

ENVIRONMENTAL SCAN
on the
Health and Housing Needs
of Aging Lesbians

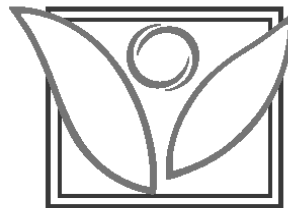
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Eleanor Ross, Mary Scott, Ellen Wexler

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EXECUTIVE SUMMARY

Exploring the Health Care & Housing Needs of Aging Lesbians is a community-based participatory research project sponsored by Older Lesbians in Valued Environments (OLIVE) and the Sherbourne Health Centre (SHC).

PURPOSE

The study focuses on older lesbians (over 50 years of age), the majority of whom live within the City of Toronto. The primary purpose of the project was to:

- involve aging lesbians in identifying their health care and housing needs; and
- provide OLIVE and SHC with information about aging lesbians, which will form the basis of their future work within this community.

PARTICIPANTS

The study provides initial general information about a certain community of older lesbians in the Greater Toronto Area. These older lesbians are largely “out”, predominately white, middle-class, educated and currently in partnerships. Most lesbians who participated in the study are between 50 and 60 years of age and have post-secondary education. In addition, most are still employed and have planned in some way for their future. Seventy-eight per cent of the lesbians identified their health as good. Approximately the same percentage live in a house or condominium. The majority, 70 per cent, own their homes.

(Please note that, although the older lesbians in this study are relatively secure financially, another picture emerged of lesbians over 60 in a previous study conducted by Sum Quod Sum Foundation, Inc. in Winnipeg in 1997. This study stated that 42 per cent of lesbians surveyed lived below the poverty line.)

METHODS

The study included a telephone survey, focus groups and a public forum. As well, key informant interviews, a literature review and personal interviews with lesbians over 70 years of age contributed to the findings.

A short **telephone survey** was conducted in order to gain a snapshot of the current health and housing needs of older lesbians. The researchers developed the questionnaire with the assistance of the OLIVE Steering Committee. Volunteers, recruited by OLIVE surveyed a total of 138 older lesbians.

Four **focus groups** were held, two each about housing and health issues. Trained volunteers facilitated the groups; a total of thirty-four lesbians participated.

OLIVE held a **forum** towards the end of the study to receive feedback on the preliminary findings of the study. All women who had participated in either the survey or a focus group were invited to attend; 25 women attended.

REFLECTIONS

Some reflections on the findings are:

- Community-based participatory research encourages community development and “consciousness raising”. By reaching out to aging lesbians to participate in the study, a momentum of interest and awareness was created which will likely lead to future activities.
- A key theme that aging lesbians repeatedly stated was the need to work from within, create a caring community and look after themselves.
- There is no one single lesbian community, rather a wide spectrum of communities. However, the project’s methodology did not result in significant participation by lesbians from the various racial, ethno-cultural communities within Toronto, or from lower socio-economic groups, differently-abled or lesbians over the age of 70.

- The participants did not identify what good lesbian-positive health care looks like.
- Cutbacks in health care, housing and social services over the last several years may have a profound impact on older lesbians.

RECOMMENDATIONS

The recommendations have been organized into the following three categories, (a) Health and Housing Service Providers and Governments, (b) Lesbian Communities, and (c) Research.

(a) Health and Housing Service Providers and Governments

It is evident that health, housing providers and all levels of government need to be aware that lesbians continue to experience overt and covert forms of discrimination because of their sexual identity. To address this discrimination providers need to become sensitive to the issues faced by older lesbians.

The study identified the following recommendations which would enable the provision of health care and housing that promotes a climate of respect and acceptance:

- ***Provide training and education to service providers on lesbian specific psychosocial and health issues.*** Psychosocial issues may include stress, isolation, and internalized and externalized homophobia. Health concerns may include preventative/routine health maintenance, alcohol and drug use, weight and size, same sex violence and specific safer-sex information.
- ***Ensure policies, procedures and printed materials are lesbian-positive*** and include issues such as partner access. For example, forms that clients complete should use terms such as “partner” rather than “husband/wife”, and promotional materials should include photos of lesbians and lesbian families.
- ***Encourage, develop and implement lesbian specific community based services*** in consultation with lesbian communities.

- ***Develop and implement more in-home health care and home/housing support services.*** This would assist aging lesbians, at a vulnerable stage in their lives, to stay in their current homes, to remain independent and to avoid possible homophobic environments. Key home services need to include house maintenance, shopping, transportation, cleaning and health care.
- ***Designate lesbian beds/units/floors in seniors' residences and long-term care facilities.***
- ***Ensure more supportive, adaptable, safe, secure and environmentally sound housing.***
- ***Distribute this report widely,*** including relevant community-based organizations, the three levels of government, health and housing service providers, national and provincial Lesbian, Gay, Bisexual Transgender/Transsexual (LGBT) and women's organizations, regulatory bodies for health care providers, hospitals and long-term care (LTC) facilities and LTC service providers.

(b) Lesbian Communities

- ***Develop education tools.*** Educate and work together at grass roots levels to identify lesbian health issues, better understand lesbian rights and develop more positive images of lesbians.
- ***Develop increased opportunities for a variety of multi-generational connections,*** such as mentoring between younger and older lesbians.
- ***Provide transportation and accessible venues for older lesbians.***
- ***Build connections between lesbian communities*** to explore and address common issues. Recognizing and supporting diversity is critical to success.
- ***Advocate for lesbian-positive, supportive, adaptable, safe and secure services.***

(c) **Research**

- Future research of older lesbians should include the time and funding necessary to ***ensure that lesbian populations that are under-represented in this study are included in future work***. For example, low income, visible minorities, differently-abled and lesbians over 70 years of age.
- ***Future studies should focus on the emotional and mental health of older lesbians.***
- ***Research and develop concepts of lesbian-positive health care.***
- ***Collect and distribute information on lesbian-positive service providers in health and housing.***

ACKNOWLEDGEMENTS

The researchers would like to thank the numerous older lesbians who generously gave of their time to participate in this study. Without their courage and their willingness to be open this study would not be possible.

To the many people who worked with us in making this study a reality we say a huge thank you.

We owe a particular debt of gratitude to OLIVE's Project Coordinator, Heather-Ann Brown, who worked tirelessly on this report, distributing information, finding and coordinating the many volunteers and contacting organizations. We couldn't have done it without your commitment and energy. Thank you!

To the Sherbourne Health Centre for their ongoing support of this study, specifically Anna Travers and Carole Baker.

To the members of the OLIVE Steering Committee who have provided sage advice and thoughtful guidance throughout: Carole Baker, Heather-Ann Brown, Nancy Emkin, Sheila Miller and Gail Yardy.

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To the people who took the time to talk with us as key informants: Karen Gallagher, Clarice Dillman and Lyn Davis in B.C. from the Victoria Lesbian Seniors Care Society; Lisa Manuel from Family Services Association; Bruce Graham from Central Neighbourhood House; Dick Moore and Jack Harmer from 519 Church St.

Community Centre; Marion Lynn, Researchers/Member of the Older Women's Network; Anne Wojtak of the Toronto Community Care Access Centre, and Anna Travers, Coordinator of the Comprehensive Primary Health Care Program for Lesbian, Gay, Bisexual, Transgender and Transsexual Communities. A particular thanks to Jude Tate, Coordinator, Lesbian, Gay, Bisexual, Transgendered, Queer Resources & Programs at University of Toronto, who also provided advice and personally interviewed of lesbians over 70 years of age.

To the members of Senior Pride who assisted in disseminating information about the study.

The researchers are genuinely honoured to have had the opportunity to work on this study and hope that it adds insight to the small body of research on aging lesbians in Canada. We have met dozens of aging lesbians who fill us with admiration.

INTRODUCTION

*“The closet exists for many lesbians, regardless of age.”
(Focus Group Participant)*

Although lesbians have made strides in gaining public and legal recognition over the past decade, there continues to be discrimination, fear and hatred directed against lesbians in Canada. One only had to listen to the news the week of May 5, 2003 to hear a senior member of one of Canada’s political parties make very public, very anti-lesbian and gay statements in Parliament.

How does this discrimination affect the lives of older lesbians? How does it impact on the health care and housing services provided? What kind of health care and housing do older lesbians need and want? This study is one step toward answering these questions and is one of the first studies of older lesbians in Canada. It is the first published study of its kind in Toronto, Canada’s largest city.

In January 2003, a request for proposals to conduct a needs assessment of the health and housing needs of older lesbians was sent out by Older Lesbians in Valued Environments (OLIVE) and the Sherbourne Health Centre (SHC). It is attached as Appendix 1. The timeframe for completing the study was very short, the end of May 2003.

OLIVE is a grassroots organization whose mission is to advocate for and create caring, supportive environments in housing and health care for aging lesbians. They were looking for both: information on what the key issues and concerns are for aging lesbians in order to prioritize areas for work; and an opportunity to further develop their organization and membership. **SHC** is a new community health centre in downtown Toronto with a commitment to serve lesbian, gay, bisexual, transgender and transsexual (LGBT) communities. SHC wanted to support OLIVE as a new community group, continue their outreach to older lesbians and use the research to help shape the services they offer.

The focus of this study was older lesbians (over 50 years of age) living within the City of Toronto (what used to be called Metropolitan Toronto). Any lesbian who was interested in participating was included; however, the vast majority of lesbians came from Toronto.

It is important to state that the findings of the survey should not be projected on all lesbian communities. All lesbian surveys – and indeed all studies of LGBT communities – tend to have a biased representation since the size of the older lesbian communities is unknown and so it is impossible to identify the total population. As discussed later in this report, the sampling methodology under-represents aging lesbians who have low-incomes, low education, are illiterate, or are visible minorities.

What this study does provide is initial information on a certain community of aging lesbians in the Greater Toronto Area. These lesbians are largely “out”, predominately white, middle class, educated and are currently in a partnership.

REFLECTIONS ON THE FINDINGS

“Lesbian communities in Toronto are as diverse as the city itself”.
(Focus Group Participant)

Upon completing the various activities and meeting with the Steering Committee it was agreed that capturing the essence of the study was critical. These are our reflections on the themes that surfaced during the research.

One of the most valuable spin offs from participatory research is the potential for community development and “consciousness raising”. By reaching out to older lesbians to participate in the study, a momentum of interest was created which will likely lead to future activities. The process itself had concrete benefits beyond this study. These include the development of increased contacts for OLIVE; peer support among older lesbians in the focus groups and forum; and increased visibility of aging lesbians in the LGBT communities.

It is possible to extrapolate the issues identified in this study to other older lesbian populations. It can be cautiously said that issues identified here may be even more strongly experienced by lesbian populations that have lower incomes, and are less educated, on social assistance, over age 70, differently-abled or from other ethno-cultural backgrounds. It is recommended that further work be done to confirm this assumption and to identify new issues.

At the same time, we would encourage lesbians to realize that a great many of the recommendations in this report apply to all lesbians. Lesbians may not always be able to close the doors of their homes on the heterosexual world as they age. Lesbians with higher incomes and seemingly secure futures, for example, will have to deal with the same health care system. Homophobia remains a reality and a challenge for us all.

Anecdotal information indicates that a large number of older lesbians have incomes at or below the poverty line. For instance, a study of older LGB persons done in Winnipeg, Manitoba in 1997 found that 42 per cent of older lesbians had incomes below the poverty line.

A key theme that aging lesbians repeatedly stated was the need to work from within and look after themselves. Lesbians commented that efforts should be made to: strengthen communities in order to promote less isolation; link with older lesbians from other ethno-cultural backgrounds; look at the biases within; educate themselves on health and housing options; and reach out to younger lesbians for a mutual sharing of wisdom and experience.

The participants did not identify what good lesbian-positive health care looks like. Lesbians are used to being invisible in the dominant culture. Entertaining the idea of lesbian-positive health care is a concept that should be encouraged and supported.

Cutbacks in health care, housing and social services over the last several years may have a profound impact on older lesbians. Along with other vulnerable populations, older lesbians experiencing poverty, poor health and insecure housing are more at risk because they may lack alternative sources of support, e.g. family networks.

It is important to note that Ontario housing legislation has recently changed and no longer provides subsidy for population-specific housing projects. This means that subsidized funding is not possible for lesbian-only housing.

METHODOLOGY

The sponsors of this study and the researchers were committed to working within a participatory research framework, although constrained by a very tight deadline. This was accomplished through a number of activities.

The OLIVE Project Coordinator was involved in all aspects of the study, including development of the survey and focus group questions; determination of the number of groups and surveys and the scope of the document/literature review. The Steering Committee of OLIVE/SHC members were involved in key components of the Project.

OLIVE took responsibility for identifying lesbians for the telephone survey, the focus groups and the personal interviews. Lesbians were recruited for the telephone survey and the focus groups through “snowball” sampling. Using existing contacts, lesbians were identified through personal/professional networks, social events, Lesbian, Gay, Bisexual and Transsexual (LGBT) associations, organizations and e-mail networks.

In total, 257 women agreed to be part of either the survey or the focus groups. In the initial outreach by OLIVE, older lesbians were assigned to either the focus group or the survey based on their knowledge/involvement in health care or housing and their preference. Lesbians who were known to have particular knowledge or personal experience in housing or health care were asked to be in the focus groups.

OLIVE volunteers were trained to facilitate the focus groups and conduct the telephone survey. One of the researchers and the OLIVE Project Coordinator attended each of the focus groups, the former to act as the recorder.

The sampling technique was chosen for several reasons: the timeframe for the study was very short (four months) and required the identification of lesbians quickly. It also built on OLIVE’s networks, allowing OLIVE to further develop their contact list.

There are limitations to this kind of sampling. It results in a more homogenous population since connections are made through networks and friendships. Given this, the findings of this study should not be projected on to the total older lesbian population in Toronto. It is impossible, in the LBGT context, to draw a scientific random sample from the total population. This study, therefore, does not have the reliability that would be achieved with a true random sample.

The problem of bias toward more educated, upper income lesbians has been a factor in numerous studies. It is believed to reflect both methodological issues (the snowball technique) as well as issues of personal power and entitlement such as the right to speak out, a sense of one's importance as a minority, the degree of "outness" and comfort with surveys.

In addition, the methodology of this project did not result in significant participation by lesbians over the age of 70. Several personal interviews were conducted in recognition of this fact. Women interviewed emphasized issues such as decreased mobility, deterioration of health and income, and the need for more supports.

It is also important to clarify that for the purpose of this study, the term lesbian was not defined. It was left to individual women to self-identify as lesbians. This may have resulted in women not being involved in the research because they do not define themselves as lesbians. Among older women who are in same-sex relationships there are significant numbers who would not use the term lesbian.

Confidentiality is critical in a study of this kind. All lesbians who participated were assured that names would not be used in the report. The lesbians who answered the survey were identified by number, not by name. All the surveys were shredded at the end of the study.

Six activities were undertaken to complete this environmental scan.

(1) Telephone Survey

To gain a snapshot of the current health and housing needs of older lesbians a short telephone survey (10 – 15 minutes to complete) composed of 29 questions was undertaken. Twelve lesbians volunteered to conduct the surveys. These volunteers were provided with orientation by the researchers and given about three weeks to conduct the survey.

A total of 138 lesbians were surveyed during the month of March 2003, despite over 200 having volunteered to participate. This occurred due to the fact that many could not be reached when called a minimum of three times; as well, a few changed their minds about participating.

A copy of the survey is attached as Appendix 2.

(2) Focus Groups

In order to obtain a more in-depth understanding of the health and housing issues of older lesbians, four focus groups were held, two each on health care and housing. The focus groups were divided between “older” (59 years of age and older) and “younger” (58 years of age and younger) aging lesbians. In total, 34 lesbians participated.

(3) Forum

OLIVE initiated and organized a forum that was held towards the end of the study. All lesbians who had participated in either the survey or one of the focus groups were invited to attend. Twenty-five lesbians attended. The forum was an opportunity to thank the women for their participation and get additional feedback from the lesbians on the findings and initial recommendations.

(4) Personal Interviews

To obtain a better understanding of the issues faced by older lesbians in-depth interviews were held with four lesbians over 70 years of age.

(5) Key Informant Interviews

The Steering Committee provided the names of individuals and organizations that would have information and insight into the issues surrounding older lesbians. We interviewed ten individuals asking them to discuss the issues from their perspective that they think older lesbians face and what services are required to meet the needs of older lesbians.

A full list of key informants is attached as Appendix 3.

(6) Review of Canadian Literature/Studies

The short time frame for the study did not allow for a complete literature review. To provide some context for this research, SHC and OLIVE provided the researchers with a number of Canadian studies and reports on LGBT health and housing.

Attached as Appendix 4.

FINDINGS

Who are the Older Lesbians?

This section profiles the lesbians who participated in the telephone survey and in the focus groups. Where possible, similar information is provided from other studies of LGBT people in Ontario and 2001 Census data from Statistics Canada. Actual comparisons are not made because most of the other studies looked at the broader LGBT population and usually did not break down the data by age or sexual identity. The Census does not break down information based on sexual orientation.

Detailed Charts are included in Appendix 5.

Age – Most lesbians surveyed were between 50 and 60.

- Of the 172 lesbians, 72% were between 50 and 60 years of age; 23% were between 60 and 70 years and 5% were between 70 and 80 years. None of the women were over 80 years. One woman did not identify her age.

Relationships – Over half the lesbian participants were in a partnership.

- At the time of the study, 55% of the older lesbians were in a partnership; another 8% indicated that they were dating and 38% indicated they were single.
- This did vary with age, with 58% of those aged 50 – 60 being in partnerships but only 46% of those over age 60. Likewise, 34% of those aged 50 – 60 were single but almost half or 48% of those over age 60 were single.
- One-third of the older lesbians identified that they were providing some support and care to one or more individuals. 18% of the lesbians surveyed identified that they were providing care to children, 16% to parents and 4% to partners. It is interesting to note that 17% of women over the age of 60 were providing care to children.
- In addition, a number of women identified that they were providing care to friends.

Ethnic Origin – Half of the lesbians surveyed identified their background as British.

- Statistics Canada defines ethnic origin as the ethnic or cultural group(s) to which our ancestors belonged (Statistics Canada, 1993, p. 184-191). Lesbians often identified more than one group so the percentages reported here total more than 100%.
- 49% of the older lesbians who participated identified their ethnic or cultural background as British. Following that, 31% identified “Other” (which included a large number of women who identified as Canadian); 15% identified European, 12% identified French, 2% identified Caribbean, Aboriginal and African; 1% identified South Asian, East/Southeast Asian, Latin/Central/South American.
- The 2001 Census for Metropolitan Toronto indicates that 43% of the women over the age of 15 were visible minorities. The top three visible minorities were Chinese (11% of women over 15 years of age), South Asian (10%) and Black (9%).
- Although there is no data on what percentage of women in various ethno-cultural communities identify as lesbian, it can be assumed that given the above information our sample is not representative of the diversity of lesbian communities within Toronto.

Education – Over 80% of the lesbian participants have post-secondary education.

- Over half (58%) of the older lesbians have university degrees, 25% have some post secondary/university while 12% have secondary school graduation and only 5% have some secondary education or less.
- These results are similar to those from the Wellness Project, a study done in 2001 in Ottawa of Lesbian, Gay, Bisexual and Transgender people, where 51% of respondents had university undergraduate or graduate degrees¹. It is also consistent with the report², done in 1997 by the Coalition for Lesbian and Gay

¹ How Well Are We Doing?, A Survey of the GLBT Population in Ottawa, 2001 (Pink Triangle Services), page 13

² Systems Failure: A Report on the Experiences of Sexual Minorities in Ontario's Health-Care and Social-Services Systems. Final Report, 1997 (Coalition for Lesbian and Gay Rights in Ontario), page 7
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Rights in Ontario, on the experiences of sexual minorities in Ontario's health-care and social-services systems. That report identified that 21% had graduate degrees and 51% had university undergraduate or community college degrees.

Income – 64% of the older lesbians surveyed have annual incomes more than \$31,000

- Personal incomes are relatively high, with 64% earning more than \$31,000 per year. However a substantial percentage (14%) of the older lesbians have incomes of less than \$16,000 and another 22% have incomes of between \$17,000 and \$30,000.
- The average annual earnings for women over the age of 15 living in Metropolitan Toronto in the 2001 Census were \$30,175.
- These findings are consistent with the findings of the Wellness Project³ in Ottawa where the majority 55% have incomes of between \$20,000 and \$60,000 per year and 14% had incomes under \$20,000 per year. It is significant that the Ottawa study included LGBT over the age of 25 and therefore included a large number of men who still earn on average more than women.
- Incomes in this study are higher than those report by CLGRO⁴ where 36% of respondents had incomes under \$20,000 and 24% were on social assistance.
- Lesbians were also asked about household income. Seventy-six women in partnerships identified their household income. Half of these households identified incomes over \$75,000.
- 46% of the lesbians receive income from sources other than employment. Pensions and allowances, and savings and investments are the major source of non-employment income. As can be expected, this varies with age; 75% of lesbians over 60 receive some non-employment income while the percentage drops to 35% for lesbians aged 50 – 60 years.

³ How Well Are We Doing?, A Survey of the GLBT Population in Ottawa, 2001 (Pink Triangle Services), page 14

⁴ Systems Failure: A Report on the Experiences of Sexual Minorities in Ontario's Health-Care and Social-Services Systems. Final Report, 1997 (Coalition for Lesbian and Gay Rights in Ontario), page 7

Work – The vast majority of the lesbians surveyed are still employed.

- In terms of employment, 74% of the older lesbians are still employed but this varies with age as would be expected. For those between 50 and 60 years of age 85% identified that they were still employed, that number drops to 48% for those over the age of 60.
- The survey did not distinguish between full and part-time employment, but it is assumed, given the relatively high incomes that most of the lesbians are employed full time.

Planning for the Future – Most of the older lesbians have planned for the future.

- A large majority (87%) have planned in some way for the future. Almost three-quarters have wills; 59% have Powers of Attorney; 50% have Living Wills (Medical Power of Attorneys) and 46% have life insurance.
- Most of the lesbians said that they were able to be open about sexual orientation when they made these plans for the future.

Telephone Survey

During the month of March 2003, 138 older lesbians completed the telephone survey. The survey asked questions about their views and experiences of health care and housing as well as the demographic information discussed above.

Health Care – 78% of the older lesbians identified their health as good.

Detailed charts are included in Appendix 6.

- The survey asked about current health status. 49% of the lesbians said that their health was very good; 29% said their health was good; 14% said okay; 7% said poor and 1% said very poor.
- This result is similar to Ottawa⁵ where 67% said excellent or very good and 24% said good. For those 60 years of age and older 63% said excellent or very good. 69% of lesbians reported excellent or very good health. The CLGRO study⁶ also indicated that the majority of older LGB people (54 people including 22 women) reported good to excellent health.
- 43% of the older lesbians identified one or more chronic health problems or disability. Half of those who identified a chronic health problem also identified they had very good or good health. Many of the women who had poor or very poor health did not identify their health problem or disability.
- The problems most often identified by those who responded to this question were arthritis/rheumatism (43%); high blood pressure (28%); feet/ankle problems (18%) and stomach problems (15%). Other health problems that were identified by more than 5 women include: heart/circulation problems, diabetes, osteoporosis, asthma, fibromyalgia and hearing problems.

⁵ How Well Are We Doing?, A Survey of the GLBT Population in Ottawa, 2001 (Pink Triangle Services), page 15

⁶ Systems Failure: A Report on the Experiences of Sexual Minorities in Ontario's Health-Care and Social-Services Systems. Final Report, 1997 (Coalition for Lesbian and Gay Rights in Ontario), page 77

- Some of these problems are similar to ones identified in a study of Lesbians and Aging⁷ done in Victoria in 1996. In particular, arthritis, asthma and chronic fatigue syndrome were problems identified by more than one woman.
- In this Toronto study, all of the lesbians identified at least one person they would go to for emotional health problems and for assistance if they were sick or had a disability. Often more than one person was identified so the percentages reported here total more than 100%.
- For assistance with emotional health problems 78% of the older lesbians identified that they would go to a therapist, 68% would go to a friend, 62% would go to their partner/lover, 43% would go to a doctor and 30% would go to a family member. 15% or less would go to a religious counsellor or crisis line.
- These results are somewhat different from the study done in Victoria⁸ where in order of preference, lesbians identified friend, partner/lover, therapist, physician and family member.
- For support and assistance if sick and needing help, more than half (56%) of the lesbians in this Toronto study would go to a partner/lover, 45% would go to a child; 33% would go to another family member and about 22% would go to a friend/neighbour, health agency or social service. 9% said that they didn't know.
- 68% identified that they could be open about being a lesbian when needing health care services and another 25% said that they could be out with some, but not all health care services. Consistent with this finding, 77% said that they had not experienced practices and/or policies that exclude lesbians.
- This finding is probably the result of the choice that exists in Toronto with respect to health care providers and the ability of the study population to network and therefore identify lesbian-positive providers.
- The Wellness Project in Ottawa⁹ identified that 80% of respondents were out to their regular health care provider, but that number dropped to 70% for those over

⁷ Lesbians And Aging, Housing and Services for Senior Lesbians, 1996 Needs Assessment Survey, Helen Durie, 1996 (Victoria Lesbian Seniors Care Society), page 11

⁸ Lesbians And Aging, Housing and Services for Senior Lesbians, 1996 Needs Assessment Survey, Helen Durie, 1996 (Victoria Lesbian Seniors Care Society), page 12

⁹ How Well Are We Doing?, A Survey of the GLBT Population in Ottawa, 2001 (Pink Triangle Services), page 8

the age of 60. The CLGRO study¹⁰ stated that 74% of respondents were out to their physicians.

- Despite the relative comfort the lesbians in this survey have in accessing services and being out, a number of women identified issues that were specific to being an older lesbian. These include the need for community, the impact of discrimination and the lack of recognition of lesbians.

Housing

Detailed charts are included in Appendix 7.

- The vast majority (75%) of the older lesbians in this study live in either a house or condominium and 70% own their housing. This indicates a high degree of stability. It also indicates that many of the lesbians in the survey own a significant financial asset that will likely be of use as they age.
- The percentage of ownership in this study is higher than the Ottawa study¹¹ where only 46% of respondents owned/co-owned and 44% rented.
- In this Toronto study, a very small minority (2%) live in seniors' housing.
- Currently, 85% of the older lesbians can manage their housing on their existing income. The percentage of those who think they will manage drops to 58% when asked whether future income will be able to satisfy future housing needs. Another 14% were unsure. This points to some concern about future income and housing needs, despite the relatively high incomes of the lesbians in this study.
- When asked about the type of seniors' housing they would like to live in, 47% say they would be comfortable living in existing seniors' housing while 35% indicated that being a lesbian acts as a barrier to entering seniors' housing.
- 74% say they would be comfortable living in lesbian-only seniors' housing. When asked about services needed for aging lesbians, lesbian-positive housing was named the most often.

¹⁰ Systems Failure: A Report on the Experiences of Sexual Minorities in Ontario's Health-Care and Social-Services Systems. Final Report, 1997 (Coalition for Lesbian and Gay Rights in Ontario), page 7

¹¹ How Well Are We Doing?, A Survey of the GLBT Population in Ottawa, 2001 (Pink Triangle Services), page 11

Focus Groups

Overview

Focus groups were held to provide additional insight and qualitative information. There were two groups on health care and two on housing. An OLIVE volunteer facilitated the groups, and recording was done by one of the researchers. At the end of each meeting, participants reviewed the record and confirmed the accuracy of their comments.

The focus groups were structured around the following questions.

- As an aging lesbian, tell us about your experiences and perceptions with the health/housing system?
- As an aging lesbian, what do you see as your future needs regarding the health/housing system?
- From the discussion that we have had today, what recommendations would you suggest be made about aging lesbians' needs for health/housing.

Health Care Focus Groups

One of the groups was comprised of lesbians 59 years of age and over and the other was for lesbians 58 years and under. Each of the groups had very different comments.

- The older group took a consumer approach with experiential points of view. Many of the participants were service-related workers and had lower incomes and less formal education than the younger group. A key theme of this group was that individual lesbians and lesbian communities needed to take ownership for their own behaviours "that it is up to us to take action".

- The younger group was active in the paid workforce. Five out of the 11 lesbians were professionals working in health services. A key theme of this group was the need for lesbian-positive policies and procedures for health care services and training for health care providers.

Health Issues Identified

- Many of the older lesbians voiced concerns that “assumptions are always being made about being heterosexual”.

“A moment of conflict and embarrassment happens when questioned if I am on birth control? (no); if I’m sexually active? (yes); afraid of pregnancy? (no).”

- Particular concerns were expressed about the quality of mental health services for lesbians.

“Homosexuality is still considered an illness by far too many professionals, especially in the mental health field”.

- For the health system as a whole, problems were identified with policies, procedures and materials. Education and training on lesbian issues for all service providers was identified as a need.

“I had a partner with breast cancer; she had a mastectomy. I stayed with her. It was a secret. If the authorities knew, there would have been no services, no homemaking help”.

- There was discussion in one group about the need for education for the lesbian communities and how to respond to lesbian health needs.

“We aren’t out as much as gay men; therefore people don’t really know our needs”.

- Many lesbians commented that more efforts should be made to establish communities in order to promote less isolation. Reciprocity between young and old: with a sharing of wisdom and experience by the old and with younger lesbians taking on the physical tasks.

“When aged, many women want to be very comfortable with all age groups, as well as be with like-minded people. I also want to have the choice to advertise for a gay/lesbian caregiver.”

Housing Focus Groups

One of the groups was comprised of lesbians 59 years of age and over and the other was for lesbians 58 years and under. In both focus groups lesbians shared their experiences and gave examples of positive housing models.

Housing Issues Identified

- Current problems being experienced by some older lesbians in non-profit co-operative housing were discussed. Many feel unsafe and vulnerable in their present housing. They have either observed, or personally experienced homophobia.

“Many of Metro Housing staff and tenants are homophobic. I have no wish to live in fear”.

- Participants also spoke of their comfort level in knowing that some staff and some of their neighbours were lesbians. This diminishes fear and vulnerability.
- Some women preferred living in the “Toronto gay village” where they know they are in a welcoming, lesbian-positive community.
- Participants shared information with each other about various models of housing including long-term care facilities and co-operative housing. They were very vocal about what would comprise their ideal housing.

“Christie Gardens is a model: there are various ages and a variety of services, including a volunteer component of well-elderly who live in the complex”.

“A non-profit co-operative may be an ideal, but there can be many, many problems: some are very unfriendly, having tenants who exhibit homophobic, anti-lesbian rage, e.g. trashing of front door, unhelpful landlords. I feel very unsafe”.

“Other coops hire highly paid managers and administrators and use volunteers – strive for balance and effective administration; they can be well run without compromise”.

- Many older lesbians commented on the value of having good neighbours. It is important to know that there are people nearby who can be called upon for help.
“I wish for more community. Lesbians coming together”.
- Lesbians discussed the potential for decreased mobility and physical incapacity as they aged. They also discussed strategies to manage.
“House-sharing can be preferable with non-intrusive supports. We can support each other because of our differences. This can help”.

Forum

Twenty-five lesbians participated in the OLIVE Forum. The purpose of the Forum was to share the results of the survey and the focus groups, to discuss draft recommendations and to identify priorities. ***Feedback has been incorporated into the recommendations in this report.***

Issues that were discussed at the Forum included:

- How to reach out to older lesbians with different backgrounds.
- The need to influence housing providers to become aware of homophobia, and the need for lesbian-positive housing.
- The need for lesbian-positive training for service providers.

Those in attendance at the Forum were provided with the opportunity to “vote” on the recommendations, which they thought were the top priorities. They are:

- More supportive, adaptable, safe, secure, lesbian-positive and environmentally sound housing.
- Be proactive to address issues of discrimination in health care, and to support a lesbian-positive health care system.
- Policies and procedures in housing facilities need to be lesbian-positive.
- A health care system that is lesbian-positive and based on wellness (not disease).

Personal Interviews with Lesbians over 70

(Interviews by Jude Tate and Carole Baker; written by Heather-Ann Brown)

Since most of the participants in this research project were in their 50s and 60s, we felt it was important to have the perspective of lesbians in their 70s as well. Through them we can learn; they are our reality check.

Certainly there are lesbians in their 70s and beyond who are in good or relatively good health and who have active lives. In fact, such a lesbian sits on OLIVE's Steering Committee and she also continues to work three days a week. Yet we all know many lesbians - and people generally - who have begun to have major health problems in their 70s.

What is it like to age and have health or housing problems? What might happen to our lives? How can aging have an impact on us specifically as lesbians? What do we need to learn? Read the brief summaries below and begin to understand. They provide no definitive answers. More research needs to be done in this area.

We carried out personal interviews with four lesbians. There was no set list of questions; we wanted the women to decide themselves what was important for younger lesbians to know.

J is in her mid-70s, was married and has four children, two of who live in Toronto. She came out in her 50's and has been very active in feminist, lesbian and gay organizations. She had a series of small strokes about three years ago which made a great difference in her life, although an electric scooter has kept her somewhat mobile and she determinedly attends aquafit classes three or four times a week.

“It's hard for women in their 40s, 50s, 60s to imagine what it is like for a lesbian in her 70s and the changes that occur physically and mentally,” says J. For example,

although J strongly identified as a lesbian/the lesbian community in the past and was extremely active, “I’m not the person I was even a few years ago. That person is gone,” she states. “Now I am focused on my medical issues. It’s a struggle and frustrating. My community involvement and activity levels have changed so much. It’s difficult to just get down to the street sometimes. Then, once I am out, I move much more slowly and I worry about falling. Some days growing old is okay and other days it’s not.”

J feels that doctors should think more about aging lesbians and their needs, and at least acknowledge their sexual orientation. Her doctor, for example, works in the ghetto area but she has never asked J if she is lesbian, nor discussed sexuality or any related topic. Generally J feels that there needs to be more sensitivity and thoughtful, helpful strategies to support lesbians in their 70s and beyond.

J didn’t earn a lot of money as a social worker psychotherapist and, being a mother of four, housing costs represented a large proportion of her income. She now lives in a subsidized apartment in the “ghetto”, suitably equipped to her physical abilities. “My advice would be for women 50 years of age and over, on limited incomes, to put their names on the waiting list now as there can be a 10-15 year wait. If there were 50-100 openly lesbian women on the list, it would have a forceful impact,” J says. At the same time, J feels that the highest priority ought to be given to creating safe housing environments for lesbians and gays as homophobia is rampant, both on the part of tenants and staff: “We need to contact the various housing organizations and work to change the environments for lesbians, to make them more welcoming and safe.”

J still likes to go out in the evening - to a meeting or a social event - although transportation can be a problem if no one offers support getting there and back, particularly in winter. None of the groups for lesbians over 60 years of age seem to have stayed in existence very long and she misses the sense of community she experienced in the 1980s, when there was a variety of social and political groups

in which to become involved. However, J feels that even those groups may have been problematic for women in their 70s and older: “Now I feel excluded because of my age. I don’t feel like what I say has much weight compared even to women in their 60s. Of course I may have done the same thing when I was in my 60s.”

J recommended that OLIVE have forums in which lesbians of different ages discuss the barriers which exist between the groups and how younger and older lesbians can support one another.

P and J have been partners for over eleven years. Both came out later in life. Prior to retirement, they were both professionals and are financially secure. They are in stable housing and they would be able to afford extra help in the home if necessary, so housing is not a personal concern.

P and J’s overriding concern recently has been the precarious health of one partner. Support from family and friends has been good, but P and J have experienced great sadness at the loss of their previously active lifestyle due to the health and much lower activity levels of one partner. The other partner remains active, and sadly has to do more on her own.

P and J see three important areas needing attention in health care:

- (1) doctors need to know that their patient is lesbian, since care doesn’t just concern physical aspects, but emotional and mental concerns as well;
 - (2) the partner needs to be recognized and accepted as the primary care giver;
 - (3) the education and training of health care workers is very important, particularly those who provide care and support in the home and in hospices - funeral directors need to be sensitized as well.
-

“The time left in my life is so short, so I want to revel in being an out lesbian as much as I can,” M states. “It’s sad for older lesbians who aren’t out, to have no idea what it feels like to step over the threshold - the rush one feels. It’s sad as well when one partner wants to be out and the other doesn’t; it has caused the breakdown of many relationships. Finally, it’s sad for them not to know the relief of coming out to their families, their own children.”

"Many churches have been far from welcoming to members of LGBT communities, yet spirituality can become important to the health and well being of us all as we age, so it's important for us to be accepted by all churches sooner or later," M states. She suggests that the LGBT community start in small ways to help make churches more comfortable, so that individual churches can become affirming eventually, e.g. for lesbians to have buddies within their churches with whom they can talk, or small discussion groups within congregations where they can share their stories.

M claims that she is “wildly lucky as far as health goes so far” and she has a lesbian positive doctor with whom she can say anything. “Finding a doctor who is gay or lesbian is easier said than done, however,” says M. Some lesbians have problems in hospital settings when families try to exclude lesbian partners, but M doesn’t foresee this happening with her children.

Currently, housing doesn’t present any problems for M and that will continue to be the case for her financially, even if she needs to enter some type of residence later. However, she acknowledges that she has deep concerns about having to go into a residence where she would have to go back in the closet because of homophobic treatment from staff and residents. If she’s in a partnership, the problem will be compounded, particularly if she and her partner are forced to live separately. (*Note: The new marriage law may alleviate the problems in health care and housing for those who choose to marry.*) For these reasons, M sees the need for work to be done by the lesbian community to create both lesbian-only and lesbian-positive residences.

Key Informant Interviews

Key informants were identified to provide additional insight into the issues of older lesbians. These interviews are not a full reflection of the individuals or organizations that have an interest in, or provide services to lesbians.

A number of similar themes came up in discussions with the key informants and are highlighted below.

- ***Fear and hatred of lesbians continues.*** This affects the quality of services to lesbians. As a result, aging lesbians may be reluctant to obtain needed services.
“There are huge levels of homophobia in social work and nursing”.
(Jude Tate, Coordinator, Lesbian, Gay, Bisexual, Transgendered, Queer Resources & Programs at University of Toronto)
“Lesbians are not going for health care services – heterosexual women are more likely to seek preventative health care”.
(Anna Travers, Coordinator of the Comprehensive Primary Health Care Program for Lesbian, Gay, Bisexual, Transgender and Transsexual Communities, Sherbourne Health Centre)
- ***There is a lack of understanding of aging lesbians and lesbian issues.***
Karen Gallagher, of the Victoria Lesbian Seniors Care Society, presented the only paper about aging lesbians at the 17th World Congress of the International Association of Gerontology in Vancouver, Canada in July 1 – 6, 2001.
- ***Service providers do not deal well with aging and sexuality.***
“From the research and talking with people in social services, I think that sexuality is not dealt with well in senior’s programs, regardless of orientation”.
(Jude Tate)
- ***The current long-term care system does not formally recognize lesbian issues.***
“You can have health care services that are doing good work. If they are not oriented to LGBTs, then they are not developing the capacity to serve the LGBT population”. (Anna Travers)

“I don’t see Community Care Access Centres (CCACs) doing anything particular for older LGBT people. CCACs need to look at:

- What special expertise is required for LGBT people?
- What training is available?
- What do long-term care facilities do about homophobia?”

(Jack Harmer, Volunteer, The 519 Church Street Community Centre)

“The Toronto CCAC has initiated a series of outreach activities to different communities in Toronto. At this point in time there are no specific activities for lesbian communities. The CCAC is working with Sherbourne Health Centre in hopes of establishing a satellite location there. This will bring it closer to the needs of the population that SHC is serving”.

(Anne Vojtak, Director, Quality and Strategic Initiatives, Toronto Community Care Access Centre)

- ***There is no single lesbian community.***

“There is a whole population of older lesbians who are less out”.

(Lisa Manuel, Physical and Emotional Well Being for Seniors and Caregivers, Family Services Association)

“There may be different issues between “cradle” lesbians (women who always knew they were lesbians) and “come out” lesbians (women who came out later in life)”. *(Dick Moore, Coordinator of Older Gay/Lesbian/Bisexual/ Transgender Person Programs, The 519 Church Street Community Centre)*

“We have to look at issues for women of different socio-economic classes, different ethno-cultural communities, differently-abled”. *(Dick Moore)*

- ***Lesbian communities need to support and educate themselves.***

“Women may be out most of their lives but as they age and become more dependent on services, they may move back into the closet. Social networks may narrow”. *(Jude Tate)*

“Lack of awareness in the LGBT community about aging. Ageism exists within the lesbian community”. *(Jude Tate)*

- ***Lesbian-positive and lesbian-specific services are needed.***

“Lesbians may not want to live in a straight community just because they need assistance”. *(Bruce Graham, Home Support Services, Central Neighbourhood House)*

“To what degree is it possible to build housing for a specific, or unique community and still have public/government support”?

(Marion Lynn, Researcher/Member, Older Women’s Network)

“There has been discussion about whether this agency should provide specific services for senior LGBTs or whether the agency can better fit into partnership with other programs, such as the Queer Seniors Network at 519 Church St. Community Centre”. *(Lisa Manuel)*

“Illahee Lodge in Cobourg is owned by the Family Service Association. It would be possible to book this for older lesbian groups”. *(Lisa Manuel)*

Additional research is required.

“Further study is needed of health, housing, long-term and home care regarding the treatment of lesbians”. *(Marion Lynn)*

“What are the differences between the health of lesbians and those of heterosexual women? Studies need to be done on the following: activity levels; use of preventative health services such as mammograms, PAP smears, immunizations; issues related to higher weight such as diabetes, high blood pressure and problems with joints, knees and feet”. *(Anna Travers)*

“Need to research illnesses, such as chronic immune deficiency conditions, which seem to be very high in Victoria”.

(Karen Gallagher, Clarice Dillman, Lyn Davis, Victoria Lesbian Seniors Care Society)

RECOMMENDATIONS

The recommendations have been organized into the following three categories, (a) Health and Housing Service Providers and Governments, (b) Lesbian Communities, and (c) Research.

(a) Health and Housing Service Providers and Governments

It is evident that health, housing providers and all levels of government need to be aware that lesbians continue to experience overt and covert forms of discrimination because of their sexual identity. To address this discrimination providers need to become sensitive to the issues faced by older lesbians.

The study identified the following recommendations which would enable the provision of health care and housing that promotes a climate of respect and acceptance:

- ***Provide training and education to service providers on lesbian specific psychosocial and health issues.*** Psychosocial issues may include stress, isolation, and internalized and externalized homophobia. Health concerns may include preventative/routine health maintenance, alcohol and drug use, weight and size, same sex violence and specific safer-sex information.
- ***Ensure policies, procedures and printed materials are lesbian-positive and include issues such as partner access.*** For example, forms that clients complete should use terms such as “partner” rather than “husband/wife”. And promotional materials should include photos of lesbians and lesbian families.
- ***Encourage, develop and implement lesbian specific community based services*** in consultation with lesbian communities.

- ***Develop and implement more in-home health care and home/housing support services.*** This would assist aging lesbians, at a vulnerable stage in their lives, to stay in their current homes, to remain independent and to avoid possible homophobic environments. Key home services need to include house maintenance, shopping, transportation, cleaning and health care.
- ***Designate lesbian beds/units/floors in seniors' residences and long-term care facilities.***
- ***Ensure more supportive, adaptable, safe, secure and environmentally sound housing.***
- ***Distribute this report widely,*** including relevant community-based organizations, the three levels of government, health and housing service providers, national and provincial Lesbian, Gay, Bisexual Transgender/Transsexual (LGBT) and women's organizations, regulatory bodies for health care providers, hospitals and long-term care (LTC) facilities and LTC service providers.

(b) Lesbian Communities

- ***Develop education tools.*** Educate and work together at grass roots levels to identify lesbian health issues, better understand lesbian rights and develop more positive images of lesbians.
- ***Develop increased opportunities for a variety of multi-generational connections,*** such as mentoring between younger and older lesbians.
- ***Provide transportation and accessible venues for older lesbians.***
- ***Build connections between lesbian communities*** to explore and address common issues. Recognizing and supporting diversity is critical to success.
- ***Advocate for lesbian-positive, supportive, adaptable, safe and secure services.***

(c) **Research**

- Future research of older lesbians should include the time and funding necessary to bi For example, low income, visible minorities, differently-abled and lesbians over 70 years.
- ***Future study should focus on the emotional and mental health of older lesbians.***
- ***Research and develop concepts of lesbian-positive health care.***
- ***Collect and distribute information on lesbian-positive service providers in health and housing.***

APPENDICES

Appendix 1 – Request for Proposals

EXPLORING THE HEALTH CARE & HOUSING NEEDS OF AGING LESBIANS PROJECT

This participatory research project, a partnership between the Sherbourne Health Centre (SHC) and Older Lesbians In Valued Environments (OLIVE) will operate from February to April 2003, although some of the work may continue past that date.

The primary purposes of the project are to:

- (a) involve aging lesbians in identifying their health care and housing needs, and
- (b) provide SHC and OLIVE with information about aging lesbians which will form the basis of their future work with this community.

Project objectives are to:

- (1) Explore (a) the *health care* experiences and (b) perceived needs of aging lesbians, (c) identify current and potential barriers to accessing caring, supportive health care, as well as (d) successful examples and (e) possible alternative service delivery methods.
- (2) Explore (a) the *housing* experiences and (b) perceived needs of aging lesbians, (c) identify current and potential barriers to accessing housing, as well as (d) successful examples, and (e) compile a resource list of housing alternatives for various income groups.
- (3) Review documents and models developed elsewhere and interview key informants in the areas of housing and health care.

An OLIVE member with extensive research experience will take an active role in the project coordination and research process (e.g. assist in the tabulation/organization of quantitative and qualitative feedback, etc.) and experienced OLIVE members will be available to facilitate focus groups and interview participants/key informants. In addition, OLIVE has access to a large email/phone list of lesbians over 50, as well as other 50+ social networks, so there should be minimal difficulty recruiting participants from diverse backgrounds.

We would welcome your proposal **by Friday, January 24, 2003** containing:

- (i) a work plan and budget breakdown showing how you would complete this research within a \$15,000 budget;
- (ii) a detailed description of how you would propose utilizing OLIVE members' skills (the costs of which are not to be included in your \$15,000 budget figure); and
- (iii) a description of your experience relevant to this project.

Please forward your proposal via e-mail to Heather-Ann Brown, Project Coordinator at haby@attcanada.ca. For more information about the project, please feel free to call Heather at 416-466- 9266. The Sherbourne Health Centre is a relatively new organization; if you're unfamiliar with its scope of interest and care, see www.sherbourne.on.ca

Appendix 2 – Telephone Survey

OLIVE RESEARCH PROJECT Questions for Telephone Survey- March 10, 2003

Volunteer's Name: _____ ID#: _____

Introduction: Good evening! I'm -----I'm calling you about the research study: *Exploring the Health Care and Housing Needs of Aging Lesbians*. I understand that you agreed to take part in this telephone survey. Could I have a few minutes of your time to answer some questions? Most of the questions are about your needs around housing and health care. We will also be asking some personal questions for background information. In all, this questionnaire should take about 10 to 15 minutes. We are expecting to survey 100 to 200 participants over the phone, as well as to hold some focus groups. Your thoughts and opinions are most important to us. So, we thank you in advance!

Your answers to these questions will not be seen by anyone except the researchers. Your name will never be placed on the questionnaire. You will be identified by an ID number only. The content is considered personal and confidential. For reporting purposes, information will be largely presented in summary form. Please answer only those questions you feel comfortable answering. You have the right to skip any questions, stop at any point, or withdraw from the survey at any point.

The purpose of the project is to involve aging lesbians in identifying their health care and housing needs, as well as to provide the Sherbourne Health Centre (SHC) and the Older Lesbians in Valued Environments (OLIVE) group with information. This information will form the basis of future work in the community. Our goal is to find out what your needs are, make recommendations, and assist in planning future strategies. We will be holding a forum, May 13th, 7 to 9 pm at the Older Women's Network building on the Esplanade, to share the results of this research and ask for your feedback. We hope that you'll attend.

Housing

We would like to start by asking you about some housing options:

1. What type of housing do you currently live in?
 1. HOUSE
 2. APARTMENT
 3. CONDOMINUN
 4. HOUSING WITH ON-SITE SUPPORT SERVICES
 5. ROOM AND BOARD
 6. SENIOR COMPLEX WITH ON-SITE SERVICES
 7. CO-OP

2. a) Do you own or rent your home?
 1. OWNED BY YOU OR SOMEONE IN YOUR HOUSEHOLD
 2. RENTED BY YOU OR SOMEONE IN YOUR HOUSEHOLD
 3. OTHER - PLEASE DESCRIBE _____

- b) Is this seniors' housing?
 1. YES
 2. NO

3. Is your current housing subsidized?
 1. YES
 2. NO

4. Are you able to manage your current housing needs on your income and assets?
 1. VERY WELL
 2. ADEQUATELY
 3. WITH SOME DIFFICULTY
 4. NOT VERY WELL
 5. TOTALLY INADEQUATE

5. How well do you think your income and assets will satisfy your future housing needs?
 1. VERY WELL
 2. ADEQUATELY
 3. WITH SOME DIFFICULTY
 4. NOT VERY WELL
 5. TOTALLY INADEQUATE
 6. UNSURE

6. How comfortable would you feel in living openly as a lesbian in existing seniors' housing options? (i.e. seniors apartment blocks, retirement villages, personal care homes)
 1. VERY COMFORTABLE
 2. COMFORTABLE
 3. NO FEELING ONE WAY OR ANOTHER
 4. UNCOMFORTABLE
 5. VERY UNCOMFORTABLE
 6. UNSURE

7. If it were available, would you want to live in organized lesbian only seniors' housing?
 1. VERY COMFORTABLE
 2. COMFORTABLE
 3. NO FEELING
 4. UNCOMFORTABLE
 5. VERY UNCOMFORTABLE

8. Does being lesbian act as a barrier to your entering existing seniors' housing options or thinking ahead to such a decision?
 1. NOT A BARRIER
 2. A SLIGHT BARRIER
 3. A MODERATE BARRIER
 4. A SIGNIFICANT BARRIER
 5. UNSURE

Health

Now we would like to ask about your health and use of medical services:

9. How would you say your health is these days?
 1. VERY GOOD
 2. PRETTY GOOD
 3. OKAY
 4. POOR
 5. VERY POOR

10. To whom would you go to seek help with emotional health problems? (Mark all items that apply)
 1. THERAPIST
 2. DOCTOR
 3. RELIGIOUS COUNSELLOR
 4. PARTNER/LOVER
 5. FRIEND
 6. FAMILY MEMBER
 7. CRISIS LINE
 8. OTHER - SPECIFY _____

11. Are you living with any chronic health problems or disabilities? Yes or No
If yes, which ones? (check all that apply)

01. ARTHRITIS/RHEUMATISM
02. HIGH BLOOD PRESSURE
03. CANCER
04. HEARING PROBLEMS
05. FEET/ANKLE PROBLEMS
06. MEMORY LOSS
07. HEART/CIRCULATION PROBLEMS
08. DIABETES
09. HIV/AIDS
10. EYE TROUBLE NOT RELIEVED BY GLASSES
11. STOMACH TROUBLES
12. OTHER -
SPECIFY _____

12. Who would take care of you if you were very sick or had a disability and needed help? (check all that apply)

1. PARTNER/LOVER
2. CHILD
3. OTHER FAMILY MEMBER
4. FRIEND/NEIGHBOUR
5. SOCIAL SERVICE
6. HEALTH AGENCY
7. DON'T KNOW
8. OTHER

13. When you need health care services, are you able to be open about being a lesbian?

1. YES
2. NO
3. WITH SOME, BUT NOT ALL

14. Have you encountered any health care practices and/or policies, which exclude you as a lesbian? (i.e. not been allowed in for visits; forms, pamphlets which do not recognize your relationship status etc.)

1. YES
2. NO
3. UNSURE

15. Do you feel that your health care providers have enough knowledge and sensitivity to issues related to lesbians?

1. YES
2. NO
3. UNSURE

16. If no, what things do you think they need to know?

General Questions

17. Do you feel that there are unique issues about aging as a Lesbian?

1. YES
2. NO

If yes, please elaborate

18. Are there any services that don't exist or aren't accessible which would be of interest or importance to you as an aging lesbian?

Background Information

The following information is being collected so that we have some idea of the types of women who answered the survey. It will also allow us to make comparisons to other studies, so that the health and housing needs of older lesbians can be demonstrated.

19. How old are you?

1. 50 to 60
2. 61 to 70
3. 71 to 80
4. OVER 80

20. What is your postal code? (First 3 digits)

21. Do you identify your origin as?

01. BRITISH ISLES
02. FRENCH
03. ABORIGINAL
04. EUROPEAN
05. ARAB
06. WEST ASIAN
07. SOUTH ASIAN
08. EAST AND SOUTHEAST ASIAN
09. AFRICAN
10. PACIFIC ISLANDS

11. LATIN, CENTRAL AND SOUTH AMERICAN
12. CARIBBEAN
13. OTHER

22. Where in the following list does your income fall? (before taxes/deduction)?

Your own?	Your household?
1. Under \$16,000	1. \$Under \$16,000
2. \$17,000 to 30,000	2. \$17,000 to 30,000
3. \$31,000 to 45,000	3. \$31,000 to 45,000
4. \$46,000 to 60,000	4. \$46,000 to 60,000
5. \$61,000 to 75,000	5. 61,000 to 75,000
6. \$76,000 or more	6. 76,000 to 90,000
	7. 91,000 to 105,000
	8. 106,000 or more

23. Are you currently?

1. IN A PARTNERSHIP
2. DATING, BUT NOT IN A PARTNERSHIP
3. SINGLE

24. Are you providing care to

1. CHILDREN
2. PARTNERS
3. PARENTS
4. OTHER – Specify _____

25. Are you currently employed

1. YES
2. NO

26. Are you personally receiving income from: (check off)

01. SAVINGS AND INVESTMENTS
02. PENSIONS OR ALLOWANCES
03. DISABILITY INSURANCE
04. EMPLOYMENT INSURANCE
05. SOCIAL ASSISTANCE/WELFARE

06. REGULAR CASH ASSISTANCE FROM CHILDREN, RELATIVES OR FRIENDS

07. OTHER - SPECIFY _____

27. Have you planned for the future with

1. LIFE INSURANCE
2. WILL
3. A LIVING WILL (MEDICAL POWER OF ATTORNEY)
4. POWER OF ATTORNEY
5. OTHER - SPECIFY _____

28. Were you able to be open about your sexual orientation when you were making these arrangement?

1. YES
2. NO
3. WITH SOME, BUT NOT ALL

29. What is your highest level of education?

1. GRADES 1 TO 8
2. SOME SECONDARY/HIGH SCHOOL
3. HIGH SCHOOL GRADUATION
4. SOME POST SECONDARY
5. POST SECONDARY CERTIFICATE OR DIPLOMA
6. SOME UNIVERSITY
7. UNIVERSITY DEGREE(S)

The OLIVE group and the Sherbourne Health Centre thank you for taking part in this survey. Your time and assistance is very much appreciated!!

The more information that we can gather for this research study, the better!
If you know of anyone else who would like to participate in this telephone survey, could you ask them to contact OLIVE at 416-955-0223 or e-mail, olive_toronto@yahoo.ca. If you wish to receive the executive summary of the final report, please contact OLIVE at its e-mail address, olive_toronto@yahoo.ca, or by telephone as above.

Appendix 3 - Key Informants

Karen Gallagher, Clarice Dillman and Lyn Davis
Victoria Lesbian Seniors Care Society
Victoria, British Columbia

Bruce Graham
Home Support Services
Central Neighbourhood House
Toronto, Ontario

Jack Harmer
Volunteer, **519 Church St. Community Centre**
Toronto, Ontario

Marion Lynn
Member and Researcher, **Older Women's Network**
Toronto, Ontario

Lisa Manuel
Physical and Emotional Well Being for Seniors and Caregivers
Family Services Association
Toronto, Ontario

Dick Moore
Coordinator of **Older Gay/Lesbian/Bisexual/Transgender Person Programs**
519 Church St Community Centre
Toronto, Ontario

Jude Tate
Coordinator, **Lesbian, Gay, Bisexual, Transgendered Resources & Programs**
University of Toronto
Toronto, Ontario

Anna Travers
Program Director, **LGBT Program**
Sherbourne Health Centre
Toronto, Ontario

Anne Wojtak
Director, **Quality and Strategic Initiatives**
Toronto Community Care Access Centre
Toronto, Ontario

Appendix 4 - Literature Review

The following studies were reviewed in order to provide information and context for this study.

**How Well Are We Doing:
A Survey of the GLBT Population of Ottawa
Christine Davis, Anne Wright, Erwin Gerrits, 2001
Sponsored by Pink Triangle Services
Ottawa, Ontario**

In 2001, Pink Triangle Services in Ottawa sponsored a study to identify the needs and strengths of LGBT people living and/or working in the Ottawa region. 862 persons responded to the survey (31% identified as lesbian). 46% of the total population was between 40 – 59 years of age and 5% were over the age of 60. In addition, 47 service providers responded to a survey. Recommendations from this study include:

- Establish an Inter-Sectoral LGBT Wellness Council to address the needs identified in the survey;
- Work with the City of Ottawa to foster conditions of tolerance and diversity for people who are LGBT;
- Develop and implement a LGBT service access strategy which would include a LGBT-Friendly Service Provider Visibility Campaign, LGBT-Friendly Service Provider Directory, Service Provider Training and Resources; and
- Research additional LGBT issues including those with low income and/or low education levels, those who are isolated from LGBT networks and who are seniors.

**Systems Failure, A Report on the Experiences of Sexual Minorities in Ontario's Health-Care and Social Services Systems
Coalition for Lesbian & Gay Rights in Ontario, 1997
Ontario**

In 1996/97, Coalition for Lesbian & Gay Rights in Ontario (CLGRO) initiated Project Affirmation to identify the health care and social service needs of sexual minorities. This was implemented through a number of activities that included: a survey of LGBT persons (completed by 1233 individuals, 45% were women and 5% were from persons over the age of 54), public meetings and surveys of education institutions, professional associations and service providers. Also surveyed were organizations that have begun to develop policies and programs for sexual minorities.

A section of the Report discusses the survey results for older LGB people (54 individuals, 22 of whom were women). This population generally reported good to excellent health, felt relatively well served by hospital services but had not been asked about their sexual orientation.

The report identified a number of findings:

- 52% of respondents believe their sexual orientation will be viewed negatively by health-care providers;
- Almost three-quarters disclosed their sexual orientation to their physicians;
- One-quarter of the women said their doctors asked about their sexual orientation;
- 89% of respondents stated that mental health professionals need training to better deal with lesbians, gays and bisexuals.

There are over 75 detailed recommendations in this Report, some targeted to specific populations and other targeted to governments, service providers, educational institutions, professional associations and employers. The leading recommendation is that:

- Policy makers, educators, and service-providers in all sectors must develop policies and procedures to:
 - Address the needs of lesbian, gay, bisexual, and transgendered people as consumers of health-care and social services;
 - Eradicate any support for verbal or physical violence against lesbian, gay, bisexual and transgendered people or their communities;
 - Recognize homophobia, heterosexism, biphobia and transphobia as systemic forms of oppression that must be dealt with proactively; and
 - Affirm the diversity of the lesbian, gay, bisexual, and transgendered communities, taking into account such factors as gender, age, ability, race, ethnicity, culture, relationship status, income, language, and education, as well as the degree to which people are able safely to disclose their sexual orientation.

**Older Gay, Lesbian, Bisexual, Transgender, Transsexual Persons
Community Services, Challenges and Opportunities for the 519 Community
Centre and the GLBT Community – A Review
Jack Harmer, June 2000
Toronto, Ontario**

In 2000, 519 Church St. Community Centre conducted a review of the needs and services for older persons (defined as 55 years of age and older) who are lesbian, gay, bisexual, transgender and transsexual (LGBT). Interviews were conducted with organizations, government departments and individuals who had knowledge of the LGBT population. The major issues identified for older LGBT persons included:

- Losing good health and concern about having to “hide back in the closet” in order to obtain/maintain services;
- Requiring housing that is affordable and includes peers and staff who value LGBT lifestyles; and
- Fearing isolation including the loss of friends, family and career/work.

Lesbians and Aging

Housing and Services for Senior Lesbians, Needs Assessment Survey

Helen Durie, 1996

Sponsored by Victoria Lesbian Seniors Care Society

Victoria, British Columbia

In 1996, the Victoria Lesbian Seniors Care Society (VLSCS) conducted a survey of the lesbian community in order to obtain their views on housing and other services. 450 surveys were distributed and 81 were returned (21% were between 51 and 60 years of age and 13% were over the age of 61). The three most commonly reported areas of concern were income, including inadequate government pensions, health care, including the effect of government cutbacks and the lack of affordable housing.

Lesbian Issues In Canada: A Profile of Victoria

Judy Lightwater and Jannit Rabinovitch, 2001

Sponsored by the Women’s Creative Network

Victoria, British Columbia

This study explored the experiences of lesbians in the areas of health, discrimination and education. 150 self-identified lesbians, dykes and queer women volunteered to participate (39% were between 46 and 55 years of age, 12% were between 56 and 65 and 3% were over 65). 125 surveys were completed and 2 focus groups were held (one for lesbians under 30 years of age and one for lesbians over 30). Major findings included the need:

- For increased access to appropriate and affordable health care, particularly counselling and mental health services;
- For information and education on lesbian issues and concerns, particularly for health care providers and educators;
- For legal and societal recognition of lesbian relationships and equal rights for lesbian couples;
- To eliminate discrimination before the law against lesbians in all walks of life; and
- For support for senior lesbians ranging from counselling to senior’s housing and long-term care.

**Needs Assessment Survey of Senior Gays and Lesbians
Sponsored by: Sum Quod Sum Foundation, Inc., 1997
Winnipeg, Manitoba**

In 1997, Sum Quod Sum Inc. conducted a needs assessment of lesbian and gay seniors. 400 surveys were distributed to lesbian and gay seniors and 123 were returned. Almost half were women (46%) and of the total respondents 29.3% were 55 – 64 years of age and 24% were over the age of 65.

Major recommendations:

- Establish gay/lesbian or gay friendly subsidized seniors' housing;
- Establish gay/lesbian or gay friendly multi-service seniors' centre;
- Research be undertaken to examine the existing support networks, formal and informal, among older gay men and lesbians in order to determine gaps in support/care structures;
- Research be undertaken to look specifically into the relationship between the degree of "outness" of an individual and the access of the individual to current seniors' services and centres;
- Undertake education regarding the needs of gay and lesbian seniors with those existing seniors' organizations which have shown an interest; and
- Undertake advocacy to ensure that all organizations, which extend services to seniors, comply in all respects with the requirements of the applicable human rights legislation.

**Access to Care: Exploring the Health and Well-Being of Gay, Lesbian, Bisexual and Two-Spirit People in Canada
Bill Ryan, Shari Brotman, Bill Rowe with the Collaboration of EGALE, Equality for Gays and Lesbians Everywhere, 2000
Montreal, Quebec**

This study included a comprehensive review of the current literature on LGB health and health care. Five focus groups were held (2 among Two-Spirit people, 1 for urban women and 1 for urban men, and 1 for rural women and men). Focus groups were to validate the literature, provide a Canadian perspective and add the voices of Aboriginal and rural citizens.

The literature concluded that:

- Heterosexism and homophobia are present throughout the health care system;
- LGB research has largely focused on gay men and AIDS;
- There is little knowledge about the prevalence of social and health problems in LGB communities;
- There is a glaring lack of knowledge among health care providers about the needs of LGB people;

- Research on lesbians and gay men seems to focus on white, middle-class, single, urban dwelling, sexually active, educated 30-year-olds who frequent the gay milieu, leaving out many.
- There is little Canadian research on gay and lesbian realities.

Recommendations of this study include:

- The need for education and training for health and social service providers on lesbian, gay, bisexual and Two-Spirit (LGBT-S) health and well-being issues. Education institutions and professional associations need to provide training for new providers and for those already working.
- That public sector health and social service institutions must begin to evaluate their readiness to provide LGBT-S positive services and put in place initiatives to address barriers.
- Specialized services to address the unique health and social service needs of LGBT-S people must be developed.
- The federal government to play a key leadership role in defining best-practice with regards to the health and well-being of LGBT-S people.
- Research to be undertaken in regard to lesbian and bisexual women, including women from “ethno-racial” communities.

APPENDIX 5 - Charts: Participant Profile

172 Women participated (138 in the Survey and 34 in Focus Groups)

Note: not all women answered all questions,

Note: Participants = all women surveyed, Respondents = women who responded to a question

Age

n = 171

50 to 60	123	72%
60 to 70	40	23%
70 to 80	8	5%
OVER 80	0	0%
TOTAL RESPONDENTS	171	100%

Are participants single or partnered

n = 170

	% of		50 - 60		60+	
	Resp.					
In a partnership	93	55%	70	58%	22	46%
Dating, but not in a partnership	13	8%	10	8%	3	6%
Single	64	38%	41	34%	23	48%
TOTAL RESPONDENTS	170	100%	121	100%	48	100%

Ethnic Origin (based on Census definitions)

n = 170 (n = 121 for age 50 - 60 and n = 48 for age 60+)

	% of		50 - 60		60+	
	Resp.					
British Isles	84	49%	60	50%	24	50%
Other	53	31%	38	31%	15	31%
European	26	15%	15	12%	10	21%
French	20	12%	15	12%	5	10%
Caribbean	3	2%	2	2%	1	2%
Aboriginal	3	2%	1	1%	2	4%
Latin, Central and South American	1	1%	1	1%	0	0%
African	3	2%	2	2%	1	2%
South Asian	1	1%	1	1%	0	0%
Pacific Islands	0	0%	0	0%	0	0%
East and Southeast Asian	1	1%	1	1%	0	0%
West Asian	0	0%	0	0%	0	0%
Arab	0	0%	0	0%	0	0%
TOTAL MENTIONS	195		136		58	

Are participants currently providing care

n = 56 (n = 44 for age 50 - 60 and n = 11 for age 60+)

	% of		50 - 60		60+	
	Partic.					
Children	31	18%	22	18%	8	17%
Parents	28	16%	24	20%	4	8%
Partners	7	4%	6	5%	1	2%
TOTAL MENTIONS	66		52		13	

APPENDIX 5 - Charts: Participant Profile

Income levels (before taxes/deduction)

Participants Only

n = 168 (n = 119 for age 50 - 60 and n = 48 for age 60+]

	% of Resp.		50 - 60		60+	
Under \$16,000	24	14%	17	14%	7	15%
\$17,000 to 30,000	37	22%	23	19%	14	29%
\$31,000 to 45,000	40	24%	26	22%	13	27%
\$46,000 to 60,000	32	19%	28	24%	4	8%
\$61,000 to 75,000	18	11%	13	11%	5	10%
\$76,000 or more	17	10%	12	10%	5	10%
TOTAL RESPONDENTS	168	100%	119	100%	48	100%

Participants' Household

n = 76 (n = 59 for age 50 - 60 and n = 16 for age 60+]

	% of Resp.		50 - 60		60+	
Under \$16,000	1	1%	1	2%	0	0%
\$17,000 to \$30,000	3	4%	3	5%	0	0%
\$31,000 to \$45,000	1	1%	1	2%	0	0%
\$46,000 to \$60,000	12	16%	10	17%	2	13%
\$61,000 to \$75,000	21	28%	12	20%	9	56%
\$76,000 to \$90,000	16	21%	15	25%	1	6%
\$91,000 to \$105,000	4	5%	3	5%	0	0%
\$106,000 or more	18	24%	14	24%	4	25%
TOTAL RESPONDENTS	76	100%	59	100%	16	100%

Employment Status

n = 168 (n = 119 for age 50 - 60 and n = 48 for age 60+]

	% of Resp.		50 - 60		60+	
Yes	125	74%	101	85%	23	48%
No	43	26%	18	15%	25	52%
TOTAL RESPONDENTS	168	100%	119	100%	48	100%

Non-employment Income

n = 79 (n = 43 for age 50 - 60 and n = 36 for age 60+]

	% of Partic.		50 - 60		60+	
Savings and investments	43	25%	21	17%	14	29%
Pension or allowances	45	26%	13	11%	26	54%
Disability insurance	10	6%	4	3%	4	8%
Employment insurance	2	1%	2	2%		0%
Social assistance/welfare	7	4%	2	2%		0%
Regular cash assistance from children, relatives or friends	1	1%	0	0%	1	2%
TOTAL MENTIONS	108		42		45	

APPENDIX 5 - Charts: Participant Profile

Planning for the future

n = 149 (n = 104 for age 50 - 60 and n = 45 for age 60+]

	% of		50 - 60		60+	
	Partic.					
Life insurance	79	46%	64	52%	15	31%
Will	126	73%	87	71%	39	81%
A living will (medical power of attorney)	86	50%	53	43%	33	69%
Power of attorney	101	59%	61	50%	40	83%
TOTAL MENTIONS	392		265		127	

Ability to be open about sexual orientation when making future plans

n = 142 (n = 99 for age 50 - 60 and n = 43 for age 60+]

	% of		50 - 60		60+	
	Resp.					
Yes	122	86%	84	85%	38	88%
No	10	7%	9	9%	1	2%
With some, but not all	10	7%	6	6%	4	9%
TOTAL RESPONDENTS	142	100%	99	100%	43	100%

Highest level of education

n = 172 (n = 123 for age 50 - 60 and n = 48 for age 60+]

	% of		50 - 60		60+	
	Resp.					
Grades 1 to 8	1	1%	0	0%	1	2%
Some secondary high school	7	4%	6	5%	1	2%
High school graduation	20	12%	11	9%	9	19%
Some post secondary	11	6%	9	7%	2	4%
Post secondary certificate or diploma	22	13%	19	15%	3	6%
Some university	11	6%	7	6%	4	8%
University degree(s)	100	58%	71	58%	28	58%
TOTAL RESPONDENTS	172	100%	123	100%	48	100%

APPENDIX 6 - Charts: Health Care Issues

138 Women Completed the Survey

Note: not all women answered all questions.

Note: Participants = all women surveyed, Respondents = women who responded to a question

Current health status

n = 136 (n=97 for age 50 - 60 and n = 38 for 60+)

	% of Resp.		50 - 60		60+	
Very Good	67	49%	48	49%	18	47%
Pretty Good	40	29%	29	30%	11	29%
Okay	19	14%	13	13%	6	16%
Poor	9	7%	7	7%	2	5%
Very Poor	1	1%	0	0%	1	3%
TOTAL RESPONDENTS	136	100%	97	100%	38	100%

Chronic health problems or disabilities (could identify as many as were relevant.)

n = 60 (n = 43 for age 50 - 60 and n = 16 for 60+)

	% of Resp.		50 - 60		60+	
Arthritis/rheumatism	26	43%	18	42%	8	50%
High blood pressure	17	28%	12	28%	4	25%
Feet/ankle problems	11	18%	8	19%	3	19%
Stomach troubles	9	15%	5	12%	3	19%
Heart/circulation problems	8	13%	7	16%	1	6%
Diabetes	7	12%	6	14%	1	6%
Osteoporosis-other	7	12%	4	9%	3	19%
Asthma-other	6	10%	4	9%	2	13%
Fibromyalgia	6	10%	6	14%	0	0%
Hearing problems	6	10%	5	12%	1	6%
Memory loss	5	8%	5	12%	0	0%
Cancer	4	7%	4	9%	0	0%
Eye trouble not relieved by glasses	4	7%	4	9%	0	0%
Knee problems -other	4	7%	4	9%	0	0%
Back problems	4	7%	2	5%	2	13%
Cholesterol-other	3	5%	2	5%	1	6%
Thyroid-other	3	5%	2	5%	1	6%
HIV/AIDS	0	0%	0	0%	0	0%
TOTAL MENTIONS	130		98		30	

APPENDIX 6 - Charts: Health Care Issues

Assistance with emotional health problems (Could identify as many as were relevant.)

n = 138 (n =99 for age 50 - 60 and n = 38 for 60+)

	Total	% of Resp.	% of			
			50 - 60	60+		
Therapist	108	78%	78	79%	29	76%
Friend	94	68%	66	67%	28	74%
Partner/lover	86	62%	63	64%	23	61%
Doctor	59	43%	42	42%	17	45%
Family member	42	30%	31	31%	11	29%
Religious counsellor	21	15%	15	15%	6	16%
Crisis line	9	7%	6	6%	4	11%
TOTAL MENTIONS	419		301		118	

Assistance if very sick or had a disability and needed help (Could identify as many as were relevant)

n = 138 (n =99 for age 50 - 60 and n = 38 for 60+)

	Total	% of Resp.	% of			
			50 - 60	60+		
Partner/lover	77	56%	58	59%	18	47%
Friend/neighbour	32	23%	20	20%	11	29%
Other family member	45	33%	35	35%	10	26%
Child	62	45%	44	44%	18	47%
Health agency	30	22%	20	20%	9	24%
Social service	30	22%	19	19%	10	26%
Don't know	12	9%	10	10%	2	5%
Other	1	1%	0	0%	1	3%
TOTAL MENTIONS	289		206		78	

Ability to be open about being a lesbian when respondents needed health care services.

n = 135 (n =96 for age 50 - 60 and n = 38 for 60+)

	Total	% of Resp.	% of			
			50 - 60	60+		
Yes	92	68%	67	70%	24	63%
No	9	7%	5	5%	4	11%
With some, but not all	34	25%	24	25%	10	26%
TOTAL RESPONDENTS	135	100%	96	100%	38	100%

Have respondents experienced practices and/or policies regarding health care which exclude lesbians

n = 137 (n =98 for age 50 - 60 and n = 38 for 60+)

	Total	% of Resp.	% of			
			50 - 60	60+		
Yes	24	18%	18	18%	5	13%
No	105	77%	74	76%	31	82%
Unsure	8	6%	6	6%	2	5%
TOTAL RESPONDENTS	137	100%	98	100%	38	100%

APPENDIX 6 - Charts: Health Care Issues

Do health care providers have enough knowledge and sensitivity to issues related to lesbians

n = 134 (n =96 for age 50 - 60 and n = 38 for 60+)

	% of Resp.		50 - 60		60+	
Yes	65	49%	46	48%	19	50%
No	40	30%	28	29%	12	32%
Unsure	29	22%	22	23%	7	18%
TOTAL RESPONDENTS	134	100%	96	100%	38	100%

What do health care providers need to know/be sensitive to

n = 30 (n =20 for age 50 - 60 and n = 10 for 60+)

	% of Resp.		50 - 60		60+	
Education/awareness & training re: lesbian physical, emotional and mental health issues	18	60%	12	60%	6	60%
Heterosexual assumptions in society and lesbian cultures	10	33%	7	35%	3	30%
Discrimination against lesbians	5	17%	3	15%	2	20%
TOTAL MENTIONS	33		22		11	

Unique issues about aging as a lesbian.

n = 56 (n =40 for age 50 - 60 and n = 16 for 60+)

	% of Resp.		50 - 60		60+	
Impact of discrimination against lesbians - fear, invisibility	13	23%	10	25%	3	19%
Health care system doesn't recognize lesbians and our unique issues	14	25%	11	28%	3	19%
Senior's housing services don't recognize lesbians and our unique issues	10	18%	9	23%	5	31%
Need for community	29	52%	15	38%	6	38%
Finance/legal issues	4	7%	2	5%	2	13%
TOTAL MENTIONS	70		47		19	

Services needed for aging lesbians.

n = 51 (n =35 for age 50 - 60 and n = 15 for 60+)

	% of Resp.		50 - 60		60+	
Partnership benefits	3	6%	0	0%	3	20%
Community peer support	8	16%	5	14%	3	20%
Lesbian positive health/personal support services	23	45%	19	54%	3	20%
Lesbian positive housing	25	49%	16	46%	9	60%
TOTAL MENTIONS	59		40		18	

APPENDIX 7 - Charts: Housing Issues

138 Women Completed the Survey

Note: not all women answered all questions.

Note: Participants = all women surveyed, Respondents = women who responded to a question

Type of housing.

n = 138 (n =99 for age 50 - 60 and n = 38 for 60+)

	% of Resp.		50 - 60		60+	
House	86	62%	61	62%	24	63%
Apartment	22	16%	18	18%	4	11%
Condominium	18	13%	13	13%	5	13%
Housing with on-site support services	0	0%	0	0%	0	0%
Room and board	1	1%	1	1%	0	0%
Senior complex with on-site services	0	0%	0	0%	0	0%
Co-op	11	8%	6	6%	5	13%
TOTAL RESPONDENTS	138	100%	99	100%	38	100%

Whether participants own or rent.

n = 138 (n =99 for age 50 - 60 and n = 38 for 60+)

	% of Resp.		50 - 60		60+	
Owned by you or someone in your	97	70%	68	69%	28	74%
Rented by you or someone in your	38	28%	29	29%	9	24%
Other - describe	3	2%	2	2%	1	3%
TOTAL RESPONDENTS	138	100%	99	100%	38	100%

Housing Issues:

			50 - 60		60+	
Is this senior's housing?	3	2%	1	1%	2	5%
Is this senior's housing?	134	98%	98	99%	35	95%
			50 - 60		60+	
Is your current housing subsidized?						
Yes	4	2%	1	1%	3	8%
Is your current housing subsidized?						
No	134	98%	98	99%	35	92%

Ability to manage current housing needs on income and assets.

n = 138 (n =99 for age 50 - 60 and n = 38 for 60+)

	% of Resp.		50 - 60		60+	
Very well	49	36%	39	39%	10	26%
Adequately	68	49%	45	45%	22	58%
With some difficulty	14	10%	9	9%	5	13%
Not very well	6	4%	5	5%	1	3%
Totally inadequate	1	1%	1	1%	0	0%
TOTAL RESPONDENTS	138	100%	99	100%	38	100%

APPENDIX 7 - Charts: Housing Issues

How participants think their income and assets will satisfy future housing needs.

n = 138 (n= 99 for age 50 - 60 and n= 38 for 60+)

	% of Resp.		50 - 60		60+	
Very well	20	14%	11	11%	9	24%
Adequately	61	44%	48	48%	13	34%
With some difficulty	19	14%	14	14%	5	13%
Not very well	7	5%	5	5%	2	5%
Totally inadequate	11	8%	8	8%	3	8%
Unsure	20	14%	13	13%	6	16%
TOTAL RESPONDENTS	138	100%	99	100%	38	100%

Desire to live in organized lesbian only seniors' housing.

n = 135 (n =97 for age 50 - 60 and n = 37 for 60+)

	% of Resp.		50 - 60		60+	
Very comfortable	64	47%	47	48%	16	43%
Comfortable	37	27%	28	29%	9	24%
No feeling	16	12%	10	10%	6	16%
Uncomfortable	12	9%	9	9%	3	8%
Very uncomfortable	6	4%	3	3%	3	8%
TOTAL RESPONDENTS	135	100%	97	100%	37	100%

How comfortable participants would feel in living openly as a lesbian in existing seniors' options

n = 138 (n =99 for age 50 - 60 and n = 38 for 60+)

	% of Resp.		50 - 60		60+	
Very comfortable	35	25%	25	25%	10	26%
Comfortable	31	22%	24	24%	7	18%
No feeling one way or another	11	8%	6	6%	5	13%
Uncomfortable	29	21%	21	21%	8	21%
Very uncomfortable	9	7%	6	6%	3	8%
Unsure	23	17%	17	17%	5	13%
TOTAL RESPONDENTS	138	100%	99	100%	38	100%

Do participants think being a lesbian acts as a barrier to entering existing seniors' housing or thinking ahead to such a decision.

n = 138 (n =99 for age 50 - 60 and n = 38 for 60+)

	% of Resp.		50 - 60		60+	
Not a barrier	63	46%	41	41%	22	58%
A slight barrier	17	12%	16	16%	1	3%
A moderate barrier	17	12%	11	11%	6	16%
A significant barrier	15	11%	11	11%	4	11%
Unsure	26	19%	20	20%	5	13%
TOTAL RESPONDENTS	138	100%	99	100%	38	100%

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