

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
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LYNN HULL (CONSTITUENT)

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CHICAGO)**

**IMANI RUPERT-GORDON (AFFINITY COMMUNITY
SERVICES)**

CYNTHIA TUCKER (AIDS FOUNDATION OF CHICAGO)

TERRI WORMAN (AARP)

**SERENA WORTHINGTON (SAGE – SERVICE AND
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/>

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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
University of Chicago Poverty Lab | Village Chicago

