

# **Aging in the GLBT Community: Preparing for the Future**

Report on the 2<sup>nd</sup> Town Hall meeting  
June 17, 2007

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Common Focus.**

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# A Call to Action: A Report on the Town Hall Meeting on Aging in the GLBT Community

On Sunday afternoon, June 17<sup>th</sup>, 2007, sixty-five individuals joined in a community conversation at a Town Hall meeting in the Decatur Recreation Center. They came from across the region to discuss the future of aging in the GLBT community and met in eight diverse small groups (7-9 members per group), in which neutral facilitators ensured that the conversations were productive, and that the ideas and viewpoints of the group members were written down.<sup>1</sup>

After the meeting, all of the notes were collected in computer files and sorted by similarity and difference. This report captures the major themes of the meeting, which answer these two questions.

- *What are the LGBT community's most significant concerns about its aging community members?*
- *What are the approaches and actions that can best improve the quality of life of the growing number of aging LGBT community members?*

## What are the GLBT community's most significant concerns about its aging community members?

It seemed clear that aging members of the GLBT community struggle with the same issues that face the broader community: the fear of aging; concern about the availability of money, housing and services; and the ability to maintain as much control over their lives as possible. But it was also clear that the community felt other needs were of particular concern to the LGBT community and to other groups not represented by mainstream institutions and laws. These additional concerns can be expressed in these statements:

- We do not want to be abandoned or excluded from services because of sexual orientation. While many seniors have the fear of being alone, we have particular fears that we will be treated unjustly and we are less likely to have children to help us.
- We want laws changed or enforced to ensure that we have equal rights to make decisions about our care, our estates and about the care of our partners and mates.

*I don't want to have to play straight at the end of my life.*

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<sup>1</sup> The group numbers have been sequentially ordered and do not necessarily reflect those assigned to each group. There were a total of 8 small groups; not all groups provided feedback specific to each numbered session. The group numbers have been sequentially ordered and do not necessarily reflect those assigned to each group. Community naming such as LGBT, GLBT, LGBTQ, etc. are as listed in the participant notes without change.<sup>1</sup>

- We are conflicted about whether we will be better served by existing health and aging systems or by future options that we create for ourselves, but we know we cannot wait until we are sure.
- We need to start acting like a community.*
- We have not been focusing on our own aging issues and we need to learn about the challenges and act to overcome them. We have to act to care for our community members.

## **What are the approaches and actions that can best improve the quality of life of the growing number of aging GLBT community members?**

The group conversations brought a number of common themes to the surface. Highest on the list were items that:

1. Mobilize the LGBT community
2. Create alternative housing and health care opportunities
3. Increase education and research
4. Increase planning and advocacy
5. Foster greater collaboration
6. Result in more effective communication through new technologies

**1. Mobilize the LGBT community.** It is too early to know precisely what the community should do, but it is also clear that the community will have to organize and speak for itself. We need to volunteer and to act.

### Ideas:

- Speak out, we have been too passive for too long.
- Start an “Elder Pride”
- Issue action alerts on key policy decisions.
- Initiate our own planning.
- Organize statewide.
- Hold additional forums and public conversations.
- Increase volunteerism to help current senior members, and to build awareness of the needs of the aging.
- Encourage media coverage inside of and outside of our community.

**2. Create alternative housing and health care opportunities.** While some individuals advocate ensuring that the mainstream systems change and adapt to the needs of aging LGBT members, many others emphasize the need for creative alternatives to house and to care for community members.

Ideas:

- ❑ Build a GLBT assisted living community in the next two years.
- ❑ Create other aging-in-place opportunities.
- ❑ Create a gay friendly hospital and aging center.
- ❑ Initiate aging co-ops.
- ❑ Investigate the use of NORCs or naturally occurring retirement communities.

**3. Increase education and research.** We need to educate our own community by learning about the issues we are facing. And we need to educate both the general public and the organizations that should serve the needs of our community.

Ideas:

- ❑ Conduct an extensive study into the aging needs of the community.
- ❑ Do an assessment of needs to determine what is currently available, what is planned and where the gaps are for our community.
- ❑ Distribute information about the special issues facing the transgendered community.
- ❑ Learn more about what other LGBT communities are doing around the country, e.g., San Diego.

**4. Increase planning and advocacy.** We need focused planning and advocacy to make headway for our community. The range of advocacy includes legal advocacy to make sure that current laws are followed and that new laws are created for the future. We need to create watchdogs and ombudsmen who represent the needs of those who may be abused or lost in the system.

Ideas:

- ❑ Train service providers how to effectively serve our community members.
- ❑ Establish formal watchdogs or overseers to ensure good treatment.
- ❑ Pursue laws to ensure equal protection for LGBT couples, estates and medical decision-making.

**5. Foster greater collaboration.** Because the issues are so large and so complex, multiple actors are required. The LGBT community and other communities that are ill-served by mainstream organizations – as well as the current medical systems, providers and insurers – will have to find common ground for action together.

Ideas:

- ❑ Join with other LGBT organizations around the country and with national organizations to prepare for the increasing needs of the aging.
- ❑ Start a SAGE chapter.
- ❑ Start a gay AARP program.
- ❑ Join with those working to help a wide range of low-income people and focus on the needs of those in our community least equipped to survive.

**6. Result in more effective communication through new technologies.**

Ideas:

- ❑ Use the media to tell the story and make information available through DVDs, TV and emerging technologies.
- ❑ Provide assistance to the aging community who are unable or untrained in how to communicate with computers.

**Conclusion: It is time to act.**

One group said, “We are not focusing on our own aging issues...we have been too passive and too silent.” Some encourage aware religious groups to call for community change. Others look to local partnerships with national organizations to build momentum for action. Most showed support for thoughtful action.

**What will happen next?**

## **Notes Sorted by Question and Groups**

The group numbers have been sequentially ordered and do not necessarily reflect those assigned to each group. There were a total of 8 small groups; not all groups provided feedback specific to each numbered session. The group numbers have been sequentially ordered and do not necessarily reflect those assigned to each group. Community naming such as LGBT, GLBT, LGBTQ, etc. are as listed in the participant notes without change.<sup>1</sup>

### **Part 1 – Challenges**

#### **Group 1**

- ✓ Show up and tell our stories
- ✓ Training/education of our communities and service providers
- ✓ Isolation
- ✓ Case management and advocacy for elders
  - Aging Atlanta Rainbow Train
- ✓ Identifying current elders with needs
- ✓ Financial services planning and education
- ✓ Identifying Fortune 500 gay-friendly providers and local vendors of services for older adults

#### **Group 2**

- ✓ Maintaining identity throughout the aging process
- ✓ Aging together, access to services, socialization, singles, couples
- ✓ Support for GLBT folks with limited financial resources
- ✓ Intergenerational assistance, support and education for aging GLBT population in anticipation of aging ourselves

#### **Group 3**

- ✓ Finding older LBGT people especially in rural areas
- ✓ Finding org. structure
- ✓ Finding economic equality; personal income

#### **Group 4**

- ✓ Three groups
  - Housing
  - Training/ education/ lobby/ legislative
  - Neighborhood support
- ✓ Funding
- ✓ Website
- ✓ Partnership with existing groups

#### **Group 5**

- ✓ Given the size of the state, the size of the metro areas
  - How is the GLBT community going to serve all those people?
- ✓ Maintain visibility of GLBT community
- ✓ Leadership, infrastructure, money

## **Group 6**

- ✓ Money
- ✓ Communication/outreach
- ✓ Community center with full inclusion for older adults as resources
  - What verbiage makes sense?
    - Senior
    - Mature adult
    - Activity ???
    - Elders

## **Group 7**

- ✓ Momentum
- ✓ Getting the word out
  - Barriers to be overcome
- ✓ Unified voice and diversity

## **Part 2 – Experiences with these issues: Telling our stories**

*“What hopes or fears make you personally concerned about your own health and aging and that of others in the LGBT community? Why do you care enough to work for some change in the future of our seniors?”*

## **Group 1**

- ✓ Concern about the longevity of government support \$\$\$
- ✓ Concern about couples being able to age together & access care & services
- ✓ Central resource for GLBT-friendly facilities (honors the relationship)
- ✓ Hope for advocates to speak to our issues – who understands – medical advocates
- ✓ Hope that everything is not a fight/battle
- ✓ Quality of life for single GLBT seniors
- ✓ Fear of family stripping of identity & forcing to live against who they are (particularly trans identity)
- ✓ Fear of playing straight

## **Group 2**

- ✓ Aging and alone
- ✓ How to connect with other people
- ✓ Information
  - Resources
- ✓ Traditional setting – options
- ✓ Legal
- ✓ Cultural
- ✓ Creating own
- ✓ Developing new communities
- ✓ General quality of “care”
- ✓ Money – Where does it come from? How is it to be raised? Missing class differences.

## **Group 3**

- ✓ We need land donors, facilities/community center, vision
- ✓ Inventory of current resources/assets, skills
- ✓ We want options, sliding scale for services
- ✓ Guidelines for community to leave resources in their will back in the community
- ✓ Training – How to prioritize needs/goals?
- ✓ Do we create org. or partnership with existing?

#### **Group 4**

- ✓ Future planning
- ✓ Politics and resources
- ✓ Mobility in retirement (places)
- ✓ Rising health care costs
- ✓ Those without children may need care sooner; need other support groups and/or networks
- ✓ Discrimination – fair housing
- ✓ Isolation
- ✓ Motivation of involvement: personal, professional, desire to help others

#### **Group 5**

- ✓ Community (all kinds)
  - Isolation
  - Family
  - Respect
  - Independence
- ✓ Facilities – options
- ✓ Cost – accessibility / location
- ✓ Legalities
  - Family possessions
  - Decision making
  - Legal recognition of relationships
- ✓ Out living assets

#### **Group 6**

- ✓ Communal living
- ✓ Barriers
- ✓ Place of our own/mainstream
- ✓ Money issues
- ✓ Up to us – no kids
- ✓ Legal issues

### **Part 3 – Creating a better vision for the future**

*In your small group, discuss the following questions:*

- *“What vision of the future would make the prospects for aging LGBT community members hopeful? Here is what I now anticipate for the future and here is what a better future would look like. How would people support each other? What would services and the community look like if your hopes for changes are achieved?”*

#### **Group 1**

- ✓ Wide range of agencies are connected and involved
- ✓ Housing that is near shopping. Entertainment with progressive personal care systems
- ✓ Younger generation involved/care
- ✓ Support care systems (in lieu of children “we don’t have”)
- ✓ More accessibility through the internet (food ordered & delivered; meds, etc.)
- ✓ Financial security personal or public
- ✓ A support and service delivery system that is accepting of us
- ✓ The legal landscape is favorable (estate, medical decisions, partner protected)
- ✓ Independent
- ✓ Support has broadened

## **Group 2**

- ✓ Revision/rethink retirement through education – financial, etc.
- ✓ Focus on taking care of community members with few financial resources
  - Reprioritize financial spending resources
- ✓ Establish a conduit from the aging population to intergenerational support
  - Volunteers in the community
  - Passing along our history
- ✓ Equal access
- ✓ Research AIDS services for best practices – don't reinvent
- ✓ Social opportunities
- ✓ System of checks and balances
  - Maintain safety & trust
  - Advocacy
  - Assist with technology
    - Medical histories
  - Evaluate for safety & independence
- ✓ Parallel systems of mental health and addictive services
- ✓ Alzheimer's and dementia resources – medical resources
- ✓ Queer-specific housing – NORC = naturally occurring retirement community
- ✓ Research existing communities that provide excellent services for aging population (don't reinvent the wheel)
- ✓ "Family" organization to access services including legal assistance

## **Group 3**

- ✓ Competent mainstream services
- ✓ LGBT specific choices
- ✓ Educating the general public
- ✓ Activities
  - Healthy
  - Access to community
  - Stimulation of mind & body
    - Travel, fun, romance
- ✓ Intergenerational
- ✓ Utilization of existing services (finding LGBT options)
- ✓ Reaching out to current "aged" LGBT community
- ✓ Physical environment
- ✓ Walk ability
- ✓ Mainstream service providers
- ✓ LGBT senior center
- ✓ Track LGBT population, re: health needs
- ✓ Presence at state, county and local government levels
- ✓ Educate on LGBT issues
- ✓ Create outreach opportunities
  - Welcome wagon model
  - SAGE chapter development

#### **Group 4**

- ✓ Networking
- ✓ Rekindle/merge resources
- ✓ Advocate
- ✓ Legal partnership laws
- ✓ Power of LGBT community to create & mold our vision
- ✓ Dementia
- ✓ Abandonment
- ✓ Lack of interest due to monetary increase
- ✓ Death with dignity
- ✓ Community area volunteers

#### **Group 5**

- ✓ Now
  - Broader community is now addressing aging but not LGBT aging
  - Few role models
  - Issues are different
- ✓ Future
  - Increase in volunteerism
  - Retirement programs where we fit in
  - More gay retirement facilities
  - Gays doing more long range planning – embracing aging

#### **Group 6**

- ✓ Young and old intergenerational gathering at a community centers
- ✓ Use existing facility ex senior center
- ✓ Co-housing community
- ✓ AARP on board – working with LGBT
- ✓ Old people as resources – oral history
- ✓ SOVO – more discussion of aging issues
- ✓ More non-institutional housing – LGBT money to create
- ✓ Tapping our corporate sponsors
- ✓ Divisions for low income that is not separate
- ✓ Gay Power – use the resources we have
- ✓ Comm. – organization to organization
- ✓ MCC creating senior housing
- ✓ Religious groups to assist in creating housing
- ✓ Network to keep people in their own homes
- ✓ Community based and still live in home
- ✓ LGBT living facilities – own home
- ✓ We can live in a situation of our choosing
- ✓ Information Technology network of info on LGBT

## **Group 7**

- ✓ Targeted neighborhood
- ✓ Different levels resources
- ✓ Political advocate LGBTQ issues – state level
- ✓ Legal protections/rights honored without question
- ✓ Options
- ✓ Social Security benefits to LGBTQ
- ✓ LGBTQ senior centers
- ✓ LGBTQ health care T's HIV
- ✓ Atlanta transportation a reality Rainbow Line
- ✓ Women & men together – strength
- ✓ LGBTQ hospital
- ✓ Our own & mainstream
- ✓ Providers trained on all our issues & professional above personal
- ✓ Not commercial only – people focused
- ✓ Website
- ✓ Magazine “rainbow elders”
- ✓ Loss of youth (only) focus
- ✓ Community/communal
- ✓ Statewide – not just ATL

## **Part 4 – Acting to create a better future**

- *“What action steps could you take to help create this brighter future for LGBT older seniors?”*
- *“What can the community do for itself?”*
- *“What could service providers do to help prepare for that future?”*

## **Group 1**

- ✓ Plan your cash flow – financial planning
- ✓ Decide where to live
- ✓ Long-term care insurance
- ✓ GLBT living options expanded to include GLBT exclusive housing
  - Open discussions with developers regarding living options
- ✓ GLBT training for service providers
- ✓ GLBT health advocates in hospitals and care facilities
  - Paid position – call the shots ‘til the end
- ✓ Develop a one stop shop (senior care center) for services, advice and support
- ✓ Influence public policy to create equal access
- ✓ Create collaboration with aging service providers & encourage inclusion of and for GLBT's
  - Include churches – faith community
- ✓ Integration
- ✓ Invite friendly legislators to future conversations
- ✓ Create a coalition with other agencies (GLBT focus) and come together around the common themes

## **Group 2**

- ✓ Call to action for community to take care of itself (church)
- ✓ Community needs to set up co-ops to give back to each other (people able to access care because of others giving back)
- ✓ Speak with national trans organization addressing aging issues (more collaboration)
- ✓ Seek out other LGBT communities
- ✓ Tap into our community to see what resources exist
- ✓ Look at study already on RV communities
- ✓ Groups should have a community education session for GLBT aging issues (use media & technology to create awareness & education – create DVDs)
- ✓ Educate community on how to utilize technology resources such as LifeLine
- ✓ Start intergenerational volunteer service opportunity networks

## **Group 3**

- ✓ More discussions like this one
- ✓ Start showing up at existing senior centers
  - “Here we are – we do pay for these centers”
- ✓ Develop an endowment fund for the LGBT elders
- ✓ Save as much as we can to provide for ourselves
  - Assistance in financial planning
- ✓ Begin plans now to have an assisted living community within 2 years
- ✓ Prevent isolation by encouraging ourselves to reach out into the different age groups within our communities
- ✓ Volunteer now and reach out to our seniors
- ✓ Participate in our communities – show up and tell our stories
  - Mutually beneficial to diverse age groups
- ✓ Social services advocates for LGBT seniors
- ✓ Provide services for those 80s – 90s in need now
- ✓ Survey existing providers to determine their attitudes and concerns for the GLBT seniors
- ✓ Common assisted living community
- ✓ Sensitive healthcare providers
- ✓ Be able to stay in homes as long as possible
- ✓ Graduated needs facilities in same proximity so no need to leave community
- ✓ Partners acceptance among service providers
- ✓ Education to GLBT community regarding our rights and LGBT elder law
  - Perhaps a center
- ✓ Community of shared resources, transportation, garden community, etc.
- ✓ Senior social group to help prevent isolation
- ✓ Recreation accessible to seniors

#### **Group 4**

- ✓ Individual
  - Discuss how to fund options
  - Choose an area of concern (i.e. stimulation of mind)
  - Issues of isolation in smaller communities
- ✓ LGBT Community at large
  - Cross-generational exchange
  - Development of resource guide
  - Give identity/focus on “older LGBT people”
    - Educational process
- ✓ Media
- ✓ LGBT senior center

#### **Group 5**

- ✓ Resort with continuing care options
  - Nursing home on site
  - Open or exclusive
- ✓ All staff/providers/residents sensitive to issues
- ✓ In home support
- ✓ Domestic partnership/legal marriage
- ✓ Rainbow training
- ✓ What protection do we have?
- ✓ Too passive too silent
- ✓ Risk of exclusive community becoming a ghetto
- ✓ GA law allows discrimination in jobs, housing, etc.
  - We need to change the laws
- ✓ Number aging will continue to grow
  - Identify aging groups outside of ATL that have already occurred

#### **Group 6**

- ✓ Counterpart to Youth Pride for seniors
- ✓ Sensitive to needs for all classes, genders and races
- ✓ Legislation and/or watchdog group
- ✓ National senior network (like or with AARP)
- ✓ Gay community acting like a community
- ✓ Make Georgia Equality or similar groups more aware of LGBT elder issues
- ✓ More media
- ✓ More openly gay senior role models
- ✓ GLBT ombudsman volunteers
- ✓ Offer more opportunity for education within the GLBT community
- ✓ Public forums for LGBT elders

#### **Group 7**

- ✓ Needs assessment
  - Involve larger groups (ex. pride)
  - Working document
- ✓ Contacting existing facilities
  - Senior citizen centers
  - Recreation centers
  - Municipal centers
- ✓ Social activities
  - Connecting neighbor-to-neighbor
  - Outreach
  - Website – central information resource for this

- ✓ Assist non-techies to learn-become computer savvy
  - GLBT community center with computer access or seniors
  - Computer lessons
  - Opportunity for contact between generations
  - Spiritual community inclusion create any funding source
  - Low-cost meals
  - Offer other classes such as theater

### **Group 8**

I can do:

- ✓ Contact medical provider- what are they doing
- ✓ Contact legislators – get more involved in elections
- ✓ Action alerts – come to meetings
  - Bring friends
  - Take an active role
- ✓ Examine own limits
- ✓ Educate self to build on others
- ✓ Participate on website
- ✓ Speak out when situations arise

Providers:

- ✓ Realtors identify target neighborhoods
  - Builders, etc.
- ✓ Recognize that LBGQT exist and how many of us there are and we won't be passive
- ✓ Forms, processes allow for diversity
- ✓ Come address us
- ✓ LGBTQ friendly lists of providers
- ✓ Recognizes systemic biases
- ✓ GA more progressive regarding regulations/services
- ✓ Bravery to really openly provide quality services

### **Quick Survey - Results**

At the end of the Town Hall meeting, 30 participants completed a questionnaire about the meeting and about future efforts.

***I. Was participating in this town hall dialogue valuable to you? The mean score is 6.29 on a scale where 7 is extremely valuable experience.***

0 (generally a waste of time)	00/30
1	00/30
2	00/30
3	00/30
4	01/30
5	07/30
6	08/30
7 (an extremely valuable experience)	12/30

***II. Did you receive useful information?***

1) Yes	15/30
2) Yes, with explanation	13/30
A. Very relevant	
B. There are many, many valuable resources in our community	
C. A wider spectrum of ideas	
D. Commitment or attendees to put energy behind their efforts; relationships; resource guide	
E. Perspectives from other people	
F. On so many issues, too many to pick out any	
G. What people have already done that is useful	
H. Information that there is the ?????? attempt to intensify the elder GBLTQ community	
I. Too much to list	
J. Brought up issues that I had not thought about before	
K. Gray Gay Guide	
L. Existence of NORC	
M. Guide	
3) No	00/30
4) No answer	02/30
A. I got more inspiration than information	

***III. In your group what vision or action items were most significant for you?***

- 1) Better planning; how to engage the LBGT community to help itself
- 2) Loss of identity; need for intergenerational support
- 3) Need for a community center that utilizes LGBT seniors as resources and provider services for them
- 4) Communal living; legal protection; provider networks; Rainbow elder guide; website for communication and posting of services
- 5) Housing; medical care
- 6) Political advocacy; universal focus for healthcare and housing issues
- 7) Need for advocacy for LGBT elders already in nursing homes; idea that some facilities in existence may be gay friendly

- 8) Loss of identity for GLBT people who have family members placing them in living facilities
- 9) The isolation of LGBT elders
- 10) GLBT community centers
- 11) Home vs. institutional aging; information database & system; funding
- 12) Opportunity to educate; GLBT ombudsman volunteers
- 13) Needs assessment; advocacy; resources that currently exist; resources that are needed
- 14) Options and inclusion
- 15) Funding; creating a structure to effectively deal with aging in the LGBT community
- 16) Economic justice discussion; starting a local SAGE chapter
- 17) Needing a framework for doing this
- 18) Unity and diversity; getting the word out; having our own community, clinic, providers
- 19) Retirement community for LGBT people
- 20) Identifying elder (80+) LBGT persons in need of services now
- 21) Realizing that I could do things as an individual
- 22) Training and advocacy to be included; psychological issues related to stigma and abandonment
- 23) Education and training; focus
- 24) Discussion of community – how to avoid isolation; idea of showing up – as who we are
- 25) That there is vision/action
- 26) Equal access to services; communities, diversity (inclusion), etc. regardless of financial status, race, etc.; intergenerational support & connections
- 27) Hearing others who share a desire for expanding options & community for GLBT; action items – I have got to ??? with this!
- 28) Political change; living conditions; support trees
- 29) What I can do to push forward

**IV. As this issue evolves, would you be willing to meet from time to time to think further about new ideas and action steps?**

- |   |              |
|---|--------------|
| 1) Yes  | <b>29/30</b> |
| 2) I may not be able to meet, but keep me informed. | <b>01/30</b> |
| 3) No   | <b>00/30</b> |

**V. Do you have any particular connection or resources that might help in the work to build healthier futures for aging LGBT community members?**

- |                          |              |
|--------------------------|--------------|
| 1) Yes, with explanation | <b>19/30</b> |
|--------------------------|--------------|
- A. Information technology-knowledge sharing; medical community
  - B. GBLTQ political contacts; healthcare contacts
  - C. St. Bartholomew's Church – very gay friendly
  - D. Connections on national level about trans aging issues
  - E. I am an expert on long-term care planning
  - F. Donate time for computer/internet access for elder education
  - G. Rainbow trainer; resources through Alzheimer's Association
  - H. I own Atlanta's best home nursing care; I can do training on several topics such as Myths About Aging, Professionalism (support staff), Death and Dying
  - I. Write and market an opinion piece to local & national media on topic

- J. Vintage men's group (contact Paul Plate)
  - K. I am a psychologist who can help provide mental health services to aging community
  - L. I am working with SCCATL.com(org) to get health care in Atlanta for transmasculine community who have no place to go for healthcare; FWHC is working with this issue
  - M. I work as an ombudsman now so am familiar with nursing homes and assisted living facilities
  - N. Trainers, facilities, counselors
  - O. Lots of business skills
  - P. I volunteer for Compeer and I wonder if they would be open to facilitating LGBT volunteer matches; I will ask the person who designed a proposal for an alternative retirement community in Tucson if I can share the proposal and/or if he is willing to be contacted by the group
  - Q. Decatur office; have a small neighborhood gathering
  - R. Will talk with Linda
  - S. Work at the DeKalb board of health
- 2) No **08/30**
- 3) No answer/don't know **03/30**

**VI. *What did you most enjoy about the town hall meeting?***

- 1) It brought us out
- 2) Participation rather than lecture/speaker
- 3) Small group discussion and story telling
- 4) The open discussion
- 5) Reality of situation and limited resources available at the present
- 6) Dialogue
- 7) Discussion; sharing ideas; meeting people
- 8) Discussion of relevant issues; meeting new people; socializing and seeing a few old friends
- 9) Action/conversation; asking the questions
- 10) Listening to people's concerns
- 11) People in my small group and their ideas
- 12) Knowing that so many people are willing to come together for problem solving
- 13) Meeting other senior GLBT citizens
- 14) Hearing others stories
- 15) Dialogue
- 16) Networking
- 17) The work in small groups and focused questions
- 18) Meeting new people; the energy in the room around aging
- 19) The fact that this topic is being taken seriously is wonderful!
- 20) Generating ideas; starting to think about this very important issue
- 21) Unfortunately I got my times mixed up and walked in late; I enjoyed the communication of the group debates; I enjoyed the way it was set up
- 22) Meeting others with same concerns
- 23) The useful way that it was organized; the energy of the participants
- 24) Meeting others
- 25) Hearing from others especially aging members of the community – I am in my 30's
- 26) Being with others talking about this issue

**VII. What would you do differently?**

(The major complaints were around the closeness of the small groups and the loudness of the room.)

- |   |              |
|---|--------------|
| 1) No answer  | <b>12/30</b> |
| 2) Answer = "nothing"   | <b>08/30</b> |
| 3) Other responses  | <b>10/30</b> |
| A. I am not sure  |              |
| B. More space between groups – noise was too much at times  |              |
| C. Have a larger room for the social & refreshments; have the discussion groups farther apart in different rooms – too noisy  |              |
| D. This was too much like the first meeting   |              |
| E. Did not bring a friend – next time I will  |              |
| F. Allow more time to share individual groups thoughts and ideas  |              |
| G. Have an executive committee in place to coordinate the follow-up activities  |              |
| H. The environment was not conducive to discussion- too loud- too many people – couldn't hear what was being said in my group |              |
| I. Have less ambient noise  |              |
| J. Not sure – it was good   |              |

**VIII. Other comments.**

- 1) A latecomer dominated our conversation which made the process less enjoyable & useful; new participants should also read the ground rules
- 2) Keep up the good work, I am available to provide whatever support I can
- 3) I would not have known about this if a friend had not told me; was it publicized in the Southern Voice?
- 4) We must rely on ourselves for this
- 5) Summarize the action sheets and mail them to everybody; opportunities will appear for each of us to implement in our own small way
- 6) THANKS! Quick successes that we showcase – low-hanging fruit.
- 7) Need to keep talking
- 8) Thank you
- 9) Appreciate the people who stepped up to get this process going
- 10) Thank you for organizing, training facilitators and providing a structure for this
- 11) Great idea. Thanks for having it; a cross diversity of the community needs to be contacted and involved in this; there needs to be a health center like the Callen-Lorde Clinic where everyone is welcomed!!

**IX. Name and contact information**

- |                                 |              |
|---------------------------------|--------------|
| 1) Anonymous                    | <b>06/30</b> |
| 2) Contact information included | <b>24/30</b> |

**ELDER TOWN HALL MEETING  
SMALL GROUP CONVERSATION ABOUT THE FUTURE**

<b>TIME</b>	<b>AGENDA ITEM</b>
3:00 – 3:05	Welcome and Context - Linda Ellis
3:05 – 3:10	Overview of the Process – Jon Abercrombie and Sandy Johnson
3:10 – 3:30	Sharing Our Story: What are our own experiences?
3:30 – 4:05	Envisioning the Future: What do we hope for the future?
4:05 – 4:40	Acting on the Future: What actions could make a difference?
4:40 – 4:50	Wrap Up: What themes are emerging? (Everyone together.)
4:50 – 4:55	Next Steps: What will happen next? - Linda
4:55 – 5:00	Evaluation and Dismissal

**Session – The Opportunities and Challenges for LGBT Elders:  
Preparing for the Future**

*(90 minutes)*

Social workers, health care providers and public officials all have important roles to play when it comes to making decisions about the future of the aging in regional Atlanta. But those policies and procedures should reflect what ordinary citizens think, and the value judgments they make, about these issues.

This session will give us the chance to talk about how these issues affect us, to create a better vision for the future and to consider possible opportunities for policies and actions to make the vision reality.

***Part 1 – Setting the ground rules (5 minutes)***

(Facilitator's Note: Start with the list below. Ask if they would like to add, remove or change any of the ground rules.)

Setting a few ground rules will help the discussion run more smoothly. Below is a list of examples – do these ground rules seem helpful? Are there others you want to add?

- Listen with respect.
- Each person gets a chance to talk.
- One person talks at a time. Don't cut people off. No side conversations.
- Speak for yourself, and not as the representative of any group.
- If someone says something that bothers you, say so, and say why.
- It's OK to disagree, but personal attacks

***Tips for the facilitator  
(and the group)***

- Welcome everyone and explain your role.
- Read the ground rules and the key questions or ask for volunteers to read them.
- Divide the session into 4 parts, and use the time suggested for each as a guide.
- Do questions in part 2 in twos or threes.
- Try to write down the themes and the ideas and circle ideas or viewpoints that seem to generate energy in the group.

- are not allowed.
- Help the facilitator keep things on track.
- Outside of the group we will not quote what is said in the group.

***Part 2 – Experiences with these issues: Telling our stories (20 minutes)***

*Two or three people will address the entire group. They will share some of their own stories that respond to the question, “Why do I care about this issue? How does it connect with my personal story?” At the completion of their presentation, the participants will be asked to share their own story in small groups.*

**Introduce yourself.** Introduce yourself and tell where in the region you live then in two or threes in the circle discuss the question:

- “What hopes or fears make you personally concerned about your own health and aging and that of others in the LGBT community? Why do you care enough to work for some change in the future of our seniors?” (*Facilitator's Note: Give them about 3 or four minutes. Then just get a few examples of what group members told each other. Look for similarities, differences or common themes.*)

***Part 3 – Creating a better vision for the future. (35 minutes)***

Several common viewpoints often frame this issue.

- Some say, “The broader community has not cared about our well being and they will not. We have to create our own options for housing, health care and community.”
  - Some say, “It is the responsibility of the public institutions that care for the aging to provide what the LGBT community needs. We need to make sure that we are fairly cared for.”
1. In your small group discuss the following questions:
- After reading the questions below, allow the group about 1-½ minutes to reflect and form their thoughts. Then proceed with the main questions.
  - “What vision of the future would make the prospects for aging LGBT community members hopeful? Here is what I now anticipate for the future and here is what a better future would look like. How would people support each other? What would services and the community look like if your hoped for changes are achieved?”

***Part 4 – Acting to create a better future (30 minutes)***

Think about your own stories and about your hope and vision for the future that you have discussed. Imagine your own assets and the community’s assets.

- What action steps could you take to help create this brighter future for LGBT elders?
- What can the community do for itself?
- What could service providers do to help prepare for that future?

*Notes for wrapping up your small group conversation:  
(5 minutes)*

- ❑ [For the recorder:] What were some of the main themes from the discussion?
- ❑ [For the group:] Were there any other themes that should be listed, or any other changes made, in the group record?
- ❑ Please complete the tabletop survey and evaluation.

## **Introduction: Background on the Town Hall Meetings for LGBT Elders**

### **Why is this issue important?**

“The American population is growing older and living longer. The long term care system is not prepared to meet these changes, much less fulfill older adults’ expectations – it is under-funded, uncoordinated, biased toward institutional care, and characterized by significant gaps in essential services. The consequences for older adults and their family caregivers can include reduced quality of life, unnecessary health problems, and premature disability.”<sup>2</sup>

Members of the gay and lesbian communities face the same types of challenges of health, housing and isolation as they age but these challenges often may be intensified. One unique challenge is that for many older gays and lesbians, their needs and conditions are invisible to the larger community. As a part of this initiative, a growing partnership of agencies and individuals has launched an effort to assemble and listen to gay and lesbian community members to better understand the challenges, fears, opportunities and hope for those facing the challenges of aging.

### **What is the background of this event and how will this event make a difference?**

This project represents the coming together of different groups who are responding to the increased pressure to respond to the needs of the aging in our country and in our regions. It has come about at the same time that the issue is increasingly discussed within the LGBT community. The project has come out of the work of Aging Atlanta, a project of the Atlanta Regional Commission, through a grant from the nationally known, Robert Wood Johnson Foundation. These partners are evidence of growing concern and the likelihood of increased funding and action.

Strategies include a public awareness campaign, outreach to improve access to services, the use of information to improve care coordination and the implementation of neighborhood-based service delivery models. The work of the partner organizations also entails increased outreach to underserved older adults including African-American, Asian, Hispanic and gay and lesbian older adults.

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<sup>2</sup> Quote from the Robert Wood Johnson Web Site

## **What has happened so far and what will happen next?**

As a part of this initiative, a growing partnership of agencies and individuals has launched an effort to assemble and listen to gay and lesbian community members to better understand the challenges, fears, opportunities and hope for those facing the challenges of aging. “Are there good sources of information along with health and aging services? How can they be accessed? Will the services be able to provide sensitive and appropriate services?”

In a recent town hall meeting, 120 people shared their views and concerns. Two-thirds of the attendees were over 55 and approximately sixty percent were women. Several areas of important needs emerged. These included:

- ❑ Housing
- ❑ Economics
- ❑ Advocacy
- ❑ Medical Care
- ❑ Isolation
- ❑ Transportation

Significant energy was generated by the fear of being isolated and alone as they aged. “Will we find a supportive community? How will we find it? What can we do to improve the future quality of our lives as we age?”

At the small group dialogues on June 17<sup>th</sup> at the City of Decatur Recreation Center, the ideas and the viewpoints of the participants will be collected, merged with the insights from the other small groups and then shared with key service providers in the community. In addition receiving written reports on the progress, in the fall, participants will be provided opportunities to gather and talk further about the results of the small groups and the feedback from the service providers. Possible key questions for consideration in the follow up sessions would be:

1. What are the major themes that emerge from the conversation in the LGBT community?
2. Where is the potential energy for action and change?
3. Who has emerged as possible partners? As possible leaders?
4. How can future opportunities and challenges be communicated to those most interested and most likely to take some kinds of action personally or in small groups?
5. What are the potential policy changes that need to occur?

**FACT SHEET  
ATLANTA REGIONAL COMMISSION  
AGING ATLANTA PROJECT**

**LGBT (GAY, LESBIAN, BISEXUAL, TRANSGENDER) AGING ISSUES**

**FACT SHEET**

- The National Gay and Lesbian Task Force (NGLTF) estimates that there are approximately 1-3 million GLBT older adults over the age of 65 living in the United States (3-8% of the population).
- The U.S. Census Bureau indicates, in 2000, that there are about 833,732 adults over the age of 65 living in Georgia (3-8% of that population would be 25,012 - 66,698 GLBT older adults).
- About 90% of GLBT older adults have no children to help them whereas only 20% of heterosexual older adults are childless.
- Only 23% of the 111 million households in the United States are made up of a married couple with their own children. Just like straight people, LGBT people have many different types of relationships and live in very diverse ways, in urban, suburban, and rural areas.
- About 80% of GLBT older adults have no life partner or significant other. This figure is 2.5 times higher than the general senior population.
- About 20% of GLBT older adults have no one to call on in case of emergency. This is 10 times higher than for heterosexual seniors.
- Federal law does not protect people from discrimination based on sexual orientation or gender identity. However, some state laws do provide LGBT people with some protections from discrimination. As of April 2005, 16 states and the District of Columbia prohibit discrimination based on sexual orientation in both the public and private sectors.
- Three national organizations have created specific programs to assist the GLBT aging population.
  - The Policy Institute of the NGLTF Aging Initiative ([www.nglhf.org](http://www.nglhf.org))
  - The National Center for Lesbian Rights Aging Initiative ([www.nclrights.org](http://www.nclrights.org))
  - The Lambda Legal Defense and Education Fund program - identifies discrimination towards GLBT seniors, especially in long-term care facilities [www.lambdalegal.org](http://www.lambdalegal.org)
- In a 2000 study, 95% of staff at long term care facilities (LTCFs) in the New York City area supported the right to privacy and sexual expression of their residents and 84% of the facilities offered in-service training on sexual privacy in general. But only 13% of the LTCFs reported that sensitivity to sexual orientation was included in their training, and only 1 facility required attendance at the session. And over 25% of the facilities reported that they knew some of their residents were GLBT.

- A 1994 study of 24 Area Agencies on Aging (AAA) found that 96% of the AAA did not offer any services or conduct any outreach activities specifically targeted for GLBT seniors.
- The National Institute on Aging reports that currently 19% of the HIV cases in the United States is in people 50 and older.

### **WEBSITES**

- Websites that include information on housing options for GLBT seniors:
  - [www.gaysantaferealestate.com](http://www.gaysantaferealestate.com)
  - [www.flock2it.com](http://www.flock2it.com)
  - [www.glehc.org](http://www.glehc.org)
- Other websites:
  - [www.ngltf.org](http://www.ngltf.org)
  - [www.LGBTAgingproject.org](http://www.LGBTAgingproject.org)
  - [www.asaging.org/lgain](http://www.asaging.org/lgain)
  - [www.sageusa.org](http://www.sageusa.org) (**SAGE**: Services and Advocacy for Gay, Lesbian, Bisexual & Transgender Elders)
  - [www.primetimersww.org](http://www.primetimersww.org)
  - [www.nclrights.org](http://www.nclrights.org)
  - [www.gaylesbianretiring.org](http://www.gaylesbianretiring.org) (GLARP)
  - [www.lambda.org](http://www.lambda.org)
  - [www.lambdalegal.org](http://www.lambdalegal.org)