

# Gray and Gay: A Community Dialogue on the Issues and Concerns of Older Gays and Lesbians

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**ABSTRACT.** A series of dialogues among service providers was held in greater Cleveland, Ohio, to increase understanding about gay and lesbian aging, identify issues in working with this population, and develop strategies for improving local services and opportunities for older gays and lesbians. Evaluation of the series suggested that it greatly increased awareness and sensitivity among those in attendance and more modestly

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changed the community and organizations represented. Follow-up activities by participants included targeted outreach, related conversations with supervisors and coworkers, policy review, and in-service training. Suggestions are made for replicating the series in other communities. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2004 by The Haworth Press, Inc. All rights reserved.]

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## INTRODUCTION

Older gay men and lesbians constitute an important and often overlooked subpopulation of older adults in the United States. The unique concerns of older gays and lesbians challenge existing service delivery models, and prejudice and discrimination among service providers can create barriers to receiving quality care. Such challenges and barriers may be exacerbated in areas of the country in which older gays and lesbians are geographically dispersed and members are reluctant to publicly self-identify as lesbian or gay.

### *Older Gays and Lesbians in America*

Experts estimate that between one and three million Americans over the age of 65 are gay, lesbian, bisexual, or transgender (Cahill, South, & Spade, 2000). If a conservative prevalence rate of 5.5% is used to estimate the size of the older gay and lesbian population, the resulting estimate is 1.9 million. This figure is comparable to or exceeds those of other subpopulations of older adults that receive routine consideration in policy making and service delivery. For example, older gays and lesbians outnumber the 1.6 million older persons (or 4.5% of those over age 65) who reside in American nursing homes on an average day (U. S. Census Bureau, 2001). Moreover, the number of older gays and lesbians can only be expected to increase during the coming decades, as the proportion of older persons in the population swells to nearly 20%. By 2030, the number of older sexual minorities is expected to surpass four million (Cahill, South, & Spade, 2000). Despite their numbers, however, older gays and lesbians are among the most invisible of all Americans.

There is a lack of basic, scientific information regarding older gays and lesbians. Most national surveys of older adults do not recognize or attempt to specifically include gay and lesbian persons. Pioneering gerontological research suggests that the majority of older gays and lesbians are living successful, satisfying lives and are socially and psychologically well-adjusted (e.g., Bell & Weinberg, 1978; Berger, 1980; Kimmel, 1979; Friend, 1990). Some scholars also have suggested that lesbian and gay persons may develop unique resources and coping skills that can facilitate adjustment to aging. These resources include stigma management, or the ability to function successfully despite community prejudice (Francher & Henkin, 1973); role flexibility with respect to traditional gender roles (Friend, 1990); the ability to successfully negotiate crises (Berger, 1982); and extensive friendship and social support networks (Friend, 1987).

Available evidence suggests that older gays and lesbians confront many of the same issues and concerns as their same-age peers. For example, gay and lesbian elders face concerns related to income security, health maintenance, and the preservation of social and community support networks (e.g., Berger, 1982; Quam & Whitford, 1992). Although many of their needs and concerns are similar to those of their heterosexual peers, older gays and lesbians also must confront a variety of internal and external barriers to accessing needed services and receiving quality care.

Older gays and lesbians experience discrimination in several areas, including access to housing, employment, legal protections, and partnership benefits in public programs, like Medicare, Medicaid, and Social Security. Gay and lesbian older adults also suffer the effects of societal discrimination, social invisibility, and ageism (Brown, Sarosy, Cook & Quart, 1997).

Fear of discrimination and stigma keep many older gays and lesbians from seeking appropriate care and services. Older gay or lesbian identified adults may be distrustful of mainstream service providers because of discrimination faced in the past or from fear of encountering discrimination based on sexual identity. Anxiety about disclosure of their sexuality, combined with increased need for medical and social support during old age, can lead to hazardous self-neglect and isolation (Cook-Daniels, 1997). Older gays and lesbians who do seek services may withhold information needed by providers to furnish appropriate care. When individuals choose not to self-disclose their sexuality, service providers are unlikely to provide for special health risks or concerns. In addition, pro-

viders may overlook available resources and supports, including family or extended friendship networks.

Prejudice and discrimination also have been documented within mainstream aging services. For example, in a survey of 24 Area Agencies on Aging in New York, 46% of staff respondents said that openly gay men and lesbians would not be welcome at senior centers in their areas (Behney, 1994). Another survey of nursing homes in New York found that staff attitudes toward gay and lesbian older persons were largely intolerant and condemning (Fairchild, Carrino, & Ramirez, 1996).

### *Service Delivery to Older Gays and Lesbians*

The unique concerns and resources of older gays and lesbians pose considerable challenges to existing service delivery systems. In cities with historic concentrations of sexual minorities, targeted programming and direct service provision to gay and lesbian elders is possible.

An example of service delivery targeted toward concentrated need within the older gay and lesbian community is Senior Action in a Gay Environment (SAGE). SAGE was founded in 1978 in New York City. This is a multiservice organization providing counseling and support, social events, a drop-in-center, and legal and financial guidance for active elders as well as educational programs for mainstream service providers. SAGE staff and volunteers further offer case management, home visits, and transportation to homebound elders. SAGE was the first social service program established for older gays and lesbians in the United States (Goetzel, 1997). Currently there are 12 SAGE affiliates in cities across the country, primarily in locations like New York City, with heavily concentrated populations of older gays and lesbians.

Outside of such large, urban areas with large concentrations of sexual minorities, there are few agencies and little programming designed specifically to meet the needs of older gays and lesbians. There are perhaps less than 35 agencies or organizations providing services specifically to older gays and lesbians in the United States (Cahill, South, & Spade, 2000). In the study of 24 Area Agencies on Aging in New York, Behney (1994) found that 96% offered no formal programming specifically designed for the needs of lesbian and gay elders. Further, only 17% offered any staff training on lesbian and gay issues.

There is a paucity of research available about effective service delivery and intervention with more widely scattered and hidden populations of older lesbians and gays. Such populations are often found in the Midwest, in places like Cleveland, Ohio. The city itself is moderately sized

and home to just under 500,000 persons. Older adults comprise more than 14% of the greater Cleveland metropolitan area's three million residents—a proportion slightly higher than the national average (12.4%). According to 2000 Census data, there are over 300,000 adults age 65 and older (including an estimated 16,500 older gays and lesbians) living within a five-county area surrounding the city of Cleveland (U.S. Census Bureau, 2001).

A historic commitment to health and social services, combined with the relatively high proportion of older persons, created an aging service network in greater Cleveland that is markedly dense and well developed. In the county surrounding the city itself, there are over 800 agencies or organizations providing dedicated health or social services to older persons (United Way Services, 2001). In addition to being a relatively service-rich environment, Cleveland also enjoys a national reputation for innovation in aging services and programs. It was in this context that activities were initiated to address the needs and concerns of older gays and lesbians locally, activities that culminated in a community dialogue series focused on this population.

## ***GRAY AND GAY: OUR COMMUNITY RESPONDS***

### ***Purpose and Background***

Gray and Gay: Our Community Responds was a community dialogue series held in greater Cleveland, Ohio, over a three month period in 2001. The series was designed to raise awareness about the needs and issues of older gays and lesbians in the hopes of stimulating change at the organizational and community levels. Its specific objectives were to (1) increase community understanding of gay and lesbian older persons; (2) identify issues in serving and working with older gays and lesbians; and (3) develop strategies for improving service delivery, programming, employment, and volunteerism for older gays and lesbians. The intended product of the series was the development and broad dissemination of written strategies for organizational and community action around gay and lesbian aging.

The series only occurred because a climate was created for community leaders to recognize and discuss the subject. Creating that climate required several years and multiple initiatives. It began in the mid-1990s with a project by a leading health and social service provider. Benjamin Rose is a voluntary agency, established nearly a century ago to serve poor and

needy older people. Over the years it has evolved as a local, and national, innovator in programs and research. In 1995 Benjamin Rose held in-service training on the concerns of older gays and lesbians as part of its increasing emphasis on vulnerable and culturally diverse populations. Staff from select other agencies attended the series. The result was expressed interest among several organizations to establish a formal, collective approach to community awareness and social action on behalf of a population seen as underserved and often stigmatized locally. The Gray Pride Interagency Task Force (GrIT) was organized for this purpose.

GrIT's mission is to affirm the dignity, rights, and diversity of gay, lesbian, bisexual, and transgender adults and to create supportive environments in greater Cleveland through advocacy, education, and programming (Mostade, 2001). It has a membership of nearly two dozen individuals, representing about ten different organizations, including Benjamin Rose, Fairhill Center on Aging, Western Reserve Area Agency on Aging, and Western Reserve Geriatric Education Center. GrIT meets regularly and has undertaken many successful activities since its inception. These include health education and social group formation for older gays and lesbians, video festival and workshops for service providers, and newspaper articles and informational flyers for the general public. GrIT activities also have encouraged initiatives on the part of specific individual organizations wishing to address the concerns of older gays and lesbians. For example, Benjamin Rose added health insurance for domestic partners, Western Reserve Area Agency on Aging became the first area agency on aging in the country to identify older gays and lesbians as a targeted population for funding and planning purposes, and Lakewood Division on Aging became the site for Gray Pride senior recreation and socialization on the west side of greater Cleveland.

The series both built upon and culminated from these activities of GrIT to improve community-wide understanding and support for older gays and lesbians. The series also represented an attempt by GrIT to reach organizations and their leadership not historically involved in issues of gay and lesbian aging but pivotal to community change in this area. The success of earlier dialogue series around such issues as dementia and elder abuse suggested the usefulness of this approach and the receptivity of community leaders to participate.

### ***Structure and Organization***

Gray and Gay: Our Community Responds was planned by a specially formed GrIT committee and held at a central location, Fairhill Center on

Aging. Funding for the series was provided through grants from two local foundations (The George Gund Foundation and The Hermes Foundation), and the money was used primarily for a kick-off event's speaker honorarium and secondarily for series refreshments and the printing and mailing of action strategies. Additional contributions came from five community agencies, such as the Cuyahoga County Department of Senior and Adult Services and the Western Reserve Geriatric Education Center. These contributions included small amounts of cash as well as the copying of session materials, arranging continuing education credits, and providing space to hold the sessions.

The series was designed as an invitation-only event. This was done for three reasons: (1) as an appeal to exclusivity for community leaders, (2) to insure representation by stakeholders, and (3) for managing participation size, necessary to facilitate group discussion and to provide adequate meeting space. Forty individuals in key administrative or clinical positions within community organizations were invited to participate. Three dozen accepted the invitation. Actual attendance at the series sessions averaged 26. Reminder notices and calls helped encourage session attendance and general enthusiasm for the series. Participants represented several service systems, such as the aging network, educational institutions, hospitals, health and social service agencies, local governments, religious organizations, and gay and lesbian service providers. Disciplines represented included social work, counseling, nursing, gerontology, public health, and psychology.

Two controversies emerged in planning the series. The first related to the targeted population. Some members of the series planning committee felt that the targeted population should be limited to older gays and lesbians. Others wanted to include older persons who were bisexual and transgendered as well. Ultimately the committee decided on the more restricted targeted population to reflect the current limited awareness and understanding in the general community around issues of gays and lesbians. Greater Cleveland is regarded as socially conservative. The rights and concerns of gays and lesbians have received some attention in recent years, primarily in the cities of Cleveland, Cleveland Heights, and Lakewood, with large gay and lesbian populations. Those regarding bisexuals and transsexuals have remained hidden, except among gay and lesbian activists.

The second controversy surrounded whether or not to include older gays and lesbians among those invited to attend the series. Since the intent of the series was to effect organizational and community change, invitations were directed to persons whose administrative or clinical po-

sitions enabled them to accomplish this goal. The series planning committee decided that older gays and lesbians who held leadership positions within peer associations like PrimeTimers and Gray Pride might be able to effect such change as well. Therefore, they were added to the list of series invitees.

The series was preceded by a kick-off event, a quarterly segment of the ongoing Fairhill Gerontology Forum. To generate interest in the series and provide background information for dialogue, a nationally known, out-of-state expert on gay and lesbian aging provided the keynote address. The keynote address was followed by commentary from a panel of community representatives. All persons who agreed to participate in the series were encouraged to attend the kick-off event, and most of them did.

The series itself was organized into three sessions, held one evening a month during July, August, and September. The sessions focused on the following topics: (1) barriers to service delivery and receipt for older gays and lesbians, (2) employment and volunteerism of older gays and lesbians, and (3) creating programs and services exclusively for older gays and lesbians. Each session was two hours in length and led by a designated facilitator. It included a brief overview of the topic, small group exercises and discussion, and large group discussion of issues and recommendations. Materials on the session topic were mailed to participants ahead of time in order to build knowledge and promote dialogue. A light supper was served. Relevant handouts and professional continuing education credits were provided. Certain ground rules governed participant discussion, such as that all views were respected and opinions expressed were to remain confidential.

Proceedings were kept of series discussions, with particular attention given to capturing participant identification of issues and suggestion for action strategies. The same recorder was employed across all sessions to help promote uniformity and continuity of interpretation. Discussion flipcharts were retained and used as reliability checks for recorded proceedings.

### ***ISSUES AND ACTION STRATEGIES IDENTIFIED***

Dialogue series organizers developed a summary of issues and action strategies that emerged from the series. This summary was based on the discussions that occurred during each of the sessions, as well as the action steps suggested by participants on the session evaluation forms. A draft of the summary was distributed to all participants for their review

and comment. Revisions were made by consensus among dialogue series organizers (see Appendix). Issues and barriers are identified at the system, organizational, group, and individual levels. In addition, specific action strategies are proposed in terms of community involvement, research and information, funding, employment and volunteerism, education and training, service delivery, and advocacy efforts. These action strategies are intended to serve as a blueprint for action in the greater Cleveland area. However, the issues and action strategies easily could be generalized to any locale.

### *Existing Climate of Services and Programs*

At the beginning of each session, participants were asked to complete a brief, one-page survey concerning the topic or issue to be discussed that day. Surveys were completed anonymously, and the return rate was generally high—89% for Session 1, 81% for Session 2, 87% for Session 3. The surveys were presented as a way to orient participants to the topic under discussion, as well as to provide some basic information regarding the current status of local programs and services for gay and lesbian older adults. The survey included a checklist of possible organizational responses, policies and procedures, and programs related to the topic. Participants were asked to indicate whether their organization/agency had instituted or offered any of the items (e.g., education/training on sexual orientation, domestic partnership benefits, programs or services designed for gay/lesbian older adults). The survey also included several open-ended questions concerning the barriers or concerns that the agency faced related to the issue under discussion and ideas participants had about ways to overcome these barriers.

Participants' responses provide an interesting picture of the existing climate of services and programs for older gays and lesbians in greater Cleveland. A summary of participants' responses is provided in Table 1. Over three-quarters of participants reported that jokes, name calling, and insensitive remarks related to sexual orientation would not be tolerated within their organizations. Over half indicated the presence of policies regarding nondiscriminatory practices with regard to sexual orientation in employment and client services within their agencies. However, less than one-quarter of participants reported that their agency engaged in efforts to recruit gay and lesbian employees and volunteers. In addition, only 11% of participants reported that their organization offered domestic partner benefits to employees.

TABLE 1. Participants' Reports of the Climate of Programs and Services for Older Gays and Lesbians in the Greater Cleveland Area

Our organization/agency:	% of respondents reporting "Yes"
Creates an organizational climate that does not tolerate jokes or insensitive remarks regarding sexual orientation.	77.8
Has a written policy on nondiscriminatory practices in client services and programs (specific to sexual orientation).	69.6
Has a written policy regarding nondiscriminatory practices in employment (specific to sexual orientation).	61.1
Provides education/training related to sexual orientation to all agency personnel.	55.6
Co-sponsors (i.e., fund and collaborate in offering) activities in the gay and lesbian community.	52.9
Provides outreach or advertising that attempts to reach the gay and lesbian community.	52.2
Provides education/training related to sexual orientation to service providers.	52.2
Includes gay and lesbian agencies, organizations, and support groups on referral lists.	43.5
Participates in advocacy efforts on behalf of gay and lesbian older adults.	35.3
Uses intake forms and screening tools with inclusive and sensitive language.	34.8
Uses client information materials and consumer guides that acknowledge older gays and lesbians.	26.1
Offers a program(s) or service(s) specifically designed for older gays and lesbians.	23.5
Provides funding for programs or services designed for older gays and lesbians.	23.5
Engages in employee or volunteer recruitment strategies that attempt to reach gays and lesbians.	22.2
Offers domestic partnership benefits (e.g., health insurance) to employees.	11.1

Note. *N* ranged from 17-23. Percentages are based on valid responses.

Over half of participants indicated that their agencies had provided some education and training regarding sexual orientation and had conducted outreach to or co-sponsored activities with the gay and lesbian community. Less than half reported that gay and lesbian resources were included on agency referral lists. Moreover, use of forms and screening tools with inclusive, non-offensive language was indicated by just 35% of participants. Only about one-quarter reported that their agency used

client information materials that acknowledged older gays and lesbians. Finally, less than one-quarter of participants indicated that their agency or organization offered a program or service specifically designed for older gays and lesbians. The types of programs and services offered included support groups, use of facilities/space for gay/lesbian group meetings, support services to a gay/lesbian senior social group, and educational programming.

### ***Evaluation of Individual Sessions***

Participants completed an evaluation form at the end of each session. Evaluation forms were anonymous, and the return rate mirrored that of the surveys above. For each session, participants were asked to provide quantitative ratings regarding the overall quality of the session, the quality of the facilitator, and the extent to which the session's educational objectives had been met. Participants were provided with space to record comments and feedback about the session. In addition, they were asked to specify up to three action steps that they would take as a result of the session, and to identify the materials, information, or support that they needed to accomplish these steps.

On a rating scale from 1 (*Poor*) to 5 (*Excellent*), participants' mean rating of the overall quality of Session 1 was 4.63 ( $SD = .50$ ). Participants' mean overall quality rating was 4.19 ( $SD = .79$ ) for Session 2 and 4.55 ( $SD = .51$ ) for Session 3. Participants' ratings of the each of the session facilitators were similarly high. Ratings of the extent to which the learning objectives for each session were met consistently averaged in the Good to Excellent range. Comments tended to focus on the interactive and productive discussion among participants during each session.

### ***Evaluation of the Overall Series***

At the conclusion of the final session, participants were asked to evaluate the entire dialogue series. In so doing, participants indicated that the series had been highly successfully in achieving its proposed objectives. When asked to rate the overall value of the series using a scale ranging from 1 (*Not at all valuable*) to 7 (*Extremely valuable*), participants' mean rating was 6.53 ( $SD = .62$ ). Thus, participants regarded the series as a valuable experience.

Participants were asked several questions regarding the specific ways in which the dialogue series had affected them. All participants either agreed (41.2%) or strongly agreed (58.8%) that they had "become

more knowledgeable about issues/concerns of older gays and lesbians” as a result of their participation in the series. A similar distribution of responses was observed for the item “I am better prepared to act as an advocate for older gays and lesbians” as a result of the series. Seventy-three percent of respondents agreed and 27% strongly agreed that, as a result of the dialogue series, they felt “prepared to suggest or enact specific changes within my agency/organization that will better meet the needs of older gays and lesbians.”

Participants’ open-ended comments mirrored their positive evaluations of the series. Selected comments are presented below:

- “[The series] raised my consciousness to the issues of the [older gay and lesbian] community. It also gave me some ideas to begin discussions at my agency about the issues, needs, and programming.”
- “This was a good dialogue—it increased awareness and significantly highlighted what needs to be done.”
- “It was valuable to have the aging service community and others coming together to discuss this issue.”

### ***Six-Month Follow-Up Evaluation***

In order to document the impact of the series, participants were sent a brief follow-up survey six months after the last session. The response rate to the first mailing was poor ( $n = 6$ ), necessitating a second mailing of the survey. Thus, the majority of follow-up surveys were completed approximately eight months after the dialogue series. A total of 17 surveys were returned, yielding a return rate of slightly more than 50%.

The follow-up survey contained a checklist of possible individual, organization, and community-level changes or activities related to gay and lesbian aging issues. Checklist items were derived from the proposed action steps that participants had recorded on their evaluation forms, specific recommendations discussed during the series, and other activities or changes that series organizers believed might result from the series. Participants were asked to indicate those activities and changes that they had observed or participated in during the past six months. Participants also could identify any additional outcomes or changes that had resulted from the dialogue series. Table 2 presents a list of those action steps reported by more than 20% of respondents. Over half of respondents indicated that they had made an effort to educate themselves further about gay and lesbian aging issues. Other com-

TABLE 2. Common Action Steps Taken by Participants After Dialogue Series (6-Month Follow-Up Survey)

Action Step	%
Educated myself further about issues related to gay and lesbian aging (e.g., attended educational program, read additional materials).	64.7
Talked with agency staff or supervisors about issues related to gay and lesbian aging.	64.7
Distributed materials about gay and lesbian aging to agency staff.	58.8
Reviewed agency policies regarding employment practices affecting gays and lesbians.	35.3
Conducted outreach activities targeting gay and lesbian older adults.	29.4
Planned or conducted an in-service training on gay and lesbian aging.	23.5

Note. *N* = 17.

mon action steps included efforts to educate agency staff about issues related to gay and lesbian aging and to review agency policies and procedures. As an example, one respondent reported that he and a colleague had composed a letter to agency management and the board of directors, describing the dialogue series and outlining suggestions for making the agency more responsive and sensitive to the needs of older gays and lesbians.

Several respondents identified other specific action steps and/or outcomes of the dialogue series. Some indicated that they had advocated within their agency for domestic partnership benefits for employees. Three respondents reported that they/their agency had applied for funding to develop a service or program specifically for older gays and lesbians, and two reported that their agencies had actually implemented such a program or service. One specific example was an agency that applied for and received Older Americans Act Caregiver Support funding to develop a series of educational programs directed toward gay and lesbian caregivers. Others reported that they had reviewed agency policies and practices regarding service delivery, revised client intake or assessment tools, placed ads about agency programs or services within gay and lesbian-oriented media, co-sponsored a program or activity within the gay and lesbian community, or engaged in legislative advocacy efforts. Two respondents reported having modified agency information and referral lists to include gay and lesbian resources. Along these lines, another important outcome was the inclusion of a gay and lesbian aging section within a resource directory published by the local Area Agency on Aging.

Participants were asked several open-ended questions regarding the challenges that they or their agencies had faced in undertaking any of these activities, and the support they needed to initiate or continue these efforts. The most common reported barrier was adequate time to devote to these efforts. Several respondents indicated that it was difficult to prioritize issues related to serving gay and lesbian elders in the face of heightened concerns regarding adequate budgeting and staffing. In terms of needed support, respondents requested education and training materials related to gay and lesbian aging. Several also requested that samples of nondiscriminatory policies and gay-friendly intake forms and outreach materials be distributed to local agencies and organizations.

Finally, participants were asked a series of questions regarding the extent to which they felt that the dialogue series had increased awareness and commitment to issues concerning gay and lesbian older adults. These questions used a 5-point scale with the following anchors: 1 (*Not at all*), 3 (*Somewhat*), 5 (*A great deal*). Respondents reported that their own personal awareness about gay and lesbian aging had been increased considerably ( $M = 3.87$ ,  $SD = .83$ ). The increase in the awareness of their agencies ( $M = 3.53$ ,  $SD = .99$ ) and the general Cleveland community ( $M = 3.53$ ,  $SD = .92$ ) was more moderate. A similar pattern was observed with respect to ratings of commitment. Respondents reported only moderate increases in the level of commitment to gay and lesbian aging issues of their agencies ( $M = 3.23$ ,  $SD = .60$ ) and the greater Cleveland community ( $M = 3.15$ ,  $SD = .80$ ). However, respondents reported that their own personal commitment had increased considerably as a result of the dialogue series ( $M = 4.23$ ,  $SD = .73$ ). Thirty-eight percent of respondents reported that the dialogue series had increased their personal commitment to serving and advocating on behalf of gay and lesbian older adults a great deal.

## DISCUSSION

Gray and Gay: Our Community Responds accomplished its three objectives. First, it increased community understanding about gay and lesbian older persons. Responses to the evaluation of the overall series survey questions found participants either agreeing or strongly agreeing that they became more knowledgeable about issues or concerns of older gays and lesbians as a result of their involvement in the series. Moreover, among those participants who responded to the six-month follow-up evaluation survey (and more than half did), two-thirds had taken some action as a result of series participation. More specifically, the ma-

jority of respondents both educated themselves further about issues related to gay and lesbian aging and educated their agency staff or supervisors on the subject. Of course, it may be that not every activity and change reported by series participants on the evaluation survey was directly attributable to the dialogue series. However, the dialogue series can be regarded as an integral part of the overall landscape of initiatives that have improved awareness, programming, and opportunities for older gays and lesbians in greater Cleveland.

The second and third community dialogue series objectives were to identify issues in serving and working with older gays and lesbians, and to develop strategies for improving service delivery, programming, employment, and volunteerism for older gays and lesbians. Series participants identified a total of 24 issues in serving or working with local older gays and lesbians. These issues were conceptualized as barriers to local older gays and lesbians accessing resources or opportunities, and organized according to the source regarded as having the primary responsibility for change: system, organization, group, or individual (Biegel & Farkas, 1989; Anetzberger, 2001). Participants also recommended 99 specific action strategies across eight themes to overcome these barriers. The themes were community involvement and activism, research and information, funding, employment and volunteer policies and procedures, education and training, service delivery policies, service delivery practice, and advocacy efforts.

In 2003, the community dialogue series-identified issues and action strategies were published as a report and broadly disseminated in greater Cleveland. Several hundred copies were sent to social service, health care, educational, advocacy, housing, religious, and other local organizations. A cover letter described the series and explained how the listing of issues and action strategies might be used to make the community, including its service organizations, more sensitive and responsive to gay and lesbian aging.

Although the dialogue series was held in greater Cleveland, the model has application for other communities as well. The series planning committee held debriefings following each session in the series and, consequently, was able to identify “lessons learned” from the greater Cleveland experience that might be helpful for successful replication of the series in other locales:

- Create a climate for the series to happen.

It is likely that the greater Cleveland dialogue series’ success in part resulted from the establishment of GrIT and the various activities it held

over a several year period to promote understanding about gay and lesbian aging. Likewise, the designation by the local Area Agency on Aging of older gays and lesbians as a targeted population encouraged special interest among aging network service providers in this underserved group. Indeed, as evident in the participants' report of their organization/agency programs and services for older gays and lesbians at the onset of the series, those who attended the dialogue indicated more individual and organizational awareness of and involvement in addressing the needs of older gays and lesbians than has been reported elsewhere (Cahill, South, & Spade, 2000).

- Demonstrate broad support for holding the series.

This will promote greater community participation, especially among key stakeholders for change. Broad support can be evident in many ways, including foundation or corporate funding, cosponsoring organizations, and recognized leaders in aging or community services as members of the series planning committee.

- Use a format with which the community is familiar and comfortable.

Beginning in the mid-1990s greater Cleveland held a number of popular dialogue series on issues of concern or controversy, such as dementia (Post & Whitehouse, 1995) and ethics and elder abuse (Anetzberger, Dayton, & McMonagle, 1997). These earlier series offered a framework for the current series. Moreover, their success fostered confidence that this series would accomplish its objectives, too.

- Kick off the series with a community-wide educational event held within an established forum.

There are three aspects of this recommendation that warrant elaboration. First, by having something that is community wide, more people are exposed to the message than could be included among series participants. Second, an educational forum provides yet another opportunity to increase public and professional understanding about gay and lesbian aging. Third, holding the event within an established venue serves to legitimize the message and insure an audience for a topic that otherwise might have at least some difficulty attracting one, perhaps especially in

more socially conservative locales. An additional plus for the greater Cleveland community dialogue series involved having an out-of-state speaker, one with sufficient stature in the subject area that she proved to be a draw for broad attendance.

- Include both gay/lesbian and non-gay/lesbian persons as well as individuals from diverse ethnic and socioeconomic groups in the planning process and among participants. This composition promotes wide exploration of issues and action strategies. It also insures the examination of multiple perspectives.
- Similarly, include the voices of older gays and lesbians among the participants. They give meaning to the series' purpose, offer insight into population needs and intervention barriers, and offer a barometer for testing suggested action strategies. However, it is important to structure the participation of older gays and lesbians within the series sessions in order to best facilitate discussion and to insure appropriate integration of their reflections and suggestions.
- Provide sufficient time for the series message to take hold with participants. Three two-hour sessions over a three-month period enabled participants to come together as a group and build enough trust for the exchange of differing perspectives and the revelation of system or organizational shortcomings. The time period also helped participants to sufficiently understand the circumstances of older gay and lesbians to recommend appropriate local interventions.
- Make the sessions productive and personally rewarding.

There are many techniques for accomplishing these series characteristics. In the greater Cleveland experience, productivity was enhanced by mailing information on each session topic to participants prior to meeting, keeping on schedule and on time, and providing opportunity for review and comment on both session recordings and the series final report of issues and action strategies. Personal reward was promoted by serving food at all sessions, offering continuing education credits for their educational content, and breaking into small discussion groups for individual comfort and opportunity to offer comment and idea exchange.

Replication of the dialogue series can occur within a community, system, or organization. The objectives and format need not change by setting. However, the nature and scope of identified issues and action strategies will vary. Moreover, participants everywhere should represent a range of disciplines and positions, with assurance that key decision makers with regard to policy and practice are included.

Even without replicating the dialogue series itself, communities in other parts of the country may find the greater Cleveland-identified issues and action strategies useful for formulating local change agendas. Unfortunately, although most of the access barriers affecting older gays and lesbians exist everywhere, most of the action strategies identified in these dialogues can be adapted readily to other locales.

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## APPENDIX

### Issues and Action Strategies

#### *Issue Identification*

Participants in the dialogue series identified numerous barriers to local older gays and lesbians accessing services, housing, employment, and volunteer opportunities. These barriers are presented according to the source primarily responsible for change. System barriers can be of a political, legal, or economic nature, while organizational barriers relate to impediments in agency or facility policies, procedures, or staffing. Barriers at the group level include those resulting from membership in or identity with the gay/lesbian community, and barriers at the individual level concern personal characteristics or experiences that inhibit accessing resources and opportunities.

#### *System Barriers*

- Lack of legal protection for older gays and lesbians.
- Failure to identify sexual orientation in community needs assessments of older people.
- Inability to alter state resolutions protecting gay and lesbian rights with leadership changes.
- Lack of representation of older gays and lesbians in community planning initiatives.
- Failure to incorporate materials on older gays and lesbians within geriatric education curricula and professional licensure examinations.
- Lack of funding specifically targeting older gays and lesbians for programming.
- Absence of affirming housing and health care.
- Allowance of certain religious groups to exclude older gays and lesbians from employment and service provision based upon scripture interpretation.

#### *Organizational Barriers*

- Reluctance of agency leadership to target a client population that might offend potential donors or funders.
- Absence of policy prohibiting discrimination on the basis of sexual orientation in providing services to clients and hiring, promoting, or transferring staff.
- Lack of domestic partner recognition and benefits.
- Scarcity of agency leaders recognized as affirming role models.
- Failure of employers to positively regard job applicants with an identified history of activism on behalf of older gays and lesbians.
- Absence of a culture of inclusiveness within the organization, free from homophobia and stereotyping based on sexual orientation.
- Exclusion of older gay and lesbian concerns from diversity and other staff training.
- Lack of resource directories and related information targeting older gays and lesbians.

#### *Group Barriers*

- Failure to recognize the needs of older members within the youth-oriented gay and lesbian community.
- Misperception regarding the degree of uniformity and communication among gays and lesbians in greater Cleveland.
- Inability to articulate the fact that older gays and lesbians represent a population of sufficient size and need to justify special attention.

*Individual Barriers*

- Internalization of homophobia within some older gays and lesbians, resulting in a desire to remain invisible.
- Experience on the part of some older gays and lesbians that “bad things” can happen to those who “come out.”
- Distrust of authority and established organizations by many within a generation that lived through police raids and McCarthyism.

*Action Strategies*

A portion of each session of the dialogue series was devoted to identifying concrete action strategies in response to the issues identified above. A total of 99 specific recommendations were recorded during the series. These recommendations were subjected to a content analysis and were condensed and organized around common themes. Following are the action strategies recommended by dialogue series participants:

*Community Involvement and Activism*

- Continue and expand the Gray Pride Interagency Taskforce and its mission of advocacy, education, and programming on behalf of older gays and lesbians in greater Cleveland.
- Request that key aging service organizations and those serving the gay and lesbian community renew or initiate their involvement in and support of the Taskforce.
- Initiate a process of strategic planning for the Taskforce for the next five years, acknowledging that the Taskforce should play a major role in implementing the other action strategies identified below.

*Research and Information*

- Initiate applied research and needs assessment activities aimed at increasing knowledge regarding the demographics, health and social service needs, and service preferences of the older gay and lesbian population in greater Cleveland; to this end, the Taskforce should collaborate with social scientists at local colleges, universities, and research centers.
- Ensure that any research effort provide a mechanism for hearing directly from older gays and lesbians regarding what they perceive as their needs, concerns, issues, and service preferences.
- Compile a list of programs and services currently being offered for older gays and lesbians by local agencies and organizations; disseminate this list widely through the aging service network, the broader social service system, and the gay and lesbian community.
- Include gay and lesbian aging resources in Area Agency on Aging resource guides.
- Develop and disseminate a resource directory of agencies that are gay-affirming (print media and/or Web based).

*Funding*

- Ensure that planning and funding agencies take a leadership role and engage in strategies that encourage action on the part of service organizations. For example, the Area Agency on Aging can continue to identify older gays and lesbians as a targeted or underserved population, encouraging specific service and outreach efforts within requests for funding.
- Access existing federal and state funding streams to develop and target programs to older gays and lesbians. For example, use Caregiver Support Program funds to offer education, counseling, and support groups for persons who either are, or provide care to, older gays and lesbians.

## APPENDIX (continued)

*Employment and Volunteer Policies and Practices*

- Encourage organizations in the aging service network to actively recruit gay and lesbian (and older gay and lesbian) employees and volunteers (e.g., job ads in gay-oriented newspapers, recruitment at gay and lesbian community events).
- Encourage organizations within the gay and lesbian service network to actively recruit older gay and lesbian (as well as older gay-affirming) employees and volunteers (e.g., apply to be a placement site for the Retired and Senior Volunteer Program, recruit at senior centers).
- Examine current employment policies and, if necessary, adopt a written policy statement regarding nondiscriminatory practices in hiring, promotion, and termination.
- Offer domestic partner benefits, such as health insurance, to staff.
- Show official recognition of gays and lesbians in organizational policies, e.g., use a broader definition of "family" in eligibility criteria, policy statements, etc.
- Create an organizational culture that supports diversity and does not tolerate discriminatory or disrespectful behaviors.

*Education and Training*

- Mandate ongoing education and training about lesbian and gay aging issues, and target it to all levels of an organization.
- Incorporate training on gay and lesbian issues within the larger context of social justice and cultural diversity.
- Involve older gay and lesbian persons in the planning and delivery of education in order to personalize the issue, address myths and stereotypes, and make staff aware of existing services, programs, and resources.
- Compile a list of potential speakers on the topic of gay and lesbian aging (e.g., Taskforce members, lesbian and gay community members).
- Secure the support of upper management in conducting education and training about gay and lesbian aging.
- Develop and offer continuing education programs on gay and lesbian aging issues.

*Service Delivery Policies*

- Examine current policies and, if necessary, adopt a written policy statement regarding nondiscrimination in service provision.
- Include a statement of nondiscrimination in information given to prospective clients.
- Consider developing an organizational mission or values statement that is inclusive of older gays and lesbians; this would ensure top-down support and acceptance (e.g., from boards of directors, upper-level management).

*Service Delivery Practice*

- Examine current programs and services offered within both the aging service network and the gay and lesbian service network to determine the extent of gay and lesbian aging visibility, participation, and coverage of issues.
- Consider various options for service delivery to older gays and lesbians (e.g., integrated or gay-identified) and review the strengths, limitations, and feasibility of options for each individual community.
- Modify existing programs and services to be more inclusive and sensitive (e.g., dances, holiday events), and consider developing new programs and services (e.g., HIV/AIDS education/outreach, caregiver support education and programs).

- Promote competence and best practices among clinicians through the use of non-heterocentrist and inclusive language and behaviors; draw on the codes of ethics of the core mental health professions (e.g., psychology, counseling, social work).
- Develop specific strategies to market programs and services (whether integrated or separate) to the largely hidden population of older gays and lesbians.
- Conduct specific outreach to gay and lesbian elders by using gay-affirmative public relations materials and utilizing gay and lesbian publications for outreach efforts.
- Recruit gay and lesbian older persons to serve on advisory and other boards.
- Collaborate between aging and gay and lesbian service networks to jointly develop and sponsor gay and lesbian aging initiatives and programs.
- Share ideas and experiences with respect to development and delivery of programs and services, possibly utilizing an interagency forum, such as the Taskforce.

*Advocacy Efforts*

- Take advantage of roles in other settings (e.g., state-level committees, professional accreditation boards, councils) to raise awareness of and advocate for gay and lesbian aging issues.
- Initiate conversations around gay and lesbian aging issues with coworkers and supervisors.
- Engage in legislative advocacy on behalf of gay and lesbian older adults at the local, state, and national levels.