surroundings. Making sure people know when you’re leaving the house. Part of what we can do is make ourselves aware and take a little more control. Give ourselves security.
 - Can remember being at a bar, thinking they’ll get lucky but telling people they’ll call them tomorrow to try to avoid being killed. Always made sure to let someone know who you were going home with.
 - Feeling threatened in non-secure building. Feeling vulnerable to be harassed or attacked.
 - People afraid to speak up. Important to let people know what won’t be tolerated.
 - See a fellow adult that is hurt (broken arm/teeth), say they fellow on Broadway but seems like not just falling.
 - Fear of being out at night as female. Then add LGBTQ layer. Magnifies fear. Not as strong as when 25. Element of needing to be streetwise.
 - Unplug headphones on CTA to be aware.
 - Latest 78 year old lady beating. Crime against senior citizens. Now more apparent and/or being reported more. During night AND daytime. Teens looking to start mischief on train.
 - A book called “The Gift of Fear”. Especially women who have taught to be nice to people or someone offers to carry groceries - all can be used by scam artists. Don’t second guess yourself. Be okay with crossing the street to honor your fears.
 - Attack fear early. When we see someone in driveway of bank for an hour until police came. No one wanted to approach him. Game going on so lots of people saw him. Took an hour to call

police. Need to become the active person. Would feel more secure if people called police. Need to go extra step when someone needs help. Don't think someone else is going to call. Who cares if they get multiple calls about the same incident.

- The police aren't always nice for everyone. Not the most comfortable resource to invoke.
- Online security - identity theft. Seniors seem to be targeted for scams. Are folks worried about it?
 - Reactions:
 - Don't have anything to steal.
 - Computer classes at Center on Halsted. Residence has computer room, but very restricted because tied to Heartland Alliance. Restrictive filters for gay.
 - Center on Addison can use computer but Center on Halsted needed to print.
- Town Hall doors not working. locks not working. having to go through alley.
- Infantilism
 - Older therefore perceived as less competent. People don't hear our voices.
 - When reporting broken door at 2am. What are you doing outside at 2 am? When did I become under the age of 21?
 - From cane to walker my IQ assumed to be limited. Now in scooter - forget it.
 - People assuming they will be your prince charming and being disrespectful to being persnickety when older adult says no.
- How do we check on people to know if they are alright?
- Constantly awash with millions of people not part of our community. how deal with that?
- Traffic folks for city parking in front of building preventing drivers and medical arriving for us.
- What can gay media do to assist us?
- book "Waking up White" - don't even know where your -isms lie.
- What can gay media do to help us?
 - We do stories all the time. Don't always highlight specific identities. So don't assume we don't cover. We have 52 issues a year. If you miss an issue you may think we don't cover. Difficult with weekly newspaper.
 - Keep it interesting. Too much of anything people get tired of it. Can never please everyone.
- Most LGBT people won't be in Town Hall building.
- Will send paper to suburbs. A lot of nursing homes block us. Sent in brown envelope. Sitting out. Have to be willing to risk getting it. Paper will send to suburban folks for free. News read to them. Dream would be younger people paid to do pro-active.
- Room for youth in elder housing. Youth gets free rent (student), could do lots of education.
- Fallacy that we have an LGBT community in Chicago. You have pockets that you can engage with. We want older adults to be able to engage with those pockets.
- How could we take strengths of Town Hall community and get others to build that community for themselves.
 - Example: suburban woman. Very out, but felt very isolated. unafraid her whole life, but was afraid there.
 - Find 1 staff person. Need 1 person as advocate.
 - Have to teach people not to care what people think all over again.
 - Create more spaces for Town Hall and non Town Hall people to come together to see how they can help each other.
- Personal safety and security is fluid. I'm very secure but when go for knee operation then vulnerable. (Has history of knowing about medicare fraud hospital.)

- Extra steps to feel secure with each service provider?
 - Yes
 - money, credit cards, ID stolen
 - new credit cards, request additional cards
- How do you figure out who to trust?
 - “The Gift of Fear” book - if you’re in a situation and need help. Go knock on random door as opposed to using someone offering to help. Unsolicited help is not as trustworthy as random help.
- Institutional issues and policies as they apply to aging citizens
 - Not allowed to have alcohol in common areas. WHAT?! As a senior residence everyone has reached age of majority. Is a reward for aging losing our majority rights?
 - Legal liability issue
 - Punished for it. But not universally applied policy. Other groups can. What about giving a warning? Rules for room not included in reserving room.
- Older adults who are LGBTQ who are not legal residents
 - Identifying resources for undocumented persons
- Feedback: well thought out. Felt safe and secure talking in this group.

POSSIBLE ACTION ITEMS

- From conversation
 - Streetwise related training?
 - Full-time front desk staff at Town Hall Residence.
 - Police outreach, esp. near Town Hall building.
 - “Secure buildings”
 - Heartland Alliance computer/internet filters corrected.
 - Allow printing in Center on Addison.
- From older adults:
 - Aging as we are had a brief self-defense class
 - Traveling in groups. Prevents opportunistic crime.
 - Intergenerational communication and buddyism.
 - Having cell phone
 - Text buddy/picture system
 - Phone number and address
 - pic of people
 - call someone to talk/talk to no one if feel uneasy.
 - Media campaign on perceptions of older adults being “just like me”
 - Use teachable moments - lots of education
 - Meet with Windy City Times and senior center. Start a series for 12 weeks. Profiles or monthly column with rotating on 600 word columns. Teach them to tell their stories.
 - Room for youth in elder housing. Youth gets free rent (student), could do lots of education.
 - Identifying staff person per facility. Build network.
 - Town Hall Lecture Tour - Town Hall residents paid and transported to facilities to talk about being LGBT in their space. Senior to senior.
 - Potlucks
 - Movie nights
 - Rules for use of room being given when reserving room.

- More information sent out to potential allies.
- More spaces to feel safe and secure talking about these issues.

REPORT OUT

- The top of mind concern for personal safety and security is physical safety outside the home. Sub-topics included public transportation and medical situations. There were a lot of anecdotes of situations that made individuals feel unsafe.
 - A theme was to create community among people you live around, help from strangers, and intergenerational connections.
 - We discussed the intersectionality of fear whether it's being older, a person of color, being transgender, a woman, a person who is disabled and how those aspects of identity compound both vulnerability and fear.
 - Group discussed things they personally can control and living with fear and uncertainty.
 - Possible solutions include self-defense training, notifying people where they are, traveling in groups, and learning about ways to prevent identity theft.
- At no point were other older adults identified as a problem, instead it was always younger people who were viewed as the risky and possible culprits whether they were intentional or not in their harming of older adults.
 - Partnership between the Town Hall residence and the Windy City Times
 - Media campaign to raise awareness among non-older adults about things that inadvertently make things difficult for them and confronting infantilism.
- Became very clear that the Town Hall Residence being a specifically LGBT safe community does not fix everything. There are plenty of rules issues to address in that facility. Specifically, issues of physical safety related to the building seem the most impactful thing to address for these particular individuals who spoke today. It also seems that the filters on internet access do not allow for viewing of gay related material.
- Having students live in nursing homes for free in exchange for providing services to older adult residents.
- Nursing homes in suburbs not being LGBT friendly.
 - One possible solution would be to create a speakers bureau for older adults to go speak to older adults.
- Building a network of LGBT friendly providers with a goal of 1 person per older adult facility to be a buddy with LGBT older adults.
- People who are undocumented were also raised as a highly marginalized population that older adults want to help but they aren't quite sure how.
- In closing, just having a safe space to discuss these issues was considered helpful.

Please email notes to Khunt@aidschicago.org by Friday

NOTES

Name of Session : Personal Safety and Security

Date : 5/25/2017

Name of Notetaker : Britta Larson

Time of Session : 2pm-3pm

Name of Facilitator :

VERBATIM - Personal Experience

- A service provider was working with an older adult who was seeking LGBTQ-Friendly housing. The older adult was touring a facility and asked, “If my wife and I moved-in here, how welcome would we be?” The service provider responded, “It has never come up before”.

PERSONAL

- As a service provider to LGBTQ older adults, I see first-hand the increase care needs of these seniors as they age. This may require more care/assistance and transitioning to a higher level of care. A common fear is the question “Will I be safe?” when discussing transitions to a higher level of care.
- In SAGE Metro Portland they compiled a LGBTQ –Friendly housing guide to help older adults identify LGBTQ –Friendly housing providers
- It was stressed the importance of developing resources and creating legal documents in ADVANCE of health emergencies and to be proactive rather than reactive
- Some LGBTQ older adults are fearful of marriage and having the government know they are gay, “If the government knows I am gay, will I be persecuted?”
- With the advance of the trans-bathroom bill and religious freedom bills, this can be triggering for LGBTQ older adults, reminding them of past events and causing them to feel attacked and vulnerable

PROGRAMMING

- Isolation can increase the vulnerability of a senior. Center on Halsted’s Friendly Visitor Program matches volunteers with isolated LGBTQ older adults. Volunteers are carefully screened and trained and are able to report suspicions of abuse
- Increase the utilization of technology to reduce isolation. For example, a “virtual” Friendly Visitor Program that utilizes Skype
- Develop programs to increase technology skills of LGBTQ older adults to increase their cyber security and reduce their isolation
- Increase self-advocacy skills of LGBTQ older adults
- Offer self-defense workshops
- Train and support LGBTQ older adults to be activists and share their stories with others
- Intergenerational programming and conversations can help build understanding and safety between different generations

POLICY

- City of Chicago contracts should only be awarded to LGBTQ Friendly Service Providers (an example of this NOT happening is the fact that Catholic Charities has a city contract to provide services to low-income seniors in Chicago)
- Domestic violence staff and Ombudsman should be trained on LGBTQ Cultural Competence issues

- Accessibility can increase visibility and safety (examples of this include accessible transportation, more accessible accommodations at Pride celebrations)
- There should be more programs and services to help older adults age in place in their own homes

SERVICE PROVIDERS

- Encourage LGBTQ older adults to feel safe and welcome by the following: inclusive intake forms, participating in LGBTQ cultural competency trainings, LGBTQ inclusive non-discrimination policies, having visual signals that provider is LGBTQ friendly
- Not making assumptions about LGBTQ older adults i.e. All seniors are uncomfortable with technology
- Make spaces more accessible by looking from the lens of those differently abled

OTHER

- It is important to acknowledge the intersectionality of identities. This intersectionality increases vulnerability and decreases personal safety
- Those that are the most vulnerable are less likely to file a complaint, go to the police or take legal action
- How do we reach our most vulnerable and isolated LGBTQ older adults?

APPENDIX F: OUTAGING 2017 NOTES AS ORGANIZED JULY 7, 2017

BIG THEMES

- Access to resources
- Community building
- Systems and institutions

COMPETENCY

Solutions/project ideas:

- Add LGBTQ competency to curricula for professional degrees
- Develop/provide training and educational materials
- (Look at solutions under ISMs)

Notes from sessions:

- Here to learn and see what people aren't getting when they interact with community services (through Older Americans Act) to share what is being offered
- Listening to those impacted and letting that drive the services that are offered
- Unchartered territory and lack of answers (re: aging with HIV). Found a physician who has expertise. But that may not be true for everyone.
 - Esp. a problem who are assigned female at birth or those who identify as female. Also happens with disabled and other marginalized
 - Lack of literacy in health care providers. Hear you and don't get it or not listening.
 - Assuming having boobs means female pronouns and ovaries
- Teasing out physical well-being and safety versus mental/emotional well-being as a provider without a lot of time.
- My church and my church friends don't know anything about aging. We don't talk about. I want to learn, share information.
- Religion is challenging – progressive churches could be terrific partners and/but religiously affiliated care facilities are challenging.
- Huge issue – assumptions that you have family to help you – who cares if you are a couple or single? Who will help? But if you don't, a “Golden Girls” solution
- Here to learn how our faith community can be affirming and supporting. We have a diverse congregation but we don't talk about issues. I'm here so that we can better understand the issues. Both of our clergy members are straight and want to be supportive and affirming of those in our community.
- Lack of understanding of intersectionality
- Providers who listen to their clients
- Responsibility of providers to be affirming
 - Intake
 - Facilities
 - List of things to do (i.e., emergency plan, POA) template action plan
- Multi-women relationships – polyamory among women
- Sharing a template for forms for providers about how to create inclusive options (pronouns, sex/gender identification)
- Hire older adults to work at organizations; put them on the board. Create a diverse advisory board. Low income people are never on the board.
- Competency around gender, sexual orientation and gender identity
- As a service provider to LGBTQ older adults, I see first-hand the increase care needs of these seniors as they age. This may require more care/assistance and transitioning to a higher level of care. A common fear

is the question, “Will I be safe?” when discussing transitions to a higher level of care.

- Need to change the fundamental assumption that every person has someone – resources that are there for everyone.
- Continuous burden of educating providers a lot falls on patients
- Make spaces more accessible by looking from the lens of those differently abled
- Encourage LGBTQ older adults to feel safe and welcome by the following: inclusive intake forms, participating in LGBTQ cultural competency trainings, LGBTQ inclusive non-discrimination policies, having visual signals that provider is LGBTQ friendly
- Domestic violence staff and Ombudsman should be trained on LGBTQ cultural competency issue

INSTITUTIONAL CHALLENGES

- Role and impact of institutions in communities (universities that have taken up land, resources, not investigated (invested) in communities but used them as research subjects)
- Staff turnover – great person leaves and the entire institution loses; loss of institutional knowledge

ISMS (AS IN RACISM, AGEISM, SEXISM, ABLEISM, ETC.)

Solutions/projects ideas:

- Storytelling programs featuring older adults
- Develop intersectional cultural competency awareness programs
- Intergenerational activities and housing.
- Connect GSAs to older adults
- Problem can be addressed through advocacy and/or training

Notes from sessions:

- Accessibility can increase visibility and safety (transportation, accommodations at pride for example)
- Overcome the community issues
- Lack of diversity
- Not making assumptions about LGBTQ older adults, i.e., all seniors are uncomfortable with technology
- Ageism – loss of power in working in groups – in society
- Fear – lack of acceptance and lack of belonging
- Impact of segregation and racism over generations (historic and present)
- Ageism and internalized ageism (both for older adults and young adults)
- Confront 2nd class citizen status within religious/fair systems
- With the advance of the trans bathroom bill and religious freedom bills, this can be triggering for LGBTQ older adults, reminding them of past events and causing them to feel attached and vulnerable
- Change mind sets? Perceptions and attitudes – starts in family – know NOT to disrespect anyone in the community
- Infantilism
 - Older therefor perceived as less competent. People don't hear our voices
 - When reporting broken door at 2 am, asked “What are you doing outside at 2 am.” When did I become under the age of 21?
 - From cane to walker my IQ assumed to be limited. Now in scooter – forget it.
 - People assuming they will be your prince charming and being disrespectful to being persnickety when older adult says no
- Older adults aren't included in decision making at all levels
- Some LGBTQ older adults are fearful of marriage and having the government know they are gay, “If the government knows I am gay, will I be persecuted?”
- Personal safety:
 - Do hetero folks need safe spaces? No. WE have that concern
 - Personal safety and security is fluid. I'm very secure but when I go for kneed operation, then

vulnerable (Has history of knowing about medicare fraud hospital)

- Extra steps to feel secure with each service provider?
- “There is no purely safe space...”

HEALTH

Solutions/Project ideas:

- Competency training
- Legal programming
- One-stop shop
- Openly advocate for single payer universal healthcare
- Educate providers about older person’s sexual health issues
- Navigators
- Provide PrEP training and other sexual health training to providers and seniors

Notes from sessions:

- Substance use treatment – dealing with Hep C and treatment for drug use. There is a lack of programming for women over 50 who are growing in their use of heroin and opiates. A lack of resources at intersections for LGBT and elderly substance use.
- It was stressed the importance of developing resources and creating legal documents in ADVANCE of health emergencies and to be proactive rather than reactive
- Health education. Primarily African American community. “Healthspeak” is not fully understood. Trailblazers came together because of ACA. Got BCBS rep to come to Affinity event at Urban League. Didn’t know about insurance that I had. Little print. Some way somebody we can start educating – at the mass level – 6th and 7th grade level. Information should be conveyed at that level. Not putting anybody down. But so people have basic understanding of what they have in their policies.
- Adding LGBT to cognitively impaired. More vulnerable. Educating family members about LGBT status because can’t withhold anymore. Family dynamics.
- Healthcare providers not noticing people in hospital not eating. It’s how healthcare system works so that being in the hospital is a vulnerability. No one paying attention to person.
- No one in Medicaid understands what spend down is. Can’t get straight answer from anyone. Medicaid dropped because didn’t fill out a form that didn’t get.
- Comprehensive navigators
 - Healthcare
 - All services
 - Paperwork
 - Admissions paperwork
 - Contracts for nursing homes
- My aging self. Biggest challenge. Myself as a person who is aging. I cannot see when I do things some of the problems that might emerge in the future. I might not be able to continue to do X. I’m not concerned about healthcare or vulnerability, but my actual body.

ACCESS TO RESOURCES

Solutions/Project ideas:

- Workshops on communal housing communities
- Tiny home communities
- “Golden Girls” solution
- Bring in volunteers from Trans Tech Social to do technology training
- Comprehensive navigators
- Host clinics with LGBTQ Bar Association law students to help navigate paperwork

Notes from sessions:

- Need for community services to follow up after being released from the hospital. Help with navigating insurance – denying medication and services
- In SAGE Metro Portland they compiled an LGBTQ-Friendly housing guide to help older adults identify LGBTQ friendly housing providers
- There should be more programs and services to help older adults age in place in their own homes.
- Older adults who are LGBTQ who are not legal residents – Identifying resources for undocumented persons
- Exception – not counting on THIS community to supply and give me all my needs – rather to seek outside as well
- Compiling a list of LGBTQ senior resources – housing, social services, support services, Pink pages – Long term care resource
- Informal vs. formal information sharing that is offered through aging centers – how to plug LGBT adults into that given then may not feel comfortable
- Churches not doing their jobs. Could be little areas with the churches for all religions. Information. Where to go. Centers of information.
- How can this group share resources, information, events that are happening with all the participants (concerts, prayer groups)?
- Technology challenge. Makes it hard for providers Makes it hard for older adults. Applications that can only be done online. Do you have access? Do you have cognitive abilities to do?
- Navigating paperwork. Crazy. Trying to understand. Spend down limits. God awful things. So hard to understand. Wish people were out there available to help. Envelope after envelope. Government speak. Not legible. Number of documents. Language of documents.
- Unable to be outside for safety reasons or access to fresh foods. How can people stay healthy when there aren't resources available in their neighborhoods?
- Improve access to technology
- Leveraging technology to coordinate volunteers to provide services (giving rides; giving Uber accounts
- Transportation
- Lack of resources
- One stop shop for sharing both broader aging services and LGBT- specific (e.g., like the trans drop in at the Center on Halsted with various organizations)
- How does someone offering services to queer elders get to queer elders. No one in nursing homes is out. The next generation will be.
- County by county differences – quality and quantity. Rural v. city as well
- Lack of access to information
- Arbitration as a problem
 - Son signing on behalf of mom
 - Mom, suffering from dementia, signing herself
- Looking to increase communication and resources to the older LGBT community through media

FUNDING

Solutions/Project ideas:

- Fund stipend advocacy programs (incl. transportation, food, etc.)
- Coalition of LGBT older adult focused funders (or those with priority to serve elders)

Notes from sessions:

- Why aren't we fundraising to create more organizations; to create innovative programs?
- Competition for financial resources is challenging – it can be destructive. How can collaborations be encouraged so resources go to the right place.
- Engaging donors directly – most people who give to LGBT orgs are older. Territorialism – organizations

staking their turf and not working together.

- City of Chicago contracts should only be awarded to LGBTQ friendly service providers (an example is this NOT happening is the fact that Catholic Charities has a city contract to provide services to low-income seniors in Chicago)

SOCIAL CONNECTION/COMMUNITY BUILDING

- Solutions/Project ideas:
- Create virtual care taker programs
- One stop shop (virtual and in person)
- Research caretaker/community building models and best practices and pilot model in Chicago

Notes from sessions:

- Feeling of connection and community. Some people will have no network. There is uncertainty about what support network will be there for you in the future.
- We need to take care of ourselves – creating villages; LGBT agencies need to encourage activities like waling (an LGBT seniors group to do Pokemon Go)
- Continuing care communities – making them affordable. Looking to other models (outside of LGBT community) Example village to village
- “Village moment”: neighbors helping neighbors. Example: Greenhouse nursing home as a model
- Isolation. Many clients don’t have internet capabilities. Started a friendly visitor program in NJ.
- Connection to young children; creating intergenerational programming (daycares run by older adults)
- Everything revolves around community
- Inter-generational connections within the community – if it’s just within the senior community, we will just keep dying off
- “Mutual AID” – groups who make plans to care for each other, in aging and in death
- Increase the utilization of technology to reduce isolation. For example, a “virtual” Friendly Visitor Program that utilizes Skype
- Complacency
- Isolation
- Take Town Hall example into other situations, learning for community building
- Change is hard – I know what I know and am not interested in what is happening elsewhere
- Fallacy that we have an LGBT community in Chicago. You have pockets that you can engage with. We want older adults to be able to engage with those pockets.

ADVOCACY & PUBLIC POLICY

Solutions/Project ideas:

- Advocate for shared care service for transportation to programs/services (Lyft/Uber)
- Engage youngest elders in elder advocacy
- Host coalition type meetings bringing agencies together to tackle an issue
- Researcher collective to study LGBTQ older adults (participatory action research)
- Teach elders to educate providers
- Additional resources for professionals and advocates who are actually doing the work
- SAGE Corps (grassroots movement of LGBT and allied elders, youth, adults)
- AHCA advocacy for level or increased funding for LGBT older adults and programs

Notes from sessions:

- After release from hospital no access to meds and services
- What can gay media do to help us?

- We do stories all the time. Don't always highlight specific identities. So don't assume we cover. We have 52 issues a year. If you miss an issue you may think we don't cover. Difficult with weekly newspaper.
 - Keep it interesting. Too much of anything people get tired of it. Can never please everyone.
 - Have to teach people not to care what people think all over again
 - Engaging faith communities to engage religiously-affiliated facilities
 - Push insurance industry and government. Forming a broad based community organization that can find the paths to power and get the power behind us to talk to the state legislators and federal government and insurance agencies. Changing things that don't have any basis.
 - Determine causes – and organize collaborations for LGBTQ community
 - Here to see what's changed; how far we've come; what's left to do
 - Complacency
 - IL Safe Schools Alliance – Safe senior alliance? Or an advocate agency that goes “around” to determine safe spaces
 - Senior population about to experience hits NOW – more reactionary, not proactive –should educate ourselves and prepare for public policy decisions who are making cuts to Medicaid – legislative advocacy – activism – contact elective officials – throughout the greater Chicagoland area – collaborative forum to ensure self-advocacy
 - How could we take strengths of Town Hall community and get others to build that community themselves
 - Example: suburban woman. Very out, but felt very isolated. Unafraid her whole life, but was afraid there.
 - Find 1 staff person. Need 1 person as advocate
 - Active advocacy should be a part of this conversation
 - Despite being mother's caregiver for 18 years, despite having all the paperwork, at the time of surgery I was confronted by a nurse, doctor, chaplain, asking to rescind the DNR. Don't think that because you have plans, you're covered. What's legal isn't necessarily operational.
 - Advocacy for control of one's own body and freedom to die.
 - Increase self-advocacy skills of LGBTQ older adults
 - Organize senior LGBTQ self – advocacy Grey Panthers?
 - Accessibility can increase visibility and safety (examples of this include accessible transportation, more accessible accommodations at Pride celebrations)
- Train and support LGBTQ older adults to be activists and share their stories with others

CAREGIVING

- Huge assumption by providers that you have family to help
- Who will be my advocate?

PUBLIC POLICY

- Trump administration
- Call elected officials
 - Every federal office has a senior specialist
 - Total income and what qualify for
 - People that qualify for things that don't know it
 - Legislative liaisons for all health insurance companies. Those people return telephone calls
- Lots of legislation is impacting LGBT seniors
- Can't cure Hep C patients because of health insurance coverage issues. Physicians know what they can do but they can't because of policy and insurance.
- Legal strategies around current administration around non-discrimination protections
- How can we help people get the meals delivered or afford their medications? Concerns about cuts to meal delivery plans
- Currently SHIP program (Senior Health Insurance Program). Free program to help figure out insurance

coverage. Up for complete elimination und AHCA.

- Current systems look one way. Doctors don't get paid to practice in a holistic way

PROGRAMS

Solutions/Project ideas:

- Senior advocate award
- Address isolation and lack of transportation through use of shared ride program (Uber, Lyft)
- More funding, capacity and time
- Replicate SAGE Table using intergenerational program success
- Project to consider which LGBTQ community groups have a responsibility for seniors and their issues

Notes from sessions:

- Mutual care/aid groups
- Connection to youth, intergenerational programming/ day cares run by older adults
- Sub-groups of straight people have support groups to address marginalization
- Offer self-defense workshops
- Create a resource list and FAQ sheets for schools, providers, etc that offers 101s and terminology guides
- Opportunities to share knowledge (if we learn, how do we transmit what we're learning) Does it die with us?
- Animal engagement and opportunities to engage with young children
- "Tech talks" – sharing information about technology
- City of Chicago just held event for multi-disciplinary collaborative approach. Might be helpful to have a multi-disciplinary event for issues for seniors
- Create more spaces for Town Hall and non-Town Hall people to come together to see how they can help each other
- Self help education
- Intergenerational programming and conversations can help build understanding and safety between different generations
- Bar association event. Volunteer lawyers, law students. Hot Docs. Software on computer. Formulate forms. Asking questions to populate a power of attorney or will at community center
- Lack of intergenerational opportunities to engage
- Self-help groups
- LGBT Baby Boomers group for education on legal
 - Bring people together in different spots to discuss why legal paperwork is important. Why aren't more agencies doing that?
- Trauma drills. Emergency plans
 - Rehearsing thing with people in network. Who has duplicate key to apartment? Refrigerator documents with medication lists. POA. Hospital of choice. Where clothes are. Walk all the way through. Practice
- Escape Fire – video about healthcare system
- Isolation can increase the vulnerability of a senior. Center on Halsted's Friendly Visitor Program matches volunteers with isolated LGBTQ older adults. Volunteers are carefully screened and trained and are able to report suspicions of abuse
- Develop programs to increase technology skills of LGBTQ older adults to increase their cyber security and reduce their isolation
- Buddy 2 Buddy to reduce isolation
 - Pairs seniors with a buddy who checks in on them. Weekly phone call sometimes house call. Connecting point
 - Improves mental health
 - Volunteers that can be any age are trained. Supportive person

- Courses related to building core strength
- Room for youth in elder housing. Youth gets free rent (student), could do lots of education
- Getting people to understand importance of power of attorney, healthcare representative. Older adults don't want to hear it. Even more important when you don't have children.
 - Impacts of not having paperwork
 - Closest blood relative not taking care of an LGBT person as an LGBT person
 - Time talking to insurance company. Finding the right person to talk to
 - Without power of attorney you can't have anyone visit you in ICU

EVALUATION

APPENDIX G: EVALUATION REPORT
APPENDIX H: EVALUATION FORM
APPENDIX I: EVALUATION ANALYSIS

APPENDIX G: ANALYSIS OF OUTAGING SUMMIT EVALUATIONS

	May 24	May 25
Average age:	59.6	47.5
Median age:	62.5	47

	May 24					May 25				
General	1	2	3	4	5	1	2	3	4	5
1. The presentations were excellent				6	21				5	19
2. The choice of venue was excellent				6	20				6	18
3. This summit was a valuable use of my time			1	2	23				4	20
Impact	1	2	3	4	5	1	2	3	4	5
1. The summit prompted me to rethink my views of LGBTQ aging		1	6	8	11			3	6	15
2. It is important to continue conversations about LGBTQ aging				1	26					24
3. This summit will transform how I do my work		1	6	5	13				1	8

1 = Strongly disagree; 2= Disagree; 3 = Neutral;
4 = Agree; 5 = Strongly agree

APPENDIX H: OUTAGING: SUMMIT ON OUR POSSIBILITIES EVALUATION FORM

DATE:

Age:

Name:

Email **or** mailing address:

For each item identified below, circle the number to the right that best fits your judgment of its quality. Use the rating scale below to select the quality number.

1 = Strongly Disagree; 2 = Disagree; 3 = Neutral; 4 = Agree; 5 = Strongly Agree

General	Scale
1. The presentations were excellent	1 2 3 4 5 N/A
2. The choice of venue was excellent	1 2 3 4 5 N/A
3. This summit was a valuable use of my time	1 2 3 4 5 N/A

Impact	Scale
1. The summit prompted me to rethink my views on LGBTQ aging	1 2 3 4 5 N/A
2. It is important to continue conversations about LGBTQ aging	1 2 3 4 5 N/A
3. This summit will transform how I do my work	1 2 3 4 5 N/A

1. What other improvements would you recommend for this summit?

2. What sessions did you participate in?

3. What do you feel are the three most important issues facing LGBTQ older adults?

4. Are there issues that you feel most urgently need to be addressed?

5. What areas relating to LGBTQ aging that are important to you were not addressed at the summit?

6. If there are areas of expertise that you have relating to LGBTQ aging that you would like the summit organizers to be aware of, please list them here.

APPENDIX I: OUTAGING: SUMMIT ON OUR POSSIBILITIES EVALUATION ANALYSIS

Top 3 most important issues facing LGBTQ older adults (frequency)

What people wrote:	May 24	May 25
	Isolation (8)	Isolation (11)
	Housing (7)	Healthcare (5)
	Safety & security (7)	Housing (5)

Aggregated categories:

Health & well-being (19)	Staying connected (15)
Staying connected (14)	Discrimination & erasure (10)
Discrimination & erasure (10)	Access to resources (6)
Healthcare (8)	Healthcare (6)
Housing (7)	Housing (5)
Advocacy (4)	Health & well-being (4)
	Cultural competency (1)
	Lack of research (1)
	Public policy education (1)

Issues that most urgently need to be addressed			
May 24		May 25	
Healthcare	6	Isolation	3
Housing	6	LGBTQ competency	3
Caregiver education	3	Housing	2
Community connection & support	3	Ability to be out	1
Safety	3	Activities	1
Advocacy	2	Advocacy	1
Isolation	2	BTQIA parts of the community	1
Spirituality	2	Connecting to resources	1
Finding resources	1	Connection to resources	1
Food deserts	1	Discrimination	1
Food stamps	1	End of life and financial planning	1
Hate	1	Erasure	1
Health	1	Fear	1
Intergenerational spaces	1	Health care	1
Medicare/Medicaid protections	1	Heteronormative assumptions	1
Money	1	HIV & seniors	1
Preparation for aging	1	Intergenerational spaces	1
Respect for aging adults	1	Lack of non-bias policies	1
Visibility	1	Layers of stigma	1
		Legal protections	1
		Need for community connections	1
		Political engagement	1
		Power and privilege	1
		Public policy & legal education	1
		Racism	1
		State & federal budget cuts	1

COMMUNITY REPORT BACK

APPENDIX J: COMMUNITY MEETINGS FLIER

**APPENDIX K: COMMUNITY REPORT BACK
POWERPOINT**

APPENDIX L: COMMUNITY INPUT FORM

**APPENDIX M: NOTES FROM COMMUNITY
MEETINGS**

APPENDIX J: COMMUNITY MEETINGS FLIER

PRIDE ACTION TANK



SUMMIT
ON
OUR
POSSIBILITIES

COMMUNITY REPORT

PLEASE JOIN PRIDE ACTION TANK AS WE REPORT BACK ON FINDINGS FROM THE OUTAGING SUMMIT AND TALK ABOUT NEXT STEPS.

JULY 12, 2017
5 - 7 P.M.

Center on Halsted
3656 N. Halsted Street

JULY 17, 2017
5 - 7 P.M.

Affinity Community Services
2850 S. Wabash Avenue

LIGHT REFRESHMENTS WILL BE SERVED

RSVP TODAY WITH JACKIE THANAY

BY EMAIL prideactiontank@aidschicago.org

BY PHONE 312-922-2322 x 723



#OUTAGING

APPENDIX K: COMMUNITY REPORT BACK POWERPOINT



Summit on Our Possibilities | May 23 – 25, 2017
bit.ly/outaging

Analysis of Summit Evaluations



OUTAgging Summit Summary

OUTAgging: 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. Between the two days OUTAgging brought together over 120 LGBTQ older adults, service providers, clinicians and advocates from across the nation to talk about the needs of LGBTQ older adults (55+ years of age) in the Chicago region. The focus group for May 24 was LGBTQ older adults. On May 25, it was service providers and others, as well as older adults from the first day who wanted to return.

OUTAgging'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.



OUTAging Summit Summary

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. Between the two days OUTAging brought together over 120 LGBTQ older adults, service providers, clinicians and advocates from across the nation to talk about the needs of LGBTQ older adults (55+ years of age) in the Chicago region. The focus group for May 24 was LGBTQ older adults. On May 25, it was service providers and others, as well as older adults from the first day who wanted to return.

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.



Ratings - General

OLDER ADULTS (n = 27)

	1	2	3	4	5
1. The presentations were excellent				6	21
2. The choice of venue was excellent				6	20
3. The summit was a valuable use of me time			1	2	23

SERVICE PROVIDERS+ (n = 24)

	1	2	3	4	5
1. The presentations were excellent				5	19
2. The choice of venue was excellent				6	18
3. The summit was a valuable use of me time			1	8	14



1 – strongly disagree; 2 = disagree; 3 = neutral;
4 = agree; 5 = strongly agree

Ratings - Impact

MAY 24 (n = 27)

	1	2	3	4	5
1. The summit prompted me to rethink my views		1	6	8	11
2. It is important to continue these conversations				1	26
3. The summit will transform how I do my work		1	6	5	13

MAY 25 (n = 24)

	1	2	3	4	5
1. The summit prompted me to rethink my views			3	6	15
2. It is important to continue these conversations					24
3. The summit will transform how I do my work			1	8	14



1 – strongly disagree; 2 = disagree; 3 = neutral;
4 = agree; 5 = strongly agree

Attendee Age

	Focus group	Average age	Median age
May 24	LGBTQ older adults	59.6	62.5
May 25	Service providers, others	47.5	47

N = 27 on May 24. N = 24 on May 25.



Most important issues facing LGBTQ older adults

Top 3 issues identified by respondents *(frequency)*

OLDER ADULTS	SERVICE PROVIDERS+
Isolation (8)	Isolation (11)
Housing (7)	Healthcare (5)
Safety & Security (7)	Housing (5)



Most important issues facing LGBTQ older adults -- *aggregated*

Top 3 aggregated issue themes *(frequency)*

OLDER ADULTS	SERVICE PROVIDERS+
Health & wellbeing (19)	Staying connected (15)
Staying connected (14)	Discrimination & erasure (10)
Discrimination & erasure (10)	Access to resources (6)
	Health care (6)



Issues that most urgently need to be addressed (2+ responses)

OLDER ADULTS	SERVICE PROVIDERS +
Healthcare (6)	Isolation (3)
Housing (6)	LGBTQ competency (3)
Caregiver education (3)	Housing (2)
Community connection & support (3)	
Safety (3)	
Advocacy (2)	
Isolation (2)	
Spirituality (2)	



Important issues not addressed

OLDER ADULTS	SERVICE PROVIDERS +
Poverty	Bisexual awareness
Medications	Caregiving
Employment security	BTQIA parts of the community
Spirituality	Subpopulations w/in community
Physical recreation	Mental health
Access to greenspace	Policy & legal issues
Fear of dying alone	Intersectionality
Mental health	Role of faith communities
Political advocacy	Intergenerational connections
	Ties to other local initiatives



APPENDIX



0: Evaluation Questions

OPEN-ENDED QUESTIONS

1. What other improvements would you recommend for this summit?
2. What sessions did you participate in?
3. What do you feel are the three most important issues facing LGBTQ older adults?
4. Are there issues that you feel most urgently need to be addressed?
5. What areas relating to LGBTQ aging that are important to you were not address at the summit?
6. If there are areas of expertise that you have relating to LGBTQ aging that you would like the summit organizers to be aware of list them here.



Q1: Suggested summit improvements – Older adults

RESPONSES

Continuous education credits and community resources

Grow it!

A way to expand resource offerings to include activities and groups

More discussion of resources

A chance to talk about more ways of addressing issues in addition to political advocacy. How do we make cultural change with the communities?

Do it again

Service providers should attend both days and listen to LGBTQIA elders in person



Q1: Suggested summit improvements – Older adults (cont'd)

RESPONSES

More info to reach LGBTQ seniors and possible transportation for those in need

Have break out sessions

Make space more wheelchair friendly. Have the ability to step out for air.

Have more younger people be a part of the summit. The theme of intergenerational community building was mentioned a lot so it would be great to have more younger people in the room.

Intergenerational dialogue opportunities

Use WHOVA conference app so participants can network before and after

Legislative resistance, increased knowledge of political process for participants



Q1: Suggested summit improvements – Older adults (cont'd)

RESPONSES

Sign up for various groups to help prevent isolation and loneliness

Leave more time for people to talk and connect during the workshops. Instead of cutting people off, tell them at the beginning of comments – please limit your comments and questions to x number of minutes. That would be more useful in tracking time.



Q1: Suggested summit improvements – Service Providers+

RESPONSES

Provide more detailed descriptions or objectives for the sessions to assist with choosing.

All gender bathrooms. Larger font on nametags.

More youth/senior collaboration.

A resource guide for LGBT seniors

More trans and nonbinary gender involvement. Clearer separation of gender and sexuality. Asexual/aromantic, bi/pan involvement – speakers and presenters

Panel on continuity of care from independent living to skilled care and even hospice



Q1: Suggested summit improvements – Service Providers+ (cont'd)

RESPONSES

More accessible space

Future tracks on health/body function changes. Some of us don't have folks we can talk to about such things.

I think there should be more event support. The space was great but confusing. Also having someone explain the pronouns portion of the name tag would have been helpful.

I would have liked more space to hear from more providers and how to move forward as a provider serving LGBTQ elders. The voice of service users is vital, but I was looking for more provider perspectives in breakout sessions, esp.



Q1: Suggested summit improvements – Service Providers+ (cont'd)

RESPONSES

When talking about older adults, many older adults are "in the room". . . It's ageism to not understand the possibility of hearing loss, and to not amplify voices in the presentations. Use a mic, please! More signage in the lobby to direct to floor & door of conference.

As a representative of a faith community, I'd like more resources about how a church or faith community can be more supportive and resources for training church leaders. Also, more time for discussion group.

I'm working w/ Dr. Toyin Adeyemi at the CORE Center to develop programming specific to aging patients and their needs 47% of CORE's patients are 50 years old and older and this percentage was 35% in 2012 so older patients are quickly becoming CORE's largest patient population. More than 35% are LGBT.



Q1: Suggested summit improvements – Service Providers+ (cont'd)

RESPONSES

To focus more on intergenerational connections

There is a map of where we live and work. How about other attributes?

Have panelists that are able to address all people's issues, LGBT. No one should feel left out.

Success stories about helping LGBT older adults.



Q3: Aggregated themes from top 3 – OLDER ADULTS

HEALTH & WELLBEING (19)

- Money (7)
- Health & wellness (6)
- Fear (3)
- Spirituality (1)
- Mobility (1)

DISCRIMINATION & ERASURE (10)

- Ageism (4)
- Invisibility (4)
- Erasure (1)
- Hate (1)

STAYING CONNECTED (14)

- Isolation (8)
- Community (4)
- Intergenerational connection (2)

HEALTHCARE (8)

- Healthcare (5)
- Access to caretakers (1)
- Long term care (1)
- Understanding of needs (1)



Housing (7) and advocacy (4) were not combined with other responses.

Q3: Aggregated themes from top 3 – SERVICE PROVIDERS+

STAYING CONNECTED (15)

- Isolation (11)
- Community (4)

DISCRIMINATION & ERASURE (10)

- Discrimination (3)
- Visibility/invisibility (3)
- Heteronormativity (1)
- Infantilism (1)
- Lack of voice (1)
- Legal protections (1)

ACCESS TO RESOURCES (6)

- Access to medical/legal (2)
- Resources (2)
- Insurance/benefits navigation (1)
- Reductions in govt. support (1)

HEALTHCARE (8)

- Healthcare (5)
- Long term care (1)

HEALTH & WELLBEING (4)

- Economic security (1)
- Health & wellness (1)
- Safety (1)
- Supportive faith community (1)



Q4: Responses to most urgent needs – OLDER ADULTS

RESPONSES & FREQUENCIES

Healthcare (6)	Spirituality (2)	Medicare/Medicaid (1)
Housing (6)	Finding resources (1)	Money (1)
Caregiver education (3)	Food deserts (1)	Prep for aging (1)
Community connection & support (3)	Food stamps (1)	Respect for aging adults (1)
Safety (3)	Hate (1)	Visibility (1)
Advocacy (2)	Health (1)	
Isolation (2)	Intergenerational spaces (1)	



Q4: Responses to most urgent needs – SERVICE PROVIDERS+

RESPONSES & FREQUENCIES		
Isolation (3)	Connecting to resources (1)	HIV & seniors (1)
LGBTQ competency (3)	Discrimination (1)	Intergenerational spaces (1)
Housing (2)	End of life financial planning (1)	Lack of non-bias policies (1)
Ability to be out (1)	Erasure (1)	Layers of stigma (1)
Activities (1)	Fear	Legal protections (1)
Advocacy (1)	Healthcare (1)	Community connections (1)
BTQIA parts of community (1)	Heteronormative assumptions (1)	Political engagement (1)



Q4: Responses to most urgent needs – SERVICE PROVIDERS+ (cont'd)

RESPONSES & FREQUENCIES
Power & privilege (1)
Public policy & legal education (1)
Racism (1)
State & federal budget cuts (1)



Q6: Expertise of attendees

ALL RESPONSES	
Legal advocacy for nursing home residents/families	Leading workshops to inform people about power of attorney, wills, living wills, choosing healthcare provider
Lived experience	Artemis Singers
Case management	Coordinate self help/education group for HIV+ veterans
Patient directed care, Alzheimer's and dementia, SAGECare	Maintains a social services directory
Attorney (Interested in legal clinics)	Healthcare
Leading queer Dharma Buddhist meditation retreat	Energy work and spiritual work
Retired research on aging issues	Scientist



APPENDIX L: COMMUNITY INPUT FORM

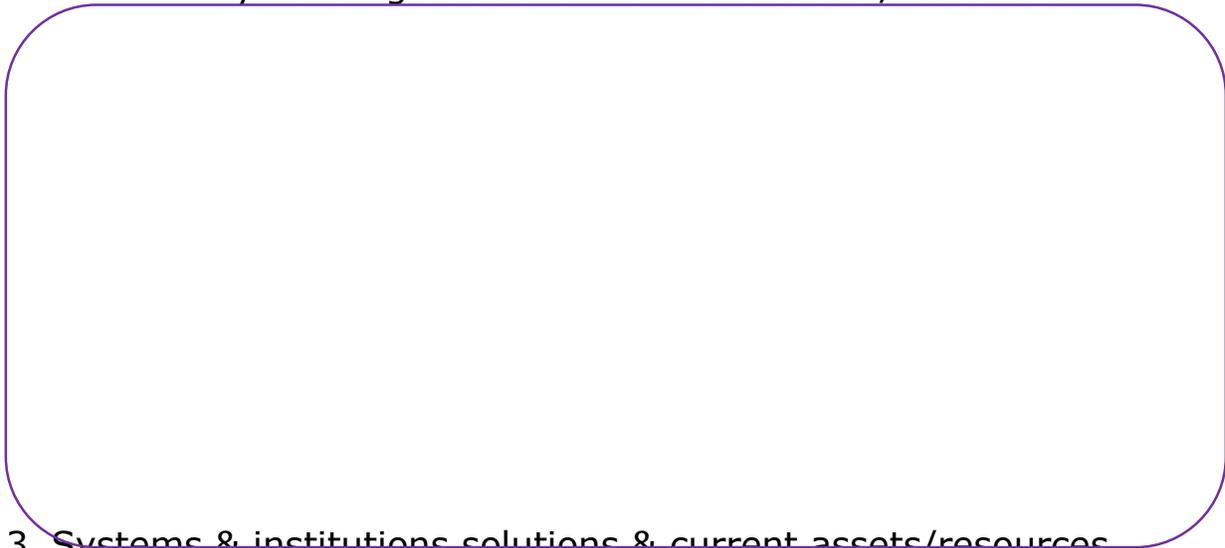
OUTAging: Summit On Our Possibilities Community Input Form

DATE:	Age:
Name:	
Email or mailing address:	

1. Access to resources solutions & current assets/resources



2. Community building solutions & current assets/resources



3. ~~Systems & institutions solutions & current assets/resources~~



4. Other ideas or thoughts you'd like to share



APPENDIX M: NOTES FROM COMMUNITY INPUT MEETINGS

Input from OUTAging Community Report Backs

CENTER ON HALSTED MEETING – July 12, 2017

Access to resources

- Expand places where information is distributed
- Create an OUTAging website for sharing information
- There's a disconnect between what's offered to people vs. what the individual needs and wants (need more patient/client-directed services/care)
- Having more central case management services or a broad case management system
- More meetings where information and resources are shared
- Make it easier for people. Co-location of services (MDTs – a model in criminal justice)
- Case coordination as starting point (like AARP onboarding starting at 50)
- Seal of approval for LGBT competency
- Using current resources to provide training
- AFC database: NOWPal, for older adults. Could be an app (for services)
- Redesign of paperwork
- Informal village model for LGBT (intergenerational)
- Link to other aging movements
- Make referrals to people rather than institutions
- Focus on senior services in suburban townships
- Use library system for distributing information

Community building

- This theme itself is long term – culture of change. Where/what concerned with. Who's doing it and what made it possible. Where are there other possibilities?
- Hold community meetings on a regular basis – everywhere, bill as “community” – transportation passes
- Social need to honor our elders – ritual opening of event. Open Pride event – value in bringing in elders.
- Make community spaces accessible for all – conversations, w/ bars, North Halsted Business Alliance
- Mobile tech classes – intergenerational help
- Get legal help from retired lawyers
- Extended use of elder expertise
- Expanded use of Meetup
- Church outreach
- Entrepreneurial opportunities for post-retirement
- Families of choice – VIV + housing/library

Systems & institutions

- Transportation is a big barrier – community vans, volunteer drivers
- Campaign for LGBT senior liaison at various government levels
- TransWork mode for LGBT aging
- Invest in behavioral health for LGBT older adults (living through AIDS crisis and other traumatic events). Also there are those who came out when older adults.
- Push for collection of sexual orientation and gender identity data (forms, surveys – national and other – etc.)
- Find creative ways to make resources available to those who don't have access to digital world
- Two issues to be aware of – dementia and end of life (places where older adults need more control)
- Severity of budget cuts (local and federal)

AFFINITY COMMUNITY SERVICES MEETING – July 17, 2017

Access to resources

- It is critical to provide current technology for older adults to use (updated software, printers, etc)
- Informal village models: inventory existing ones, especially in faith communities)
- Bring specific service gaps/needs to the Chicago Area Agency on Aging (DFSS) so these can inform annual planning
- Train seniors to be issue and area experts to help others (peer educators)
- For those aging in place, home resource list of people for house repairs, cleaning, etc. Must be updated consistently.
- Chicago Health Atlas
- Information on changes in laws affecting home owners
- Tech updates and devices available
- Use current assets like organizations like Affinity where participants could be trained to be experts
- Health encyclopedia vendor. Need culturally competent vendors.
- Changing policy that affects allocation of resources from state, local and federal housing agencies – advocacy
- Mediation assistance like the ADAP model for seniors that need help but don't qualify for Medicare

Community building

- Compensate people who are providing home services and others and hold them accountable
- Resource website to provide information and services and bulletin board for events

- Traveling events/service fairs (quarterly). Make sure fun is included. Celebrate our communities
- Chicago Age Friendly Committee: Vertical villages. Use community rooms in senior buildings for events
- Housing attached to libraries
- Still need to get information to people without technology
- More social events and discussions with peers, partners, neighbors
- Resource website
- Raise the level of cultural competency of providers – “good housekeeping seal”

Systems & institutions

- Need spaces other than churches for programs. Those efforts should mirror what’s available through churches.
- Younger people in school living in senior housing facilities. Help for room and board. (expand current programs)
- Network of home share sites (Golden Girls living arrangements). Provide support, history and training for success
- More accessible spaces for people in wheelchairs and with other challenges
- Free and accessible legal resources
- Strategy to penetrate resistant systems and institutions (churches, local community groups)
- Natalie Salmon

OTHER IDEAS

- Present this talk back to other groups of seniors