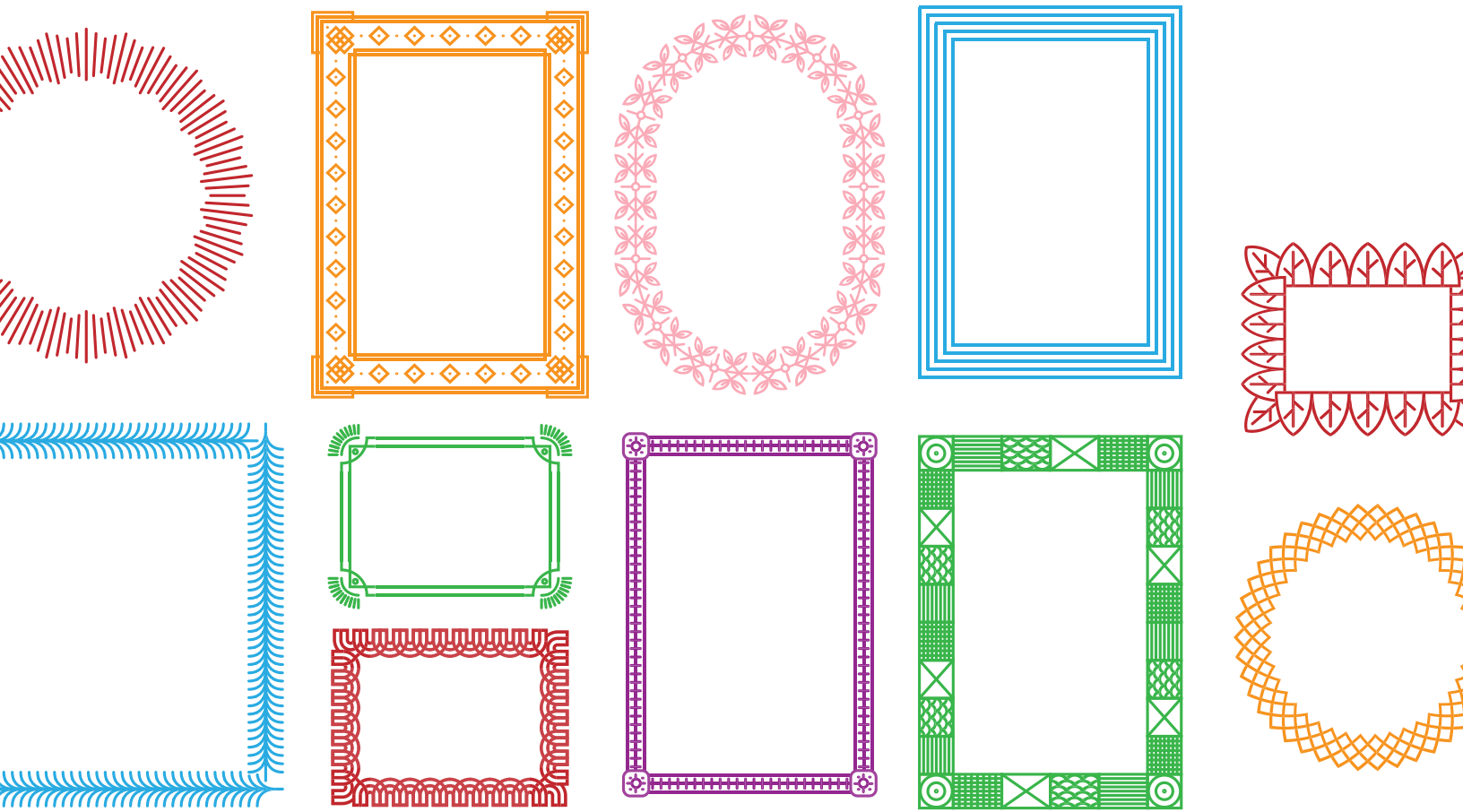


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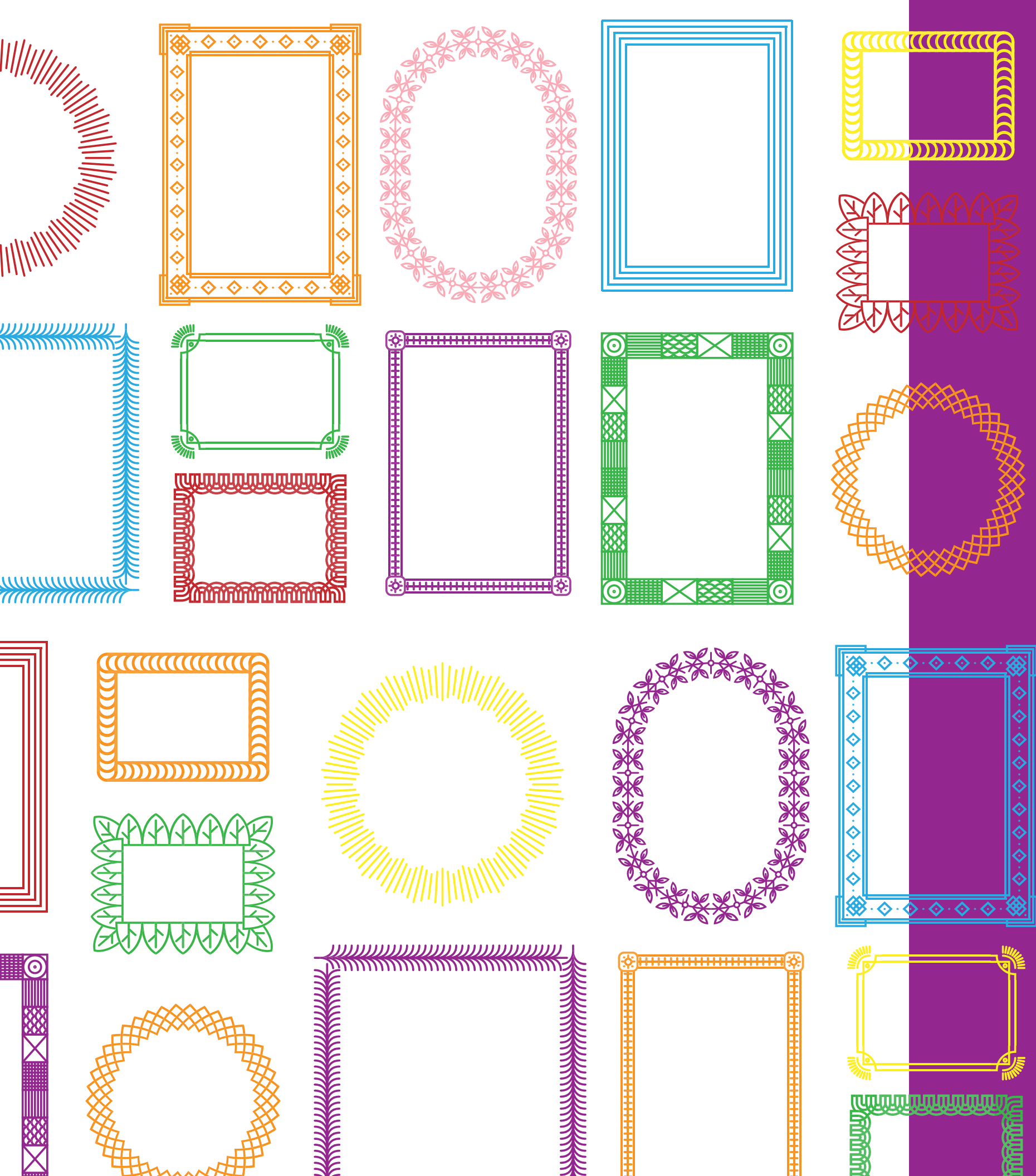


LGBTQ+ Aging in SE Michigan:

A Report on Housing and Supports

The HOMES Coalition is a Southeast Michigan coalition of partners and allies working to provide assistance and housing to LGBTQ+ older adults towards Aging in Community.





This report was based on a survey that was initiated and implemented by what is now called the HOMES Coalition, a collaboration of individuals and organizational representatives to create lesbian, gay, bisexual, transgender and queer plus (LGBTQ+) affirming housing for older adults in Southeast Michigan. Coalition members identified the need, drafted a survey to gather community perspectives, helped pilot and revise the survey, solicited survey participants, and collaborated at all data analysis and report preparation stages.

Organizations who participated in this work included: ACLU of Michigan, Affirmations, Center for the Advanced Study of Aging services (CASAS), Corktown Health, Detroit Area Agency on Aging, Develop Detroit, Full Circle Communities, Gender Identity Network Alliance, LGBT Detroit, Metropolitan Community Church of Detroit, MiGen (formerly SAGE Metro Detroit), Ruth Ellis Center, Transgender Michigan, University of Michigan, Michigan Medicine Housing Bureau for Seniors, and the University of Michigan School of Social Work.

Many coalition members were heavily involved in survey construction, promotion and report writing and reviewing, including: Brenden Bell, H. Justice Cook, Michelle Fox-Phillips, Chris Kemp, Kathleen LaTosch, Angie Perone, Beth Glover Reed, Duy Vu, Cornelius Wilson, and Sabrina Zheng.

Part of the direct costs for the research were funded by a series of small grants from units at the University of Michigan-Ann Arbor: The School of Social Work, Detroit-Urban Research Collaborative, Ginsberg Center for Community Service and Learning, and the Institute for Research on Women and Gender. The School of Social Work's Program Evaluation Group and webmaster helped set up the Qualtrics survey and website platform to access the survey.

Overall coordination was provided by Beth Glover Reed, University of Michigan-Ann Arbor, School of Social Work and Department of Women's and Gender Studies. Other School of Social Work Faculty provided technical assistance: Anao Zhang, Mieko Yoshihama, Andrew Grogan-Kaylor, and Larry M. Gant. Current and former UM students assisted at various stages: Doctoral students: Angie Perone, Danae Ross, Emma Gross, Meaghan Pearson. MSW students: Alberto Martinez, Kenneth Worth, Chris Kemp, Margaret Vocos, Paige Malay, Sari Bircoll, Aaron Moore, Laurel Shroeder, Sabrina Zheng, and H. Justice Cook.

This report and its graphics were designed by the Subtle Design Co., and paid for by MiGen.



“We must completely change how we develop housing and communities in a more sustainable way that leads to building an actual sense of community instead of people packed together but living separately”

A Note about Language and Concepts Used in the Report

Community-Based Participatory Action Research (CBPAR) is a collaborative approach to research guided by action goals, community conditions and principles for rigorous research, engages community members, researchers, and organizational representatives as equal partners through all stages of the research to enhance understanding of a given problem or goal, and create change towards community identified goals.

Discrimination. This term is used to refer to a wide array of terms that describe forces and actions that disadvantage some people based on assumed or actual social categories, and advantage others. Oppression refers to systemic discrimination where injustice targets or disproportionately impacts specific groups of people, but many other terms for different forms of discrimination are frequently used. These can include mechanisms like exploitation, exclusion from participation and decision-making, stigmatization, violence (including more subtle forms like micro-aggressions to more extreme versions like murder or genocide). And these can occur differently with different consequences in different life areas, like schools, healthcare settings, workplaces, neighborhoods, families, relationships.

LGBTQ+. The acronym "LGBTQ+" is used throughout this document as an umbrella term to include a broad range of people. The LGBTQ letters stand for Lesbian, Gay, Bisexual and/or Bigender, Transgender and Queer and/or Questioning. Because the community and its language are constantly evolving and changing, the plus (+) is added to include additional terms used within the community including, but not limited to, intersex, asexual, agender, two-spirit, same-gender loving, pansexual, omnisexual, gender-fluid, gender non-binary, and more. It is further noted and acknowledged that many older adults are uncomfortable with the word "Queer" which has historically been used as a slur against community members and which some, especially older members, may associate with trauma, mistreatment and discrimination. At the same time, younger generations and some transgender older adults are more likely to embrace this term.

Positionalities. Often called demographics, the term "positionalities" has been used to more purposefully indicate socially/culturally defined categories associated with different levels of societal power, opportunity, and struggle. In this report, positionalities include: gender, sexual orientation, race/ethnicity, age, economic status, dis/ability status, and religion. All these influence societal opportunities/constraints, how people experience their individual/family identities and how they are embedded in societal norms and structures.



LGBTQ+ older adults have diverse and unique needs regarding types of LGBTQ+ affirming housing and supports for aging. While many programs focus on Aging in Place, services that allow older adults to remain in their homes, this study reveals that many LGBTQ+ older adults are interested in relocating and “aging in and with community” to ensure that they have housing that helps them feel safe, be their authentic selves, and obtain culturally responsive services. For a large majority, these factors are more important than Aging in Place.

The report is divided into seven parts:

- 1 Introduction**
Overview of goals and methods
- 2 Respondent Highlights**
A snapshot of those who completed the survey, why housing matters to them, and preliminary summaries of housing preferences
- 3 Aging in Place**
Survey findings regarding what respondents think about and need in order to age in their existing homes safely
- 4 Aging in Community**
Survey findings about important psychosocial factors and social supports and connections important for Aging in Community
- 5 Aging & Housing Preferences**
What people want for their housing as they age
- 6 Summary**
Implications for LGBTQ+ older adults’ aging services, supports and housing
- 7 References & Appendix**
HOMES survey methodology

Introduction

Little data exist on LGBTQ+ [lesbian, gay, bisexual/bigender, transgender, queer/questioning, plus] older adults: Most national surveys on aging do not focus on sexual orientation and/or gender identity, and older adults and LGBTQ+ populations are difficult to reach. Existing data show social isolation, limited family supports, discrimination, poorer health outcomes, poverty, but also strong community networks, supports, resilience, and coping skills (Bower et al., 2021; Fredriksen-Goldsen & Hoy Ellis, 2017; Bouton, Brush, & Meyer, 2023 Lampe et al., 2023). Many face a variety of interconnected structural barriers that present significant challenges in individuals' lives, including housing instability, job instability, limited resources, access to reliable transportation, health issues, and lack of family support (Perone, Ingersoll-Dayton, & Watkins-Dukhie, 2020; Fredriksen-Goldsen et al., 2022 Lampe et al., 2023).

Current mainstream social policies focus on older adults' preferences for "aging-in-place"—remaining independent in their homes as long as possible. Previous work by community leaders and organizers in Southeast(SE)Michigan,however,foundthat many LGBTQ+ older adults were grappling with and worrying about their housing options as they age, anticipating they might need to go back "into the closet" to survive as they would need more assistance given experiences with discrimination and limited support networks.

Perhaps one of the most compelling findings of this report is that while research for the broader population of older adults points to a preference for Aging in Place, for LGBTQ+ older adults, that is less the case. Significant proportions of LGBTQ+ older adults prefer Aging in Community and would move or seriously consider moving, even though they like their current housing environment, if it meant feeling safe, being their authentic selves, and receiving needed services. For a large majority, these factors are more important than Aging in Place.

History and Goals

This survey project began with a desire to gather more information about the housing preferences of LGBTQ+ older adults. While affirming housing was a known need, little was known about housing types, locations, amenities and services that LGBTQ+ older adults preferred, or current and future circumstances influencing these. An earlier statewide survey of older adults included questions about those who identify as LGBTQ+, but with insufficient detail to inform priorities and planning, or about the distinct subsets within the community and preferences related to specific geographic locations. So LGBTQ+ community leaders formed a Coalition to do the work that led to this report.

They developed and administered a comprehensive survey to guide planning for inclusive housing options for healthy aging among LGBTQ+ older adults. They aimed to build on strengths and tailor different approaches for different segments within the larger LGBTQ+ older adult community.

The primary goals were to identify:

- 1 Resources, circumstances, needs, and preferences of the full breadth of the LGBTQ+ older population in SE Michigan related to housing, economic, health and safety issues, psychosocial elements, social supports, desired activities and services, and priorities.
- 2 Implications for developing housing and resources for different segments or subsets within the LGBTQ+ older adult population (e.g., not just genders and sexualities, but also age brackets, economic circumstances, race/ethnicity, dis/ability status, and religion). Community leaders were especially interested in addressing the concerns of those with the greatest needs and least access.

Methods

This research used frameworks drawn from critical intersectionality (Reed et al., 2022) and community-based participatory action research (CBPAR, Brush et al., 2020). Critical approaches focus on justice and identifying barriers to justice with goals of reducing these. Intersectionality emphasizes multiple societally defined categories (see positionality definition earlier), and that interact to create different opportunities and barriers, in different contexts. Multiple positionalities exist within the LGBTQ+ categories, and these are also shaped by race/ethnicity, age, economic class, religion, dis/ability status, and others. CBPAR methods incorporate action and knowledge development goals, with multiple community members and those with research expertise collaborating through all stages.

Coalition members developed a survey draft, piloted it with eight focus groups, revised it, and added several standardized scales (Scheim & Bauer, 2019, Williams et al, 1997). Several recruitment methods were used in waves, including electronic promotion (newsletters, list-serves, email and other groups), distributing paper fliers, having computers available at in-person events, and targeted networking. Most surveys were completed online with technical assistance available, through shared community devices, or telephone interviews. More about particular aspects of the survey and how data were analyzed are included throughout this summary and in the larger report and methodology appendix.

Throughout the process, coalition members worked alongside researchers and reviewed which types of recruitment methods were working best for whom, examined and participated in interpreting patterns of results as they were being analyzed, and helped to identify implications.

Respondent Highlights

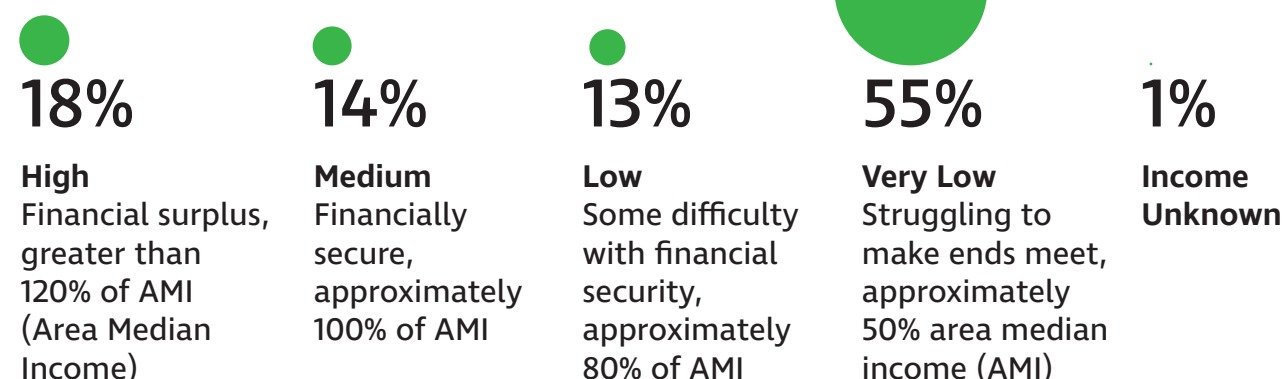
Surveys were completed by:

264
OLDER
ADULTS

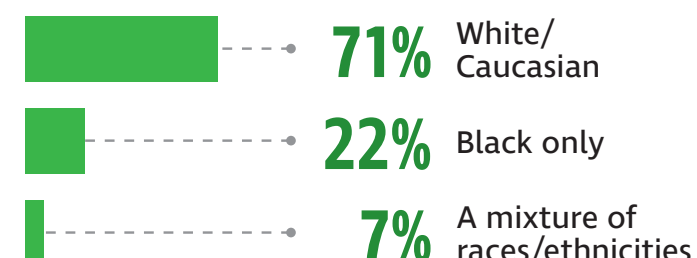
Eligibility:

- ✓ Aged 45+
- ✓ Identify as LGBTQ+
- ✓ Live in Southeast Michigan

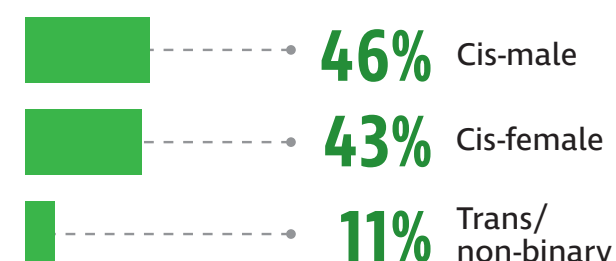
Income Adjusted by Household Size



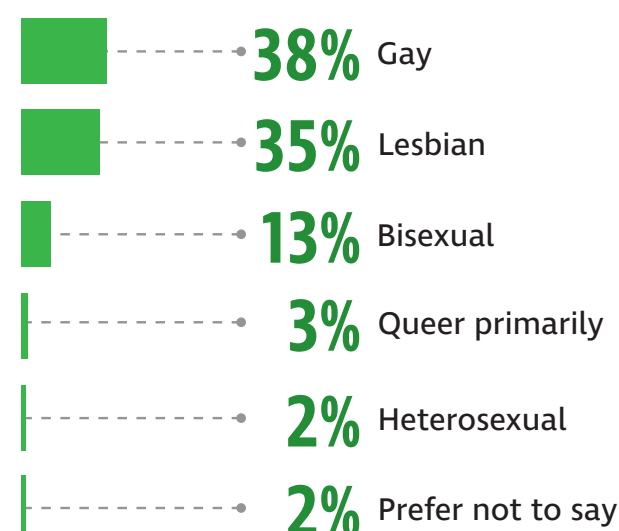
Race/Ethnicity



Gender and Gender Identity

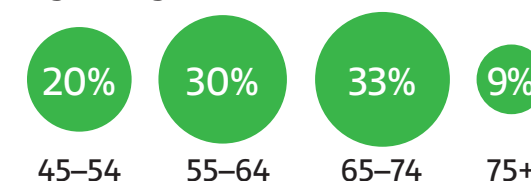


Sexual Orientation

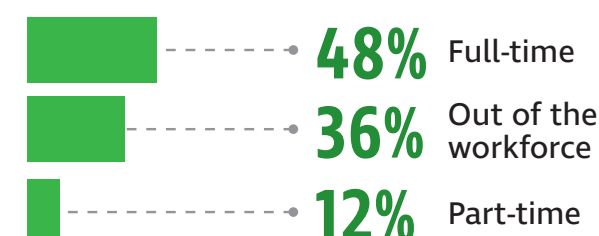


Respondents were invited to check all that apply and many did, creating complex combinations. These statistics are simplified versions.

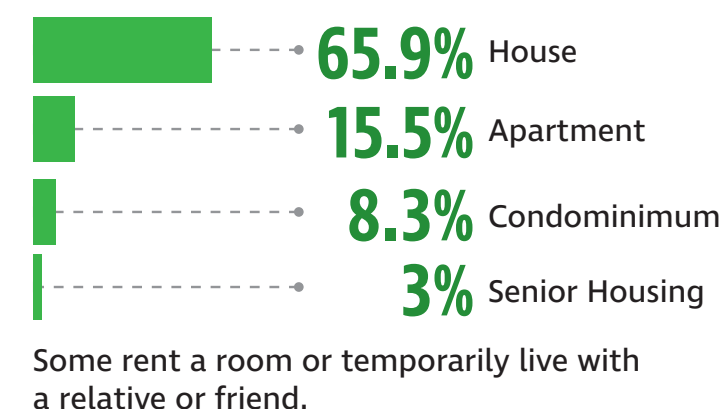
Age Ranges



Employment



Housing Types



90%
reported some kind of discrimination

MORE THAN 80% would consider relocating if LGBTQ+ housing became available, even if currently doing well and valuing where they currently live

35%
or over a third are living with a disability

69%
live alone

ALMOST 30%
did not know who would be their caregiver as they aged

Respondents reported many types of experiences with discrimination based on who they are, with gender, sexuality, race/ethnicity, and dis/ability status mentioned most often.

90% of survey respondents reported some kind of discrimination. The highest percentage and most frequently reported type of discrimination was with health care providers (43%).

Further, they worry about future discrimination, knowing they will need more support as they age.

"I have no clue where I will end up as I age."

"I would like to be part of a closer community."

Aging in Place

Aging in Place is the name of an aging support concept where resources are prioritized for those who prefer to stay where they are now — in their current housing/home, as opposed to moving to a retirement community or other housing (National Institute on Aging, 2023, and Forsyth & Molinsky, 2021). This survey assessed what resources would be needed for all to age safely in their existing homes until a range of LGBTQ+ affirming housing becomes available.

“I am not aware of ANY reliable LGBT Senior transportation support in SouthEast Michigan, which is badly needed.”

“I do not have neighbors who I can ask for any help”

“Our neighbors are conservative Christians and we are not comfortable telling them we are gay. Same with some of the other neighbors.”

Current living circumstances

Respondents reported many types of current housing, with the largest percentage living in detached homes (members of this group were most likely to prefer to Age in Place). Others reported apartment and condominium living, with fewer respondents in independent senior housing, renting a room, or very temporary situations (e.g., someone’s couch).

Safety and Transportation

ABOUT 10% were concerned about safety *inside* their homes

23% were concerned about safety *outside* their homes

35% reported transportation difficulties

17% reported *frequently* having difficulty getting where they need to be

19% reported *sometimes* experiencing transportation difficulties

Housing satisfaction, economic circumstances, and health status

Maintaining housing, having adequate economic resources, and health status are three critical areas needing attention in order for older adults to Age in Place safely.

Researchers identified 9 factors related to housing, economic circumstances, and health



Housing area

1. Challenges in meeting rent and mortgage, utilities and taxes
2. Safety concerns



Economic circumstances

3. Expenses for food and basic needs
4. Maintenance and modifications to sustain quality of life
5. Access to technology



Health

Conditions that impact daily life:

6. Activities
7. Pain, Disabilities, Chronic health conditions
8. Ability to accomplish activities of daily life and instrumental interactions with the environment
9. Energy and mood

“I have section 8 and housing has been stable since I got that about 8 years ago.”

“We have been fortunate enough to have a high level of education and therefore access to jobs/resources/money (and white in a world that privileges that color). This has allowed us to move to LGBTQ+ friendly places and find the LGBTQ+ friendly services that we need. ... It will allow us to age in the way we want, where we want.”

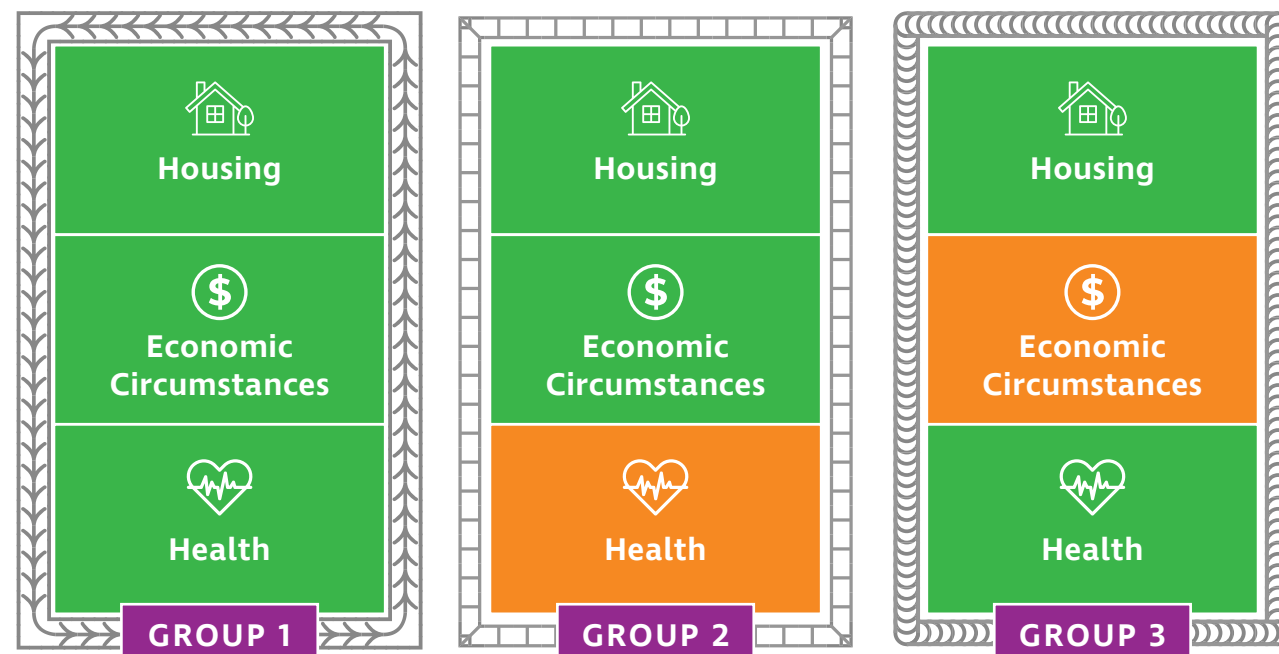
“I understand that soon we will not be able to do everything needed to maintain this house.”

Using techniques that sought patterns among responses, researchers identified six distinct groups or profiles of people based on how they answered questions related to housing, economic status, and health.

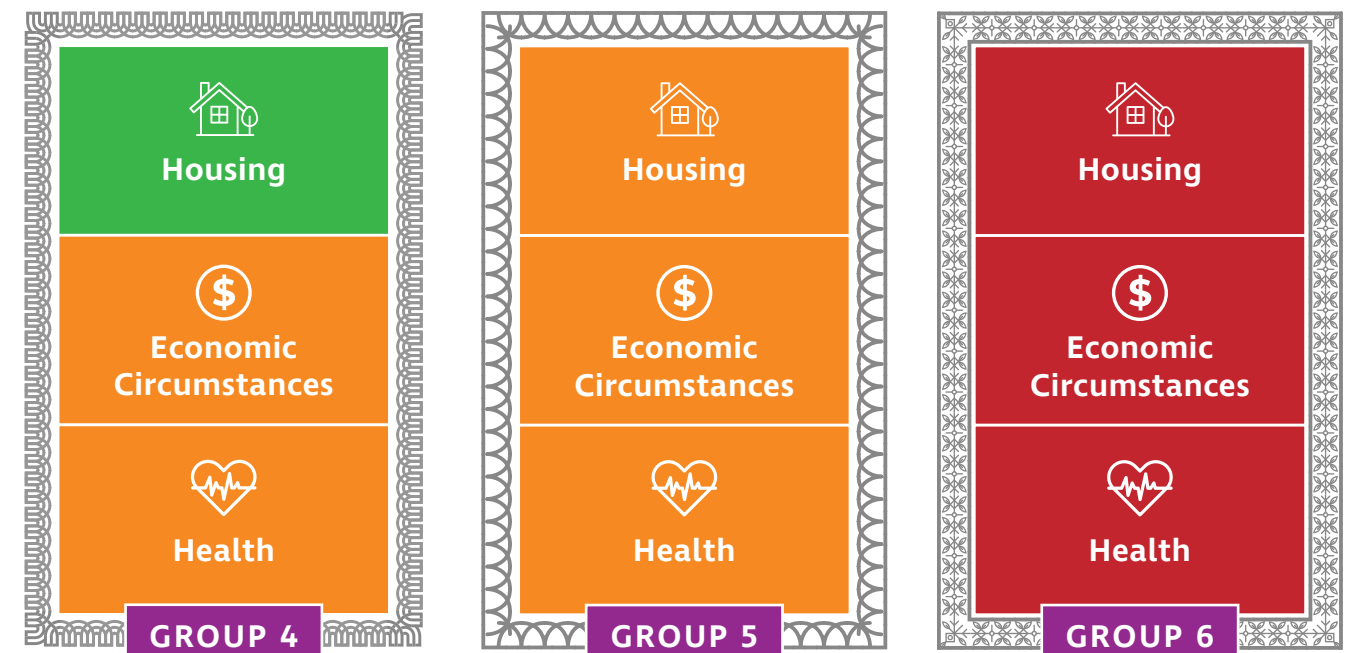
One group was doing well and stable in all three areas: housing, economic circumstances, and health. Three groups reported stability in housing but were struggling in one or both of the other areas. A 5th group experienced moderate challenges in all three areas, and the 6th was in serious trouble in all three areas, as follows:

*"Inability to climb stairs.
Inability to do activities
of daily life."*

*"General maintenance on
my home is an increasing
issue."*



■ = Stable
■ = Moderate challenges
■ = High Struggles



Significantly, reports of discrimination were the lowest in Group #1, and highest in Group #6.

Also notable was that Group #1 included more people who were older, identified as men, White, and with stable partnerships.

Those with stable housing but had economic and health struggles had more respondents who identified as Black, trans/nonbinary, and with more currently residing in Detroit.

Those in the youngest age category were over-represented in the group with the greatest difficulties in all three areas, and also more identified as women.

*"Because of my spouse
dying, my income was
reduced."*

Aging in Community

"I have loud obnoxious neighbors.."

"I love all my neighbors."

"Because we were together and married for 20 years, I find it natural to talk like she is with me in spirit, and I hear bells jingling in the night sometimes. I live alone with two loving cats, no other humans."

"I would like to be part of a closer community."

The concept of **Aging in Community** emphasizes the importance of aging in a community with other people (such as friends, family, and neighbors) and focuses on social and emotional health factors over specific dwellings and concrete needs (Winick & Jaffee, 2015). This can also refer to moving to another location with desired characteristics, with the intention of staying there.

Loneliness is a major concern for Aging in Community, with negative consequences (comparable to smoking) on health outcomes. Current research suggests that immigrants, along with LGBTQ+ populations, experience loneliness more than the older adult population as a whole (National Academies of Sciences, Engineering, and Medicine, 2020), and that one in three older adults experience loneliness.

Loneliness and social isolation are different, but they can be related. Loneliness is the distressed feeling of being alone or separated. Social isolation is the lack of social contacts and having few people to interact with regularly (National Institute on Aging, 2021).

In this survey, about half of respondents reported feeling tense, downhearted, and low some or most of the time, and more than half experienced loneliness — higher than in the general population of older adults.

Researchers identified three major factors among socioemotional dimensions and social connections, including loneliness:

- ▶ **Social and Community Connections:** Belongingness, participation in a range of community activities, formal and informal
- ▶ **Mental Health:** Mental Health, negative feelings, emotional disability
- ▶ **Loneliness:** Lack companionship, feel left out, feel isolated
- ▶ **Giving and Receiving Support:** The extent to which one gave or received support from others

This analysis led to the identification of four groups, listed below by degree of loneliness, since loneliness is emerging as a major contributor to overall well-being and health.

Note however, that other psychosocial indicators varied substantially within these groups:

Not lonely

- Do not engage much in community activities
- Report good mental health
- Have a life partner
- Have low basic need struggles and receive social support
- Provide less social support to others

Somewhat lonely

- Have family connections
- Have social support received is almost equal to what is provided to others
- Have some mental health issues
- Report relatively low levels of engagement with community activities compared to the entire sample

Lonely

- Have high community engagement in transgender-focused programs
- Receive somewhat less social support than what is provided (particularly to children)
- Have moderate physical health and economic challenges
- More likely to struggle with emotional disability compared with the entire sample

Very lonely

- Have high community engagement
- Provide more social support to family and friends than they receive
- Have unstable relationships, live in unsafe neighborhoods, and describe many challenges in survival needs
- Report high frequencies of discrimination, no disabilities, and good mental health

Aging & Housing Preferences

About 80% would consider moving—60% would definitely consider moving and another 20% would move if the circumstances were right. Only 13% don't want to move under any circumstances. Seven percent would like to Age in Place (in their existing home) but are not sure they will have the resources to do this.

In terms of preferred locations and types of housing, most respondents chose locations in the same county where they now live, but even then, some would move elsewhere if the right type of housing were available.

The survey measured five factors that might be important to LGBTQ+ older adults regarding their housing preferences; they included:



Home Management
Smaller homes, less maintenance, fewer stairs, accessibility modifications, etc.



Caregiving Support Availability
Skilled nursing and assisted living, continuum of care availability.



Affirming
Welcoming for Black, Indigenous and People of Color (BIPOC), LGBTQ+ people.



Subsidized Accessibility
Served by public transportation, near shops, and services, economically subsidized and meets physical accessibility needs.



Community/Entertainment
Recreational/exercise opportunities, classes, book clubs, performances, and community activities.

Analyses identified three distinct groups of respondents who selected similar preferences, described below:

1) Enrichment and Connection: This group was mostly interested in looking for ways to connect to a broader array of community activities and entertainment, elements that would add value to lives that are mostly satisfactory now. They preferred single-family homes near community activities, had the highest income level, included many from the oldest group, experienced less loneliness, and had a high proportion of people who would never move, even if LGBTQ+ specific housing was available. For social supports, this group valued networking opportunities the most. Their resources and stability could be a source of support for those not doing as well.

2) Authenticity and Safety: This group prioritized safe housing in LGBTQ+ affirming neighborhoods, with a need for supportive living. The primary age range was 65–74, with a much higher proportion of Black respondents than the other two groups, and included most of the transgender people who participated in this study. This group is concerned about their positionalities (BIPOC, Trans, LGBTQ) being welcomed in their home and communities and are more interested in supported living facilities with nursing care. For social supports, this group valued the availability of support groups more than the other two.

3) Assistance and Survival: This group was open to various housing structures, prioritizing affordability and accessibility. 94% are very low-income, with higher proportions identifying as women. This group has the most needs and requirements. They are concerned about public transportation (most do not have access to automobiles), subsidized housing, being close to supports like friends and family, and healthcare and grocery stores. Of all the groups, they are the most interested in LGBTQ+ specific and affirming housing. They ranked health fairs, support groups, and access to LGBTQ+ health care providers higher on their priority list when compared to the other two groups.

Note that in this section, many respondents wrote in comments about the importance of spirituality in their lives, as an element that cut across groups.

"I would want plenty of green spaces. Shaded gardens and seating for outdoor concerts, picnics, drum circles, rituals, etc."

"To be in a place where I could practice my religion with others—very important."

"There are times where I 'pass' but I don't hide who I am or who I am married to."

"I purposefully hide my trans and gay identities and experiences from the world at large and limit disclosure to situations I feel are safe, mentally and physically. I'm 100% certain I would experience a lot of the negative situations posed if I were open in my daily life."

"I do not want to feel that I in any way need to hide that I am gay."

"The only thing that would prevent me from taking advantage of LGBTQ friendly housing would be the cost. Could I afford it?"

Summary & Implications

A methodological note

This survey was designed and analyzed to give voice to smaller subsets within the larger LGBTQ+ older adult community who share distinct characteristics and preferences in order to strategically apply community organizing and support services. The survey was not necessarily designed to be representative of the entire population. An important goal was to avoid over-emphasizing the characteristics and preferences of those most easily identified and reached, especially during a pandemic (Bouton, Brush, & Meyer, 2022). Readers are advised against generalizing from any given percentage in this report as representing an actual proportion within the larger population. Instead, the groupings identified here are real, existing in the larger population, and will benefit from tailored approaches and solutions.

The complex tapestry depicted here indicates a need for different types of LGBTQ+ affirming housing and supports for aging, with less emphasis on Aging in Place.

Criteria include:

- Enhancing options
- Feeling safe
- Being one's authentic self
- Receiving needed services

For a large majority, these factors are more important than Aging in Place and point to more emphasis on Aging in Community.

Influences on House Preferences. No single type of housing, activity support, or service intervention approach will address the needs and build on the assets of the entire LGBTQ+ older adult population. Factors that appear to influence preferences for housing and services include combinations of the following:

- | | |
|---|--|
| → Positionalities and experiences with discrimination | → Desire to be "out" or "be able to be themselves" in their local environments |
| → Current housing circumstances | → Access to people they can depend on to provide assistance as they age |
| → Economic and other resources for basic needs | → Health status |

Positionalities and intersectionality matter

The multiple groupings identified in the survey analysis reflect complex patterns:

a) Within the high need groups (economic, safety, and housing) respondents were more likely to identify as cis-woman, younger, and bisexual. They tended to report more discrimination, had many caregiving roles, and received less social support than respondents in other groups. They rated themselves high on loneliness, but with good mental health, and were engaged in community activities. Over half of respondents prioritized affordable/subsidized housing, near to family, and with access to services.

b) In the group that preferred housing where they could be their authentic selves and feel safe, respondents were much more likely to identify as BIPOC and/or trans or interested in trans-related activities.

c) For those that prioritized greater enrichment, there were few survival struggles and respondents tended to identify as white, gay, cis-man, who were in stable relationships, had fewer experiences of discrimination, and were generally less engaged in LGBTQ+ focused activities. Their priorities included being near friends, engaging in meaningful productive activities, experiencing a sense of purpose, and they had a high interest in single-family homes.

“There is a need to address racism in the LGBTQ+ community. It is perhaps even more prevalent than in the straight community. The effects of all these services are or can be heavily altered by this issue, possibly changing their desirability radically.”

Planning needs to be tiered

Planners should work on both addressing current needs as well as preventing the development of poor conditions. This includes identifying and assisting those experiencing struggles in a range of areas (housing, health, finances, safety, transportation, loneliness, social isolation,) as an early priority, while also working to prevent those struggles from developing in those who are managing currently.

On Aging in Place

Significant safety and transportation concerns exist among respondents in their current living situations that are connected to health and wellbeing – a third of respondents shared safety concerns (most of these were regarding safety outside their homes) and well over half have transportation needs.

- ➔ **Supports and services for LGBTQ+ older adults should assess home/neighborhood safety and transportation needs of their clients and apply supportive resources.**

Not all LGBTQ+ older adults are struggling in their current living environment; there is a gradient of struggle.

- ➔ **For maximum impact, services should focus on those experiencing struggles in housing, health conditions, and finances. Service providers could assess older adults in these areas in order to prioritize service needs, both to address current needs and to prevent poor conditions from developing.**

Those facing the most discrimination are also those who face the most struggle in housing, health conditions and finances.

- ➔ **Service providers should strengthen education, advocacy, and service provider training (especially in health care) in order to reduce discrimination faced by LGBTQ+ older adults and improve services and care.**

A number of participants who identified in the “doing well” category (Group 1) noted that they might be in a position to be of assistance to others.

- ➔ **Future community organizing goals could include developing additional mechanisms for mutual assistance, and identifying those in a position to provide assistance to others.**

On Aging in Community

Social connections and engagement in community activities, mental health issues, loneliness, and patterns in giving and receiving support are important factors with complex relationships to levels of health and wellbeing. Efforts need to reach both those currently engaged as well as those not currently engaged, and recognize that patterns of discrimination, and positionality matter. These complex patterns must be recognized in planning for services and activities, addressing immediate needs, and working towards future planning efforts.

Survey results point to a tendency for LGBTQ+ older adults to be more interested in aging with fellow community members (Aging in Community) than in staying in their own home (Aging in Place). This is contrary to research on mainstream older adults. Furthermore, 69% of survey respondents currently live alone. Many are content with living alone for now, but worry about who will assist them as they age, would like information on housing and support options now, and would like to have more housing options now.

- ➔ **Service providers should assess the extent to which LGBTQ+ older adults would like to stay in their own homes versus move to an LGBTQ+ affirming community with relevant supports and services, provide information on the options available, and work to develop more options.**

Loneliness is a major issue uncovered in this survey, with higher levels among LGBTQ+ older adults than in many general population studies. These have serious implications for current and future health and well-being. Loneliness is not the same as social isolation—many who are experiencing higher degrees of loneliness are also active in community activities.

- ➔ **For service providers, there is an opportunity to have a strong impact on loneliness levels by assessing the loneliness levels of those currently involved in activities and services and applying interventions to reduce loneliness and boost overall health and wellbeing.**

A word on discrimination

While it was not a focus of this report to analyze information about experiences of discrimination, a shocking 90% of respondents reported experiences with discrimination. More resources and support need to work toward reducing and eliminating discrimination targeted at LGBTQ+ older adults and provide safety and remedy for people when they experience it.

Overall planning will require sensitivity to historic racial and class segregation and community divides. As one survey respondent noted: "There has historically been an economic/racial separation in Metro Detroit: Witness three different non-intersectional "prides". As in most situations, these (separations) have not benefited BIPOC in the area." This report has focused on multiple subsets within the larger community of LGBTQ+ older adults as one way to identify strategic and relevant solutions. While positionalities are important in defining subset interests and needs, circumstances and preferences also create commonalities across positionality categories.

➔ **Community organizers must identify and stay attentive to the range of priorities within the community and clearly articulate different histories, experiences and perspectives, especially with different types of discrimination, in selecting approaches and strategies that are effective, culturally specific, and relevant.**

.....
"To be near recovery/AA meetings, possibly within walking distance."

.....
"I can pay for services and would be willing to help less fortunate if I knew how."

On Aging & Housing Preferences

Significantly, 80% of LGBTQ+ older adults would move or consider moving if LGBTQ+ affirming housing options were available – even though some in the survey initially responded in ways that said they would not want to move. On moving, while most would prefer to stay in the same county where they currently reside, some would move elsewhere if the right type of housing were available.

➔ **Organizers should prioritize identifying LGBTQ+ affirming housing in Southeast Michigan – the type and location of housing may be less important than the fact that it is LGBTQ+ affirming and "in community."**

There are a range of needs and preferences within the community with regard to housing preferences.

➔ **Having a variety of options in terms of types of housing, costs, composition, location, and activities will be important.**

- ▶ Those who landed in the 'Assistance and Survival' group have the highest need and are looking for locations that will offer subsidized housing with access to community supports and services such as healthcare, transportation, grocery and pharmacy.
- ▶ Those seeking Authenticity and Safety lean toward supportive living facilities and support group options. Housing options need to prioritize safety and the ability for each person to be their authentic self, ideally in an LGBTQ+ affirming environment.
- ▶ Those in the Enrichment and Connection group prefer single family homes and desire to be connected to a broader array of community events, including cultural and entertainment events. This group tended to be more content and there may be less urgency to seek housing changes.

There are a number of support services that all three groups named that would help maintain or secure housing stability. While each group had different preferences, collectively, they include a range of social and community supports.

➔ **Service providers should focus energies on supporting community members, from providing assistance in access to important resources, to offering support groups to connecting people to networking, social, cultural, and educational gatherings.**

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Appendix

HOMES Survey Methodology

Critical Intersectionality (Reed et al, 2021) and Community-based Participatory Action Research (CBPAR) methods guided design, recruitment and analyses.(Brush et al, 2020). Critical approaches are concerned about justice and identifying and reducing barriers to justice. Intersectionality frameworks focus on how different combinations of positionality categories create different experiences and consequences that have implications for goals, needs, housing, activities and services. Positionalities include those within LGBTQ+ categories, race/ethnicity, dis/ability, religion, age, economic status, and others relevant in particular cultures. CBPAR approaches have both action and research/knowledge development goals, with each informing the other, and incorporate collaborations among community members and those with research goals.

Survey development occurred in three phases. Community members developed an initial draft and drew heavily upon the State of Michigan's 2012 Older Adult Needs Assessment, with some revisions to make data analysis easier and for local customization. The survey was pre-tested with 50 diverse LGBTQ+ adults over 45 who completed the survey and provided feedback in eight virtual focus groups. The survey was revised again based on this feedback, and with advice from researchers experienced in survey design.

Eligibility

Criteria for survey participation included:

- ▶ Must be age 45 or older
- ▶ Must identify within the LGBTQ+ populations
- ▶ Must reside within the geographic focus of Southeast Michigan: Oakland, Macomb, Washtenaw, and Wayne Counties.

Confidentiality and Safety

- ▶ The survey was located on a secure website and completed either via multiple types of electronic devices or through interviews conducted by telephone or video call.
- ▶ Two early screenings determined whether participants met eligibility criteria before they could access the actual survey.
- ▶ Those completing the survey were eligible for a \$30.00 incentive for participating.
- ▶ To protect anonymity, methods were implemented to ensure there was no way to connect anyone's responses with identifying information needed to distribute incentives.
- ▶ Procedures were also developed to detect and remove responses from participants who did not meet the study's criteria.

Recruitment

Multiple types of outreach were conducted in three phases. The first phase included word of mouth and electronic methods (newsletters, social media, email lists) implemented by organizations and people involved in the coalition. The research team summarized how respondents reported learning about the survey and the methods they used to access it. Coalition members reviewed this feedback, and adjusted recruitment strategies to increase successful methods and expand on those not yet being used effectively.

In the second phase, printed fliers and a short video were prepared that could be posted, distributed at PRIDE and other events, and inserted during online support groups and events. Sessions were scheduled in community locations with access to many computers (e.g., libraries; community centers) and someone available to provide technical assistance.

The third phase involved targeting under-represented groups by utilizing local community leaders who coordinated groups of "ambassadors" who then conducted outreach activities through their known networks and provided support for accessing and completing the survey.

The survey was designed to give voice to groups that share characteristics and preferences within the larger LGBTQ+ older adult community, not necessarily to be representative of the entire population. A major goal was to avoid over-emphasizing the characteristics and preferences of those most easily identified and reached, especially during a pandemic (Bouton, Brush & Meyer, 2022). Authors therefore advise caution against generalizing any given numeric figure to the entire population.

Topics in the survey

Introduction: Informed consent, eligibility questions, and information about how they learned about the survey and accessed it.

COVID-related questions: These were created to assist respondents in clarifying their general circumstances from those affected by the pandemic.

Housing-related questions: Current housing, conditions, and circumstances related to housing, plus their preferences as they age. This also included any safety concerns within their housing and in the community.

Transportation: Modes used, adequacy, and preferences.

Services and activities: This includes involvement in LGBTQ+ and mainstream activities and services, as well as what they thought were important and might be used in the future.

Health and health care: General health, mental health and dis/ability status, types of health issues, and how they are able to navigate self-care and everyday activities.

Positionalities: Questions related to some current circumstances, present and past types of discrimination, and vigilance related to discrimination expectations. Positionalities include how they define themselves in societally defined categories associated with advantages/disadvantages, not only concerning gender and sexual orientations, but also race/ethnicity, age, economic and employment status, religion, and dis/abilities.

Data Analysis

The research team developed procedures to identify and remove incomplete responses or those likely submitted by people who did not meet survey criteria such as geographic location, age range, or with indicators that they were fabricating plausible responses to acquire the thank you incentives.

Analysts shared initial descriptive summaries (e.g., cross-tabulation tables, correlation matrices) on different topics within the data with coalition members to identify important relationships among data categories, and receive feedback about different forms of data presentation and suggestions about what additional analyses would be helpful to inform planning and action agendas.

Specific measures employed in each section are described in specific data sections; similar methods were used throughout. As noted, general patterns among the data and general patterns of relationships among answers to specific questions were explored first.

The research team then used factor analysis to put together questions from the survey that were alike in topic and were answered in similar ways. These created composite measures called a “factor”. For example, researchers looked at how different health questions were related and sorted them into three groups: how health affects daily life, how much help is needed, and energy levels and mood. Exploratory factor analysis identified three dimensions: a) survival needs (transportation, housing, economics, health); b) psychosocial conditions (loneliness, social support, mental health);

c) housing preferences (more manageable, nursing support; positionalities-welcome; subsidized accessibility; strong community connections).

Once important factors in particular areas were identified, researchers then looked at segments of people who answered groups of questions similarly to create profile groupings of people whose circumstances or preferences were similar to others in their profile group but different from those in other groups. This technique is called either latent class analysis or latent profile analysis (Weller et al, 2020). For instance, in basic needs (health, economic issues, housing), researchers identified segments of people who differed in levels and types of health conditions, economic circumstances, and housing conditions. Using this technique, six groupings were identified within basic needs (housing, economic condition, health), 4 groupings on psychosocial and community involvement measures, and 3 groups with different housing preferences.

Finally, the Fisher exact test (Bonferroni check for robustness) was used to explore the composition of these profile groups on characteristics not used to create the profile groups. This test identifies how the proportion/percentage of people with particular characteristics in a particular group is more or less than their proportion in the entire sample. Variables explored in the report include positionalities, specific geographic locations, particular living arrangements, experiences of discrimination.

“What I need now while I am still working, and what I will need in 14 years when I retire are quite different.”

