



Gay, Lesbian, Bisexual and Transgender (GLBT) Aging in Maine Community Needs Assessment

2012 Survey and Focus Group Report

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Finally, we want to thank the GLBT seniors who participated in this study, on behalf of all GLBT seniors, which began the process of identifying the most important issues facing GLBT elders in Maine. Four hundred and sixty eight people participated in the online or paper needs assessment survey; thirty-six people attended the focus groups in Portland, Bangor and Lewiston. Their courage to respond helped to frame the issues that a Maine SAGE Chapter can focus on.

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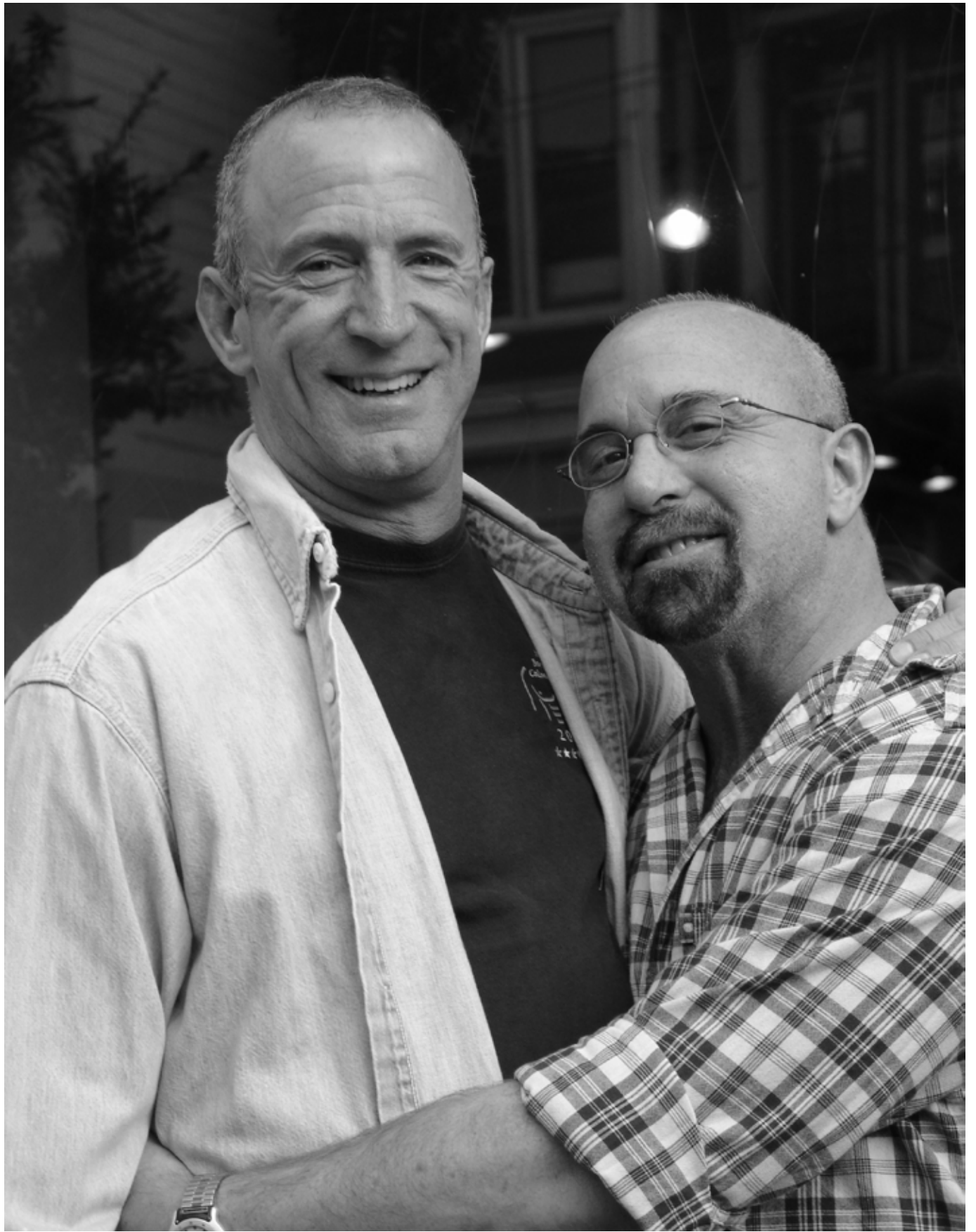
Abstract

The primary purpose for conducting this Maine Community Needs Assessment was to initiate the establishment of a SAGE (*Services & Advocacy for Gay, Lesbian, Bisexual & Transgender Elders*) Affiliate Chapter in Maine. The secondary purpose, once a Maine SAGE Chapter is formed, is to advance awareness of Gay, Lesbian, Bisexual and Transgender (GLBT) Aging in Maine and, with the help of national SAGE partnership, work to improve services and support systems for Maine's older GLBT community.

The Needs Assessment methodology included an online (Survey Monkey) and paper survey answered by a convenience sample of 468 GLBT Maine respondents; and three focus groups with a snowball sample of 36 GLBT participants. Survey questions were grouped under four categories: (1) Health Care; (2) Personal Safety; (3) Social Services; and (4) Social Well-Being. Focus Group discussions included the following four issues: [1] Experience, understanding and navigating the health care system; [2] Awareness, opinions and concerns about "special health care services;" [3] Knowledge of legal documents necessary for protection; and [4] Accessing mental health services/maintaining one's mental health.

The results of the survey and focus groups were varied. Most in this group of GLBT survey respondents have adequate financial resources, have access to GLBT-sensitive health care providers in their area and have taken steps to plan for aging through legal arrangements. Long-Term Care (LTC) facilities and life planning was an issue for many respondents – can they be comfortable in a LTC setting and would their wishes be honored. More than half the respondents feel safe in their community; live openly as gay, lesbian, bisexual, or transgender in their community; and do not feel isolated. There is a sense of belonging in a faith community. Of concern, was the number of respondents that had experienced victimization, physical assault, sexual assault, stalking, property damage, and financial exploitation motivated by homophobia. Discrimination by a health care provider, mental health practitioner, and/or social service worker was experienced and concerns were stated by the respondents. Many of the results in the survey indicate that GLBT older adults will share many of the same risks as Maine's elderly regarding health care, social services and support. However, regardless of financial status or community connections, GLBT older adults are at risk of isolation and discrimination based on their minority status and vulnerability.

The Needs Assessment findings support the establishment of a Maine SAGE Chapter with the purpose of addressing four initial goals: (1) Create a network of health-care providers and other professionals who are knowledgeable and affirmative regarding GLBT aging issues; (2) Train staff and management of long-term care services and facilities to provide a referral network of GLBT-affirmative support; (3) Provide support and assistance if harassment or assault is experienced and provide broader education regarding Maine Civil Rights protections for GLBT individuals; and (4) Create opportunities for social support and activities to reduce isolation and depression; as well as appropriate referrals to GLBT-affirmative providers of mental health services.



Introduction

Maine is riding two waves of change right now. First, from a demographic standpoint, as Americans are getting older in record numbers, Maine is leading the way with the oldest age per capita. Second, from a social standpoint, Lesbian, Gay, Bisexual and Transgender acceptance is continuing to progress.

Of the 300,210 Maine elders age 60 and older, it is estimated that about 15,000 of them are Gay, Lesbian, Bisexual or Transgender (GLBT) people. Maine, the oldest state in the nation, ranks number three per capita in lesbian couples and Maine has about 9.7 same-sex couples for every 1,000 households (U.S. Census data, 2010); it is likely that this estimate is low. Additionally, the statistics show that South Portland and Portland have become particular hot spots for gay couples, outpacing Boston, Cambridge and other gay-friendly cities (*The Williams Institute at UCLA Law School based on U.S. Census data, 2010*). All indications are this “hot spot” will continue to grow, especially since Maine is the ninth state to allow Gay and Lesbian marriage (as of 12/29/12). These statistics make the case for GLBT elders and their communities to act on how they will manage aging in Maine; particularly as they begin to rely on caregivers or enter residential facilities. Challenges include finding GLBT friendly places to live and identifying resources to provide support as GLBT people age.

What makes aging different for a Gay, Lesbian, Bisexual or Transgender person? In a word, *nothing* – or is it *everything*? It depends on who you ask and where they live. Life is different if you are a 57 year-old disabled man living in rural Maine and you are afraid of your personal care attendant who just found out you are gay. Life is also different if you are a 77 year-old lesbian who has just been told she cannot hold her partner’s hand in the nursing home after they have shared a 35 year relationship. It isn’t that different if you are a 60 year-old gay man living in southern Maine who has health insurance, is in good health and has plenty of resources. Ask a sixty-something transgender person this question and the response will likely present additional considerations.

GLBT elders will struggle with many of the same issues as their heterosexual friends – isolation, fear of declining health, difficulty navigating the health care system, inadequate resources and elder abuse. But, GLBT elders in Maine will face special challenges. Maine is experiencing an increased demand for home-based supports and services at a time when personal and health care workers and community resources are stretched to their limit. It is difficult to find direct care workers in many rural parts of Maine, much less those who are culturally sensitive to the needs of GLBT people. Few staff in assisted living and residential living facilities are trained to be culturally sensitive to GLBT issues, not all respond well to this training, and equally important, there is no training for the residents. Finding supports, services and living facilities that will offer dignity to GLBT people as they age is a challenge. Those who cannot afford to pay for private services may have to choose between humiliating care and no care at all.

Maine’s population is living rurally and aging rapidly which presents significant and unique challenges in all areas, including employment, health care, transportation, home and community based supports and services, and family care giving”

Maine State Plan on Aging, 2012, p. 1

For a community that has seen more than its share of sickness and death due to HIV and AIDS, the next challenge for GLBT folks is navigating the aging process. GLBT boomers are the first generation to come out of the closet. They fought for their civil rights, achieved enormous recognition in a relatively short period of time (although most activists would disagree with this). These boomers will resist going back into the closet out of a new found fear – that of losing their identity in older age. But the fear is very real and it is abhorrent and unhealthy. However as the baby boomer generation is already teaching us, the aging landscape is about to look much different: nothing like anything we have seen before. In fact, GLBT boomers are likely to re-imagine aging in a way that no one envisioned even a decade ago.

AARP Maine and all of the organizations and individuals who supported and worked on this project believe that there is a role to play in advocating and developing public policy that guarantees a secure retirement for all Mainers. In order to ensure that GLBT older Mainers are included, we organized this project to aid us in establishing a SAGE Chapter in Maine. Through a Maine SAGE Chapter and focused collaboration with community leaders and policy experts the culture of GLBT aging in Maine can be transformed.

A handwritten signature in black ink that reads "John Hennessy". The signature is written in a cursive, flowing style.

John Hennessy
Associate State Director - Advocacy
AARP Maine



Purpose of the Maine GLBT Aging Project

The primary purpose for conducting this study was to initiate the establishment of a SAGE (*Services & Advocacy for Gay, Lesbian, Bisexual & Transgender Elders*) Affiliate Chapter in Maine. Two of the criteria for establishing an affiliate chapter include: (1) conducting a needs assessment and (2) hosting focus groups and community meetings with key stakeholders in the community. The secondary purpose, once a Maine SAGE Chapter is formed, is to advance awareness of GLBT Aging in Maine and, with the help of national SAGE partnership, work to improve services and support systems for Maine's older GLBT community.

Becoming a SAGE Affiliate ~ Maine SAGE Chapter

About SAGE

Services & Advocacy for GLBT Elders (SAGE) is the country's largest and oldest organization dedicated to improving the lives of Gay, Lesbian, Bisexual and Transgender (GLBT) older adults. Founded in 1978 and headquartered in New York City, SAGE is a national organization that offers supportive services and consumer resources for GLBT older adults and their caregivers, advocates for public policy changes that address the needs of GLBT older people, and provides training for aging providers and GLBT organizations, largely through its National Resource Center on GLBT Aging. SAGE has offices in New York City, Washington, DC and Chicago (<http://www.sageusa.org/> accessed 1/5/12).

The mission of SAGE is to lead in addressing issues related to Gay, Lesbian, Bisexual and Transgender (GLBT) aging. In partnership with its affiliate chapters and allies, SAGE works to achieve a high quality of life for GLBT older adults, supports and advocates for their rights, fosters a greater understanding of aging in all communities, and promotes positive images of GLBT life in later years (<http://www.sageusa.org/about/>).

SAGE Affiliates

SAGE is growing its program of local SAGE affiliates through an initiative referred to as SAGENet. Currently there are 24 SAGE Affiliates across 16 states and the District of Columbia, representing every region of the country. SAGE is working to build a movement to reduce isolation, improve financial security and enhance the quality of life for Gay, Lesbian, Bisexual and Transgender (GLBT) older adults. In Maine, our work with SAGE will aid us in improving the quality of life for GLBT older people in Maine communities.

Through SAGENet, a Maine SAGE Affiliate will have access to leaders within SAGE and the other affiliates. We will be able to draw on the wisdom of our peers to implement programs and services that address the most urgent issues facing GLBT elders (from unemployment, to housing, to GLBT-affirming healthcare and more) by creating advocacy initiatives where GLBT elders advocate on their own behalf at the local, state and federal levels.

Currently there is only one SAGE Affiliate in New England, SAGE Rhode Island, located in Providence, RI. It is long overdue for Maine to create its own SAGE Affiliate and support advocacy within our state as well as in New England. This study is the first in a series of steps towards creating a Maine SAGE Affiliate. (See Appendix A for a list of steps required to establish a SAGE affiliate).



Study Methods

In early 2012, AARP Maine convened an inclusive community stakeholder group made up of representatives from Maine elder service, health, and support and advocacy organizations; educational institutions; and other key individuals. The Stakeholder Group was responsible for designing and implementing a process for defining GLBT aging issues across Maine. An ambitious three-part assessment was envisioned that included attaining and documenting: (1) GLBT elder experiences and perceptions; (2) health care provider awareness and perceptions, and (3) community service provider awareness and perceptions. To date, we have completed the first part, that of gaining insight into GLBT elder experiences and perceptions. The remaining two assessments are planned for 2013 and 2014. This methods section describes how we conducted this first assessment.

Assessing GLBT Elder Experiences and Perceptions

An AARP Task Group reviewed existing GLBT studies and similar surveys as the template for the elder focused assessment. This information was presented to the Stakeholder Group and it was determined that two forms of assessments would be designed to ascertain Maine GLBT elder experiences and perceptions: (1) a statewide survey, and (2) focus groups, face-to-face discussions. This methods section will first present the process applied to conduct the survey assessment and then the focus groups.

Survey Assessment

A survey was created by the Stakeholder Group intended to solicit information from Maine people living in every corner of the state, in accordance with SAGE criteria for conducting a needs assessment. To cast the widest net for respondents, the assessment was designed so that it could be distributed on-line using Survey Monkey as well as on paper to a convenience sample. There were 53 forced-choice questions and 6 open-ended/comment sections included in the survey. Additionally, a 15-item demographic section was included. (See Appendix B – Survey Questionnaire).

The online survey instrument was field tested and then launched in early 2012. Access to the survey was promoted through social networks known to the AARP Task Group and Stakeholder Group. In an effort to increase the response rate, hard copies of the survey were distributed at two Pride celebrations in Portland and Bangor. This proved to be a successful strategy, with a total of 468 responses to the survey.

Survey Assessment Data Analysis

All data from surveys that were completed on paper were uploaded into the Survey Monkey tool by an AARP Intern. Once complete a Survey Monkey Data Summary was generated. This summary was reviewed by the researchers in the Stakeholder Group, who then conducted a combination of descriptive statistics and survey respondent statements. These were reviewed by the Stakeholder Group and then presented in the Results section of this report.

Focus Groups

Focus Group Questions

An initial review of approximately 200 responses from the Survey indicated four issues of concern that the Stakeholders Group felt were important to explore further with the Focus Groups. These issues were incorporated into the focus group questions (see Appendix C – Focus Group Questions). The GLBT issues included:

- Experience and understanding of the health care system, and ability to negotiate it to get what they need;
- Awareness, opinions and concerns about “special health care services” such as home care, assisted living, rehabilitation, nursing home care, hospice, etc.
- Knowledge of legal documents necessary to protect them in the event of an emergency or life threatening illness; and
- Thoughts about maintaining one’s mental health, and the concerns and challenges they think GLBT seniors may face accessing the mental health services.

The Stakeholder Group worked with the AARP Task Force to create focus group questions that would gain more insight into the above issues, as well as address SAGE Chapter criteria for focus groups.

Focus Group Details

There were four focus groups scheduled, three were conducted. Three focus groups were scheduled in May 2012, one each in Portland, Bangor, and Lewiston. These cities are considered hubs in Maine where GLBT

cultures are more prevalent due to their urban setting and proximity to educational institutions and cultural attractions. The fourth focus group was not conducted due to lack of participants.

Recruitment of Maine focus group participants was accomplished through two avenues: (1) invitations that were sent to email lists from organization partners, GLBT list-servs, and on-line networks; and (2) snowball sampling – people that received emails were asked to invite others they know to the focus groups. An RSVP from interested individuals was required in order to participate in a focus group.

Participant inclusion criteria included those who were forty-five years of age or older so as to include caregivers of GLBT elders and those GLBT entering older age groups. Participants needed to RSVP by phone and be able to arrange transportation to the focus group location they chose. They also needed to be able to ambulate once at the location or have a personal care attendant to assist them. Each focus group was conducted by a facilitator for 60 minutes that included an introduction, questions and responses, and a wrap up. One session was tape recorded and the other two sessions included a note taker as the facilitator conducted the focus group.

Analysis of Focus Group Data

One transcript from audio tape and two sets of notes comprised the focus group data. The focus group facilitator reviewed the transcript and notes and identified themes that were prevalent for focus group participants. Sub-themes were identified to ensure themes contained sub-data sets to support each theme. For the focus groups that only had notes taken by an assistant, no direct participant quotes were available in the data. Although the facilitator reported rich dialogue and content during the focus group, the focus groups offered limited results due to the limitations of the data collection methods. With this said, the transcript and notes were of value when compared with the survey results, especially the written comments within the survey.

Results

Survey Demographics

Of the 468 survey respondents 218 were females (46.6%) and 180 were males (38.4%). Seventy respondents (15%) did not answer this question (see Table 1).

Table 1: Survey Respondents Demographics

Sex	Number	Percent
Male	180	38.4%
Female	218	46.6%
No Answer	70	15%

Four hundred of the 468 total respondents indicated their age in the survey (See Table 2). The age range of GLBT survey respondents was skewed toward the young-old with 49% of the respondents under the age of 60 years old and 22% in the 60– 64 year old category. They are the GLBT population on the cusp of entering the third stage of life.

Table 2: Age Categories for Survey Respondents

AGE	NUMBER	PERCENT
Under 60	196	49%
60-64	88	22%
TOTAL under 64	284	= 71%
65-69	85	21%
70-74	23	6%
TOTAL 65-74	108	= 27%
75-79	5	1%
80-84	3	1%
85 or older	0	0%
TOTAL 75 and older	8	= 2%
TOTAL Respondents	400	= 100%

The respondents were economically advantaged. Of the 404 responses with income reported, nearly one quarter of respondents indicated an annual household income less than \$30,000; only two individuals indicated no income and twelve respondents reported an annual income of less than \$10,000. Over half (54.4%) of the respondents reported annual household incomes of \$50,000 or more and 17 percent of the respondents reported their a household income above \$100,000 (see Table 3).

Most of the respondents in the survey and all participants in the focus groups identified as gay or lesbian (see Table 4). (Transgender is not included in this table as this is not considered a sexual orientation – it is gender identification.) Respondents chose between Gay, Lesbian, Bisexual, Queer, or Heterosexual.

Table 3: Survey Respondents Income

INCOME	NUMBER	PERCENT
Under \$10,000	14	3.5%
\$10,000 - 19,999	33	8.2%
\$20,000 - 29,999	51	12.6%
TOTAL under \$30,000	98	= 24.3%
\$30,000 - 39,000	43	10.6%
\$40,000 - 49,000	43	10.6%
TOTAL \$30,000 - 49,000	86	= 21.3%
\$50,000 - 59,000	43	10.6%
\$60,000 - 79,000	59	14.6%
\$80,000 - \$99,999	47	11.5%
\$100,000 & above	71	17.6%
TOTAL \$50,000 & above	220	= 54.4%
TOTAL Respondents	404	= 100%

Table 4: Sexual Orientation

SEXUAL ORIENTATION	SURVEY RESPONDENTS		FOCUS GROUP RESPONDENTS	
	#	%	#	%
Gay	184	43.0%	7	19.4%
Lesbian	193	45.1%	29	80.6%
Bisexual	25	5.8%	0	
Queer	17	4.0%	0	
Heterosexual	9	2.1%	0	
TOTAL Respondents	428	100%	36	100%

Focus Group Demographics

Of the thirty six focus group participants, twenty-nine identified themselves as lesbians and seven as gay men. While two transgender people signed up to participate in focus groups, neither attended. Participants ranged in age from 55–69, but most were in the 55–64 age categories. The focus group participants were predominantly female (29/81%), and self-identified as lesbians. Twenty-nine participants (81%) stated that they had partners, but the data collection methods did not provide how many female respondents have partners compared to the

male respondents. Focus groups participants represented Mainers with access to good health care, livable wages, and resources to find the help they needed.

Complete demographic information was not available from all focus groups, two participants reported household income higher than \$70,000, seven reported an estimated income of \$50,000–\$70,000, and the rest estimated their income to be less \$50,000, except one who talked about being eligible for Medicaid and general assistance. All the participants had at least some college experience, and most had completed a 4-year program or had a Master’s Degree.

Survey/Focus Group Responses

This section presents the survey data including descriptive statistics and representative statements provided by respondents on those survey questions allowing written comments. The selected statements provide some context to support the descriptive statistics. Additionally, interspersed through the survey outcomes are selected focus group data associated with the topic or issue presented.

Survey questions were grouped under four categories: (1) Health Care; (2) Personal Safety; (3) Social Services; and (4) Social Well-Being. Within each category, sub-topics are labeled and associated survey question numbers are provided as a reference (See Appendix B – Survey Questionnaire).

Transgender folk have some rather specific medical issues, as do gay males. “Competent” care requires compassion and empathy as well as certification in various (technical) skills...we’re marginalized thrice over while we stand hale and hearty, how much more helpless [might we be] when we face debilitating decrepitude?”

Health Care

▶ **Health Insurance [Q.1]**

Nearly 50 percent (227) of respondents had an employer-based plan and almost thirteen percent (58) indicated they have private health insurance coverage. It is noteworthy that 8.6 percent (39) reported using partner employee or private insurance. Medicare insurance is used by 31.9 percent (145) and 4.8 percent (22) have military coverage. Only 6.8 percent (32) are covered by Medicaid (MaineCare), while 6.2 percent (28) reported having no health insurance coverage at all.

▶ **Health Care Services [Q.2]**

When asked where they usually go for health care services, the vast majority, 91.9 percent (420), reported conventional clinical services, including their physician or mid-level practitioner’s office (83.4%), Community Health Center (5.5%), Veteran’s Affairs Medical Center (2.8%) and one respondent reported using workplace health services. Only 3.3 percent (15) reported using an emergency room or urgent care as their most frequently used service, and an almost equal number 2.4 percent (11), reported that they do not seek services.

▶ **GLBT Sensitive Provider Access [Q.3,4]**

A 63.7 percent majority of respondents (295) reported having access to GLBT-sensitive providers in their area, but 8.2 percent (38) reported that they did not have such access. A significant 28.1 percent (130) indicated that they weren’t

sure. Of those not having access to GLBT-sensitive providers, 71 percent (27) reported having to commute more than 30 miles to access such a provider.

► **GLBT Identify Disclosure [Q.5,6,7,8]**

A large majority, 84 percent (384) of respondents, disclosed their GLBT identity to their health care provider, but 21.8 percent (99) worried that such disclosure will cause their health provider to treat them differently. Ten percent (45) reported having been treated differently by health care providers after disclosing their GLBT identity, and twice as many respondents (20.5% /94) reported having been the victim of discrimination while being treated by a health care provider.

► **Legal Documentation [Q.9,10,11,12]**

Approximately half of survey respondents have legal documents that could protect them and their partners: Health Care Power of Attorney (54.2%), Living Will (57.9%), Financial Power of Attorney (42.5%), Basic Last Will and Testament (61.9%). However, more than a quarter (28%) of respondents have no legal documentation, and more than half (58.8%) have no appointed legal representative. Nearly all respondents have disclosed their GLBT identity to their legal representative and only a small minority (6%) report that their legal, financial and long-term care concerns unique to being GLBT were not appropriately addressed.

- **Focus Group Data:**

Participants either had legal documents or knew how to get them. Ninety percent of the focus group participants stated a need for workshops or clinics on what papers are necessary and how to get them cheaply. Many knew about on-line documents, but did not appreciate the need for a legal review of the forms as it enhanced feelings of vulnerability.

► **Caregiver Experience [Q.13,14]**

Only eighteen (4.1%) of respondents reported having used a personal caregiver. Within this small group, six (33%) experienced abuse or neglect, five of the six felt that the abuse was motivated by homophobia and three of the six felt it was motivated by transphobia. Only one person reported the abuse or neglect to the police.

► **Long Term Care Services [Q. 15,16,17,18]**

Only one person reported having been turned down or discouraged from entering a long term care facility due to GLBT identity. Five (1.2%) respondents reported having ever lived or currently were living in a long term care facility (assisted living, nursing home, hospital, hospice care or rehabilitation center.)

However, a higher number of respondents (296 of 468) answered the question regarding concerns they would have if they or a partner needed to reside in a long term care facility. For this question, respondents could mark multiple answers so percentages exceed 100 percent. Respondents concerns about Long Term Care services included: honoring your own will or your partner's will (63.2%); visitation restrictions due to staff or facility regulations (55.7%); visitation restriction due to family (20.3%); honoring your gender identity or partner's gender identity (21.3%); honoring your sexual identity or partner's sexual identity (55.7%). The highest number of responses (68.2%) were attributed to concerns about receiving benefits (Social Security, pension, etc.) and 44.3 percent of the respondents had concerns about losing housing in the event that partner dies. Written comments expressed concern about the ability to pay for long term care and concern for GLBT-sensitive care.

Personal Safety: Victimized by a Stranger

► Harassment [Q.19]

The majority of respondents (65.7 percent/283) reported experiencing verbal harassment by a stranger. Of those respondents, 87.3 percent attributed it to homophobia. Approximately 10 percent of incidents were reported to the police.

► Physical Assault [Q.20]

Twenty percent (88) of respondents reported having been physically assaulted by a stranger. Of those respondents, 61.4 percent (54) reported it was motivated by homophobia and six (6) attributed the assault to “transphobia.”

Physical assault was three times (35%) more likely to be reported to police than verbal harassment.

► Sexual assault by [Q.21, 22]

Nearly 13 percent (55) reported experiencing sexual assault by a stranger; however few attributed the assault to a homophobia (4) or transphobia (1) motivation. Approximately 13 percent of assaults were reported to the police. Five percent received medical attention for either the physical or sexual assault.

► Stalking [Q.23]

Sixty-five (15 %) reported being stalked. Of those being stalked, 32 (49.2%) reported it being motivated by homophobia and 6 attributing it to transphobia. Twenty-one percent reported the stalking to the police.

► Property Damage [Q.24]

Nearly a third of respondents (29.3% /126) reported property damage/arson; more than half (67) of those were felt to have been motivated by homophobia and 6 incidents were attributed to transphobia; and 56.3 percent (71) of these incidents were reported to the police.

► Financially Exploited by a Stranger [Q.25]

Forty-four (10%) of respondents experienced financial exploitation, with nearly 30 percent (13) being motivated by homophobia and 4 respondents attributed it to transphobia. Twenty-five percent of these incidents were reported to the police.

► Written comments: Other Ways Have Been Victimized [Q.26]

Forty-eight respondents provided comments, the following 5 comments are representative:

“I think all trans people need to take a [sic] self defense classes and be allowed to carry arms as the government would rather let it all go unnoticed. It really comes down to doing what is needed to stay safe rather than letting others (police) do it for us.”

“Work-related homophobia by an administrator—that person was eventually released from work.”

The incidents I experienced were from high school students in and around the school setting where I was a fully-out GLBT teacher. Therefore the incidents were not reported to police but to school authorities. Harassment included cyberspace incidents, which the survey does not ask about.”

“Some of my kids’ classmates share misinformation which affects my kids, as well as their peers.”

“Verbal abuse by a partner that was having issues with their own sexual identity. There are people that can’t reconcile their own homosexuality and there are not a lot of ways to seek help coming to terms with that and in many cases they end up abusing other people or substances”

► **Feel Safe in Community [Q.27]**

The vast majority (92%) of respondents agreed or strongly agreed that they feel safe in their community.

Personal Safety: Domestic Abuse

► **Domestic violence [Q.28]**

Nearly half (42% /175) of respondents reported that they have experienced psychological, verbal, emotional and/or physical abuse, with 21.7 percent of those incidents being motivated by homophobia; 5 respondents attributed it to transphobia. Reports to police were reported for 14.8 percent of the incidents.

It might be noted that these incidents of domestic violence (or physical and sexual assault or stalking in the next three questions) may have occurred during childhood, or before the respondent identified as GLBT, since relatively few were attributed to homophobia or transphobia.

► **Physical assault [Q.29]**

Physical assault by a partner, spouse or date person was reported by 24.2 percent (101) respondents, with less than 9 percent of those motivated by homophobia. Nearly 20 percent (19) of those assaults were reported to the police.

► **Sexual assault [Q.30/31]**

Ten percent of respondents reported that they had been a victim of sexual assault by a partner, spouse, or person they were dating or in a brief sexual relationship with. Homophobia was the motivation for 10 percent of the assaults. Medical attention was required for 38 percent (16) of the 42 reporting physical and/or sexual assaults.

► **Stalking [Q.32]**

Twenty-three percent (23%/85) of respondents reported having been stalked by a partner, spouse, or other intimate person, with 9.4 percent of those attributed to homophobia. Of the incidences that occurred, 24 percent of them were reported to the police.

► **Written comments: Other ways have been victimized by intimate person [Q.33]**

“[My] partner had various mental health problems and hacked into [my] emails, stole [my] identity and moved closer to be near me.”

“I was beaten up regularly and sexually assaulted regularly and the police did nothing when it was reported. Therefore I stopped turning to them for assistance and purchased a hand gun instead.”

I was stalked by someone I knew from work who had a crush on me. We were not dating, etc. I did report this to my Human Resources Dept.”

“[I experienced] financial ruin, [and had] false sexual abuse allegations filed against me”



Social Services

► Use of public assistance or social services [Q.34]

Sixty respondents (14.3%) reported using such services as food stamps, Temporary Assistance for Needy Families (TANF), MaineCare, home delivered meals, transportation, case management, respite or employment services.

► Need public assistance or social services [Q.35]

Although they did not use public assistance or social services, 26 respondents (6.8%) reported that they needed such services.

► GLBT identity a barrier to using social services [Q.36]

Eight of the 26 respondents who reported that they needed public assistance or social services felt that their GLBT identity was a barrier to using such services. A third (33.3%) of the respondents were unsure whether their identity would be a barrier.

► GLBT-friendly identified social service provider choice [Q.37]

Slightly more than half (55.5% /227) of respondents indicated that they would be more likely to use public assistance and/or social services if the agency identified as GLBT-friendly; another quarter (24.9%) indicated that they would not be more likely to use such services, and nearly twenty percent were uncertain.

► **GLBT-trained social service provider choice [Q.38]**

The vast majority (85.6%/350) of respondents would likely choose a public assistance or social services provider who is trained/knowledgeable in GLBT issues. Such training/knowledge would not influence the choice for 32 respondents (7.8%) and a similar number (6.6%/27) were unsure.

Social Well Being

► **Seen a mental health provider over the last two years [Q.39]**

Over two out of 5 respondents (42.4%/178) reported that they had seen a mental health provider within the past two years.

► **Feeling depressed at any point over last two years [Q.40]**

Regardless of whether they had seen a mental health provider 168 respondents (40.2%) indicated that they had felt depressed for several days; 18.8 percent (79) felt depressed for several months; and 8.1 (34) felt depressed nearly every day.

NOTE: The rates are consistent with high rates of depression in the general Maine older adult population and could be attributed to a host of factors (unemployment, job loss, loss of significant other, financial issues, home loss, etc.) as well as the stress of being a sexual or gender identity minority.

- **FOCUS GROUP: Mental Health**

Focus group discussions about this issue were animated and intense. Most had sought mental health services, and had mixed results with finding someone who was sensitive to GLBT issues. Most focus group participants stated having seen a therapist who didn't appreciate the unique issues faced by GLBT older adults. Some participants told stories of going to profoundly homophobic therapists and had a difficult time going to someone else. One person drove 4 hours to see the "right" therapist. Some experienced "urgent and acute" symptoms, and were terrified the therapist would not understand and judge them.

"When we went to couples therapy to deal with some communication issues, the first thing the therapist asked was, "I can't understand how to help you until I understand who is acting like the man, and who is acting like the woman!"

Worries were expressed about the past "Reparative Therapy" trend returning to the mainstream treatment. Respondents expressed a need for the public to understand why judgmental therapy for GLBT people is so dangerous. A few male participants stated that mental health included how to deal with surviving the AIDS epidemic. These men did not think they would live to be "aging gay men."

Social Contacts

► **Contact with friends and family [Q.41]**

Respondents are generally socially connected. More than half (57.8% /244) are in contact with family or friends nearly every day; while nearly a quarter (23.9% /101) connect a few times a week; and 12.8 percent (54) are in contact a few times a month. Only a small number of respondents rarely have contact with family or friends (5.0% /21) or never have such contact (0.5% /2).

► **Feeling of isolation [Q.42]**

Despite the reported high rate of connection with friends and family, a significant 23.1 percent (97) of respondents indicated that they feel isolated.

► **Reasons for isolation [Q.43]**

Of the 209 individuals who responded to this question, living rurally (26.8% /56), lack of friends (24.4% /51), lack of family (17.7% /37) and GLBT identity (12% /25) accounted for 80 percent of the reasons for isolation. Poor health (7.2%) and loss of partner (7.2%) were equally important reasons. Lack of transportation (4.3%) also contributed to isolation.

► **Written comments: Other seasons for isolation**

Twenty-six respondents offered other reasons for isolation. The following are representative comments:

GLBT issues – “fear of being me”; “processing being gay, unsure who to be out with”; lack of gay community in mid coast! Other groups too far to travel”; my partner doesn’t like to socialize”; “life partner...cannot be left alone for long periods”

Work issues – “working from home”; “need to protect identity due to career”; isolated job”; “financial limitations”; “mid-career layoff and financial concerns”

Personal – “I prefer it”; “self-isolation”; “hard to make friends in Maine”; “laziness”; “moved away from family”

- **FOCUS GROUP: Isolation:**

Participants stated they did not feel isolated in their community, but they would if they were “forced” to live in a long term care facility. The concern was that they may be isolated from other residents if there was not an explicit non-discrimination policy and welcoming practice for GLBT residents.

► **Participation in GLBT community activities [Q.44]**

When asked if they would participate in GLBT community activities if offered in your area, 88.5 percent (362) affirmed that they would.

- **FOCUS GROUP: Community Support**

Participants expressed having a hard time when they first moved to Maine, feeling isolated from the community if they could not “connect”.

However, once they felt settled in Maine, they mentioned belonging to “networks” both on-line and through informal regular gatherings – either with all men or all women. None stated that they knew of mixed support networks. Networks seemed not to be sponsored by any group, but originated and grew organically with specific times, meeting places, themes developed by attendees.

One group we attended had someone from the Senior College system in Maine, and that generated a lot of interest in using that network for education, outreach, networking, self-help, etc.”

Relationship to Faith Community

► GLBT-identified [Q.45]

Of the 218 individuals who responded to the question as to whether they openly identify as GLBT in their faith community, 61 percent (133) strongly agree and 25.7 percent (56) agree that they openly identify in their faith community; while 13.3 percent (29) disagree or strongly disagree.

► Faith community is responsive to GLBT concerns [Q.46]

Of the 217 responses as to whether their faith community and its leadership are knowledgeable about and responsive to GLBT concerns, 52.5 percent (114) strongly agree and 32.3 percent (70) agree, while 15.2 percent (33) disagree or strongly disagree.

► Faith community discrimination [Q.47]

Of the 268 responses to whether they had ever been discouraged from participating in faith-based activities or discriminated against in their faith community due to their GLBT identity, 33.3 percent (89) indicated that they had been, while 58.9 percent (158) indicated that they had not been. Twenty-one respondents (7.8%) were unsure.

Community Life

► Identify self as GLBT [Q.48]

Nearly 70 percent (68.9% /278) of respondents live openly identifying themselves as being Gay, Lesbian, Bisexual or Transgender. A quarter of these respondents (25.4% /104) indicated that they live somewhat openly in their community, with only 6.6% (27) indicating that they do not live openly.

► Choice of community [Q.49]

Of 406 respondents, 59.9 percent (243) stated that it is very important to feel that your GLBT identity is accepted in your community. Thirty-three percent (137) felt that it was somewhat important to be accepted, with 6.4 percent (26) people thought it was not important.

► Retirement housing plans [Q.50]

There were 182 respondents (46.7%) who plan to remain in their current situation when they retire, while 20.5 percent (80) plan to move to another house or apartment. A few respondents plan to move to a retirement community (6.7% /26) or to move in with family members or friends (1.5% /6). Nearly a quarter of respondents (24.6% /96) have no plan.

► Written comments: Retirement Housing Plans

Thirty-eight respondents offered statements regarding retirement housing plans.

The following are representative comments:

“die before making that decision”; “plan to die working”

“I will do what I must”; “I need options like everyone else, depending on needs at the time”; “no idea and scared to death”; “housing and care needs are my concerns about the future”

“move to an over 55 community that openly accepts gay people”; “I’m exploring this with the Over-60 Lesbian Coffee Klatch members”; “move out of state to a more friendly GLBT community”; “I want to build a retirement community just for gay men”

“I live in a rural area. Staying here in retirement is just not an option. I plan to move to Portland where GLBT is ubiquitous in services and community”

► **Like most about your community [Q.51]**

Many features characterize what respondents like most about their communities. *Safe environment* was the most frequently selected feature (71.4% /265), followed in nearly equal numbers were *cost* (56.1% /208), *near friends* (53.9% /200), and *near medical facilities* (51.2% /190). In the following order were other features: *near shopping* (47.4% /176); *GLBT friendly* (37.7% /140); *walkable* (33.4% /124); *near family* (26.7% /99) *accessible* (20.8% /77); and *near transportation* (17.0% /63). Twenty-two (5.9%) indicated that they did not like their current living situation.

► **Access to GLBT-friendly services [Q.52]**

Slightly more than one-third (36.3%/147) of respondents feel that their current community offers adequate and easy access to GLBT-friendly health care, housing, and social support. However, nearly as many (32.3% /131) are unsure or do not believe they have access to such services.

► **Written comments: What improvements could be made to increase access to GLBT-friendly services [Q.53]**

104 respondents offered suggestions or comments to this open-ended question; below are representative statements:

Identification: *“display a universally-accepted icon that indicates they are GLBT-friendly”*

Publication of resources: *“Better information about resources”; “Openly advertise services to GLBT community”; “...If there are publications, how do you find out about [them]?”*

Education: *“Open dialogue about GLBT issues from the community”*

Open GLBT Centers: *“A GLBT community center”; “(rural area)...need for organized activities and opportunities for both men and women to socialize together”; “Offer retirement communities friendly to GLBT folks”*

Rural/small communities: *“conservative”; “less GLBT-friendly”; “few, if any, social services or housing for old GLBT folks”*



Discussion

This community needs assessment was based on a convenience sample of mostly lesbian and gay male midlife and older adults. It is impossible to obtain a representative sample of older GLBT adults for the state of Maine – those data are not known. There were 468 survey respondents, 218 identified as female and 180 as male; but there were 70 respondents that did not answer the question of sex.

Only seven of the 468 survey respondents described their current gender identity as transgender. However, the transgender people who answered this survey provided some data that raises significant questions.

This Needs Assessment found both good news and several issues that require attention. As survey questions were grouped under four categories, the survey responses were organized as such. The discussion will follow suit.

(1) Health Care

Two-thirds of the survey respondents have access to GLBT-sensitive health care providers in their area. The respondents want providers who understand their special needs. There was also a need for appropriate legal assistance; although over half of the respondents had some legal arrangements, 28 percent had none. Respondents indicated serious worries about long-term care facilities. Sixty-three percent were concerned about the facility honoring their or their partner's will; 58 percent were concerned about visitation due to staff biases; and 53 percent were concerned about visitation due to facility regulations.

Two out of three respondents had experienced verbal harassment almost always motivated by homophobia; one out of five had been physically assaulted and one out of seven felt they were physically assaulted because of homophobia. Nearly 30 percent of the respondents experienced property damage, and six out of ten felt this was due to homophobia

(2) Personal Safety

Two out of three respondents had experienced verbal harassment almost always motivated by homophobia; one out of five had been physically assaulted and one out of seven felt they were physically assaulted because of homophobia. Nearly 30 percent of the respondents experienced property damage, and six out of ten felt this was due to homophobia.

Personal safety was addressed in six of the survey questions. These included: victimization, physical assault, sexual assault, stalking, property damage, and financial exploitation. These data indicate that GLBT Mainers need access to resources and support for issues of personal safety. It is also likely that Maine transgender people are more vulnerable to abuse and exploitation than lesbian, gay or bisexual people.

(3) Social Services

The respondents wanted providers who understand their special needs. One in five respondents reported they had been the victim of discrimination while being treated by a health care provider and 22 percent worried that their health care providers would treat them differently if they disclosed their GLBT identity. An overwhelming 86 percent said they would be more likely to choose a social service provider who is trained or knowledgeable in GLBT issues.

They also had specific concerns about discrimination in social services. Over two-thirds were concerned about receiving Social Security or other benefits after their partner died. Over half were worried about having their sexual identity honored by social service providers; and 44 percent were concerned about housing after their partner passed away.

(4) Social Well Being

The Maine State Plan on Aging (2012) states: *For Gay, Lesbian, Bisexual, and Transgendered (GLBT) elders, community is often found with other GLBT people or where they feel safe and accepted. For these groups, staying connected to their “community” is critical – they tend to speak of their “homes” and “communities” synonymously and when they are separated from community, isolation results (p.3).*

In this GLBT Community Needs Assessment, their home and community environment appear to be essential as six out of ten GLBT respondents feel safe in their community; two thirds of the respondents live openly as Gay, Lesbian, Bisexual, or Transgender in their community; and 77 percent do not feel isolated. Nearly half of the respondents answering the question on retirement housing plan to remain in their current situation when they retire, which correlates with the strong number of respondents that live openly and feel safe in their community.

The Maine State Plan on Aging (2012) reported that: *Many [elders] are isolated and lonely. These older adults also admit that they mostly do not know what resources are available to assist them and they do not know*

how to find resources when they need them. They also are reluctant to trust people they do not know – if they are going to accept help, it has to be from a trusted source. The vast majority of people want to age in place in their homes and communities”(p. 2).

Based on our survey results, GLBT respondents with means are less likely to live in isolation from their families and their communities. They are likely to be well educated and positioned to purchase the services they need. However, as illustrated in the survey results, GLBT older adults are not familiar with resources that are GLBT sensitive. Many of the indicators in the survey results point to the risk that GLBT older adults will share the same fate as Maine’s elderly stated above. Regardless of financial status or community connections, GLBT older adults are at risk of isolation and discrimination based on their minority status and vulnerability.

While most of the respondents did not feel isolated, 16 percent reported being isolated because of lack of friends and 17 percent because they lived in a rural area. Two out of three reported being depressed for several days or longer in the past two years, however there is no way to determine if the depression was associated with being GLBT. Nonetheless, 88 percent responded they would participate in GLBT community activities if they were offered in their area.

About 60 percent of the GLBT respondents are involved in a faith community and over half of those openly identify as GLBT in their faith community. Twenty-two percent felt they had been discouraged from participation in faith-based activities or discriminated against in their faith-based community because of their GLBT identity. So there are several issues that require attention.

Cultural sensitivity, an issue of consideration, was not directly measured in the survey or in the focus groups but was implicit. As stated in the Maine State Plan on Aging (2012): “Services need to not only take into account what is being delivered but also how those services are delivered to older adults living within different cultural contexts” (p. 3).

While the focus groups reported “a great deal of conversation” about cultural sensitivity, it was mostly in the context of creating mental health support systems by providers/staff as well as in long term care facilities with residents. The emphasis was on building community and having supportive places for GLBT older adults in order to reduce isolation and depression. Therapy was viewed as only one limited solution. It was felt to be imperative that we initiate opportunities to have discussions with a broader demographic range of GLBT elders to determine their ability to find the services and support they need to address concerns they may have about how they will be cared for as they age. An excerpt from the Maine State Plan on Aging (2012) supports this finding regarding qualified and consistent health personal and home care workers: “Elders participating in our needs assessment [Statewide Assessment on Aging] indicated they want workers who are trained, trustworthy, and reliable.

While most of the respondents did not feel isolated, 16 percent reported being isolated because of lack of friends and 17 percent because they lived in a rural area 88 percent responded they would participate in GLBT community activities if they were offered in their area.

They want to have consistency with the people who come to their house on a regular basis. They want to have some trust that they will be safe when they let an unknown worker into their homes... There is confusion about how to access needed home care and homemaker services and concern about not being able to pay for services. Tribal members, GLBT people and REL [Racial Ethnic Language] community members express concerns about cultural sensitivity and awareness as they navigate the system. When considering training for direct care workers, special consideration should be given to including cultural awareness in dealing with these populations” (p. 15).

Study Limitations

Sample

Despite significant outreach efforts and follow-up there were minimal bisexual and transgender survey respondents and only lesbians and a few gay men took part in the focus groups. Future surveys and focus groups need to expand the number of these participants to gain their experience and insights.

Study Methods

There were a number of methodological challenges: While this first-time assessment of GLBT elder issues in Maine may be described as a success, the process was challenged by some methodological flaws. The online survey process was a challenge in general and the compressed time within which to complete all aspects of the assessment proved to be difficult for recruiting respondents. In hindsight, the following few simple alterations could have greatly increased the accuracy and analysis of the information. The survey responses were submitted through Survey Monkey and on paper, which needed to be transferred into Survey Monkey. Such transfer of data is subject to error. Subscribing for a deeper level of Survey Monkey data analysis could have clarified responses that on the surface appear contradictory or confusing. The analysis of Survey responses only allowed descriptive statistics. We did not have the ability to conduct cross tabs or other advanced data analysis.

Better recording and analysis technology and additional focus group support would have aided us in capturing and conducting more sophisticated analyses of these rich discussions. Focus groups methods would need to be revamped for future qualitative studies with this population. Gaining first-hand insights about the experiences of Maine's GLBT community members, those socially and geographically isolated, was, and will continue to be, a challenge. However, it is anticipated that future GLBT elder needs assessment efforts will be improved by using the lessons learned from this experience.

Conclusion

Strategy 1.3 in the Maine State Plan on Aging (2012) states: “Expand outreach and advocacy to Maine’s Native American populations, Maine citizens living on coastal islands, Racial Ethnic Language (REL) communities, GLBT and those living in rurally isolated areas” (p. 22).

The GLBT Community Needs Assessment survey supports the proposed strategy of the Maine State Plan on Aging and demonstrates that GLBT Mainers are in need of outreach and advocacy; and there is an identifiable group of GLBT Mainers who are interested and potentially supportive of a SAGE-Affiliate in Maine.

There are four goals that should be the initial focus of a Maine SAGE Affiliate.

1. Create a network of health-care providers and other professionals who are knowledgeable and affirmative regarding GLBT aging issues;
2. Train staff and management of long-term care services and facilities to provide a referral network of GLBT-affirmative support;
3. Provide support and assistance if harassment or assault is experienced and provide broader education regarding Maine Civil Rights protections for GLBT individuals;
4. Create opportunities for social support and activities to reduce isolation and depression; as well as appropriate referrals to GLBT-affirmative providers of mental health services.



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