

# HEALTHY AGING FOR GAY AND LESBIAN SENIORS IN CANADA

JUNE 15, 2009  
SPEAKING OUT WITH PRIDE CONFERENCE  
TORONTO

# PHASE I: PILOT STUDY

- To gather information about the experiences and realities of gay and lesbian seniors and their families from across Canada in accessing a broad range of health and social services in the community
- To examine the role of health care and social service organizations in shaping access and service delivery

# PHASE I

## Study Goals

- To contribute information
- To advocate for change
- To develop links between systems
- To encourage dialogue
- To document experiences

# PHASE I

## Team

- Research Team: Shari Brotman, Bill Ryan, Robert Cormier  
McGill School of Social Work
- Time Frame: 1999-2000
- Methodology: Focus Groups
- Regions: Quebec, Nova Scotia, British Columbia
- Participants 32  
Gay and Lesbian Seniors Groups (7); Activists on Gay and Lesbian Health Issues (9); Public Sector Service Delivery Organizations (8); Mainstream Seniors Groups, Including Caregivers 3); Policy Makers (5) 21 Self-Identified as Gay/  
Lesbian

# PHASE I

## **Methodology: What We Asked**

- Perspectives of allies and activists on the needs and issues facing gay and lesbian seniors and their families
- Perspectives of mainstream policy and practice organizations with respect to their knowledge about or current practice with gay and lesbian seniors
- Sharing of gay and lesbian elders' and their families' experience of care

# PHASE 2: NATIONAL STUDY

- Research Team:

Shari Brotman, Bill Ryan, Robert Cormier, Line Chamberland, Danielle Julien, Alan Peterkin, Iryna Dulka (Project Coordinator)

- Partners:

CLSC René-Cassin, Caregiver Support Centre, Réseau des lesbiennes du Québec, Action Séro-Zéro, The Centre, Vancouver Coastal Health Authority, Senior Citizen's Secretariat, Nova Scotia Rainbow Action Project, Nova Scotia Family Caregiver's Association of Nova Scotia, National Canadian Caregiver Coalition

# PHASE 2: NATIONAL STUDY

- Time Frame: 2002-2004
- Methodology: Individual Interviews
- Regions: Quebec, Nova Scotia, British Columbia
- Participants 120  
Gay and Lesbian Seniors (60);  
Family Caregivers (30);

# PHASE 2

## **Methodology: What We Asked**

- Perspectives of allies and activists on the needs and issues facing gay and lesbian seniors and their families
- Perspectives of mainstream policy and practice organizations with respect to their knowledge about or current practice with gay and lesbian seniors
- Sharing of gay and lesbian elders' and their families' experience of care

# FINDINGS

## **Historical Experiences of Discrimination**

- Intense Hostility
- Enforced medical treatments
- Lack of Communal Identity/Community

# FINDINGS

## **Surviving/Coping with Discrimination**

- Hiding was and continues to be a strategy of survival
- Identity Issues are more complex
- Health impacts of exposure to discrimination over time are varied and substantial
- Mistrust/Fear/Avoidance of the health care system

# FINDINGS

## **Resilience of Older Gay Men and Lesbians**

- *Mastery of Stigma*
- *Gender role flexibility*
- *Creation of alternative family networks*
- *Working the system*
- *Self reliance and independent populations*
- *Identity and Community*

# FINDINGS

## The Aging Network

- Unchallenged discriminatory attitudes and practices
- Profound Invisibility
- Discrimination/Discomfort by professionals and contemporaries
- Definitions of “family” based almost exclusively on biological kin
- Little recognition of specific needs and experiences

# FINDINGS

## **The Gay and Lesbian Community**

- Lack of support for elders
- No funding for seniors programs
- Ageism results in isolation and invisibility

# PHASE 3: POLICY PAPER

- REQUESTED BY HEALTH CANADA IN EARLY 2008
- DELIVERED ON MARCH 31, 2008

**Healthy Aging for Gay and Lesbian Seniors in Canada:  
An Environmental Scan**

Shari Brotman and Bill Ryan  
McGill University, School of Social Work  
Montréal QC March 2008

# PHASE 3

## Contents

- DEFINITION OF HEALTHY AGING
- APPLICATION TO THE POPULATION
- RECOMMENDATIONS FOR ACTION

# DEFINITION OF HEALTHY AGING

- The concept of ‘healthy aging’ is generally described as
- encompassing not simply absence of disease, nor the valorisation of youthfulness, but instead
- the promotion of mental, physical, and social well-being, with an appreciation for both the abilities and disabilities associated with aging

Hughes, 2006; PHAC, 2006

# HEALTHY AGING

- Among gay and lesbian seniors, it is important not only to describe the ways in which their physical, mental, and social contexts resemble or differ from those of their heterosexual counterparts, but also to acknowledge from the onset the ways in which their particular experiences may in some ways actually increase their potential capacities for healthy aging.

# HEALTHY AGING

- First, researchers have found that a lifetime of dealing with the stigmas, crises, and discrimination experienced by gays and lesbians may actually better equip some, upon entering later-life, for dealing more expertly with the stigmas, crises, and discrimination experienced by seniors in an often ageist society

Berger & Kelly, 2001; Brotman, Ryan, & Cormier, 2002; Cahill & South, 2002; Orel, 2004.

# HEALTHY AGING

- GLBT seniors have lived lives characterised by more
- resilience, independence, and self-reliance than many heterosexuals.

Brotman & Ryan., in press; Greene, 2002; Morrow, 2001

# HEALTHY AGING

- Meaning: gender-role flexibility

Ramirez Barranti & Cohen, 2000, p.349; see also Brown, Alley, Sarosy, Quarto, & Cook, 2001

# HEALTHY AGING

- None of this should by any means imply that all gay and lesbian seniors are equally prepared or able to fight a new round of discrimination in old age. As Terry Kaelber, former executive director of SAGE (Senior Action in a Gay Environment) usefully points out, the “idea that aging is the same for everyone comes from the belief that aging is a medical issue, pure and simple. ... Which is, of course, the dream of all the large drug companies”

in National Gay and Lesbian Task Force, 2005

# HEALTHY AGING

- A great diversity definitely exists within the gay and lesbian senior community, and an individual's age, gender, class, race, and ability positions will all influence their life situation as they enter—and throughout—old age

Chapple, Kippax, & Smith, 1998; Orel, 2004.

# HEALTHY AGING

- Considering the exclusion of gays and lesbians (until relatively recently) from spousal benefits and other legal protections, as well as a tendency for some to have stayed in safer but lower-paying jobs , it is perhaps not surprising that gay and lesbian seniors consider financial insecurity their biggest challenge as they age , particularly among women, who have and continue to experience tremendous inequality in the workplace .

Cahill & South, 2002; City & County of San Francisco, 2003; Jacobs, Rasmussen, & Hohman, 1999; McFarland & Sanders, 2003; Butler & Hope, 1999; Clunis, Fredriksen-Goldsen, Freeman, & Nystrom, 2005; Heaphy, Yip, & Thompson, 2003; Orel, 2004; River, 2006

# HEALTHY AGING

- Unfortunately, no research has yet been undertaken on many of the other fronts, and so little is known about the particular needs of gay and lesbian disabled seniors or the ‘very old,’ and only occasionally have reports made mention of the specific needs of gay and lesbian seniors of colour.

Hubbard & Rossington, n.d.; City & County of San Francisco, 2003.

# HEALTHY AGING

## Physical Health - Self Reporting

Studies assessing the self-reported health of gay and lesbian seniors have found that the majority rate their physical health as good to excellent , and about half report exercising regularly , seemingly more than Canadian seniors in general . Some researchers, though, have remarked on the tendency of this population to actually ‘understate’ their health problems , possibly reflecting the extent to which they value their self-reliance and are hesitant to access formal health services until absolutely necessary .

Butler & Hope, 1999; Clunis, Fredriksen-Goldsen, Freeman, & Nystrom, 2005; Grossman, D’Augelli, & O’Connell, 2001; Turcotte & Schellenberg, 2007; Brotman & Ryan., in press; Gay & Grey, 2006; Brotman, Ryan, & Cormier, 2002; 2003

# HEALTHY AGING

## Physical Health - Impact of Oppression

- Although gay and lesbian seniors may share more-or-less the same preoccupations about their health as heterosexual seniors, one unique difference is the emphasis that the former place on “the discrimination and bias that they have experienced within health care settings”. This avoidance of formal health services because of past discrimination—although not well understood—has been identified as one possible reason for the seemingly higher prevalence of breast cancer among lesbians

Ramirez Barranti & Cohen, 2000.

# HEALTHY AGING

## Physical Health - Minority Stress

The risks to healthy physical aging due to minority stress and its impact

- unsafe sex,
- substance misuse, and
- disordered or unhealthy eating behaviours

will not—if they existed previously—disappear when an individual reaches old age.

Campbell, in National Gay and Lesbian Task Force, 2005

# HEALTHY AGING

## Physical Health - Substance Abuse

### Substance use -

- not been well-researched,
- ubiquity of alcohol in the lives of gays and lesbians,
- only nine percent of their sample could be qualified as 'problem drinkers,' similar to rates among Canadian seniors in general .

Morrow, 2001; Satre, 2006; Robertson, 1998; Wierzalis, 2001; Williamson, 1999; Grossman, D'Augelli, and O'Connell, 2001; Turcotte & Schellenberg, 2007

# HEALTHY AGING

## Physical Health - Smoking & Drug Use

- Although smoking rates do appear higher among gays and lesbians , it is drug-use that seems to most distinguish gay men from heterosexuals , but again limited data exist about lesbians, or seniors specifically.
- Gays and lesbians were pathologised as having mental health problems because of their sexualities
- Nowadays they are more likely to be considered 'at-risk' for substance abuse problems, and this perceived predisposition is often internalised:

Cahill, South, & Spade, 2000; Stall et al., 2001; Hughes, 2003.

# HEALTHY AGING

## Physical Health - Eating Habits

- Disordered and unhealthy eating habits have not been documented,
- Though it is known that poor nutrition is more likely to be a problem for seniors in general who are more isolated and living alone.
- There is evidence that some lesbians may be at a slightly greater risk for obesity than heterosexual women with similar diets , overall lesbians appear less concerned about body satisfaction and have lower prevalence of bulimic eating patterns than do heterosexual women .

PHAC, 2006;Valanis et al., cited in McMahon, 2003; Lakkis, Ricciardelli, & Williams, 1999

# HEALTHY AGING

## Physical Health - Body Image

Gay men seem to demonstrate

- a deeper investment in their bodies,
- more distress about the physical changes associated with aging ,
- a higher prevalence of dieting, bulimic symptoms, body dissatisfaction, and disordered eating, as compared with heterosexual men .

Williamson, 1999;Wierzalis, Barret, Pope, & Rankins, 2006; Lakkis, Ricciardelli, & Williams, 1999;Williamson, 1999

# HEALTHY AGING

## Mental Health

In the course of their lives,

- about half of all gay and lesbian seniors have been verbally harassed  
twenty-nine percent have been threatened with violence, and
- about sixteen percent (mostly men) have actually been physically attacked
- gay and lesbian adults report more discriminatory experiences in their day-to-day lives, and these too are associated with low self-rated mental health, as well as higher prevalence of psychological disorders and distress

Beeler, Rawls, Herdt, & Cohler, 1999; D'Augelli & Grossman, 2001; Mays & Cochran, 2001

# HEALTHY AGING

## Mental Health

Those who had developed a mental disorder were more likely to report

- lower self-esteem,
- more lifetime suicidal ideation,
- more negative views about their sexual orientation,
- more loneliness, and other related difficulties .

Among those with some sort of mental health problem,

- depression appears to be the most prevalent:
- twelve percent of his sample of older gay men indicated a high likelihood of clinical depression
- lesbians similarly show a greater risk for depression than do heterosexual women

D'Augelli, Grossman, Hershberger, & O'Connell, 2001; Rawls, 2004; Valanis et al., cited in McMahon, 2003

# HEALTHY AGING

## Mental Health - Primary Barriers

- fears around the biases, discrimination, or lack of knowledge they anticipate encountering if they disclose their sexuality to a general practitioner or a mental health professional , or worse, if they are forced into group therapy or support groups they perceive as gay-unfriendly .

River, 2006; Cahill, South, & Spade, 2000; Robertson, 1998

# HEALTHY AGING

## Social Health

- The importance of a social network—regardless of who it is made up of—is “one of the most dependable predictors of longevity,” particularly for men .
- Unlike younger adults, seniors tend to have more condensed social networks, characterised by closer bonds but fewer members, making them more vulnerable to loss.
- Gay seniors, though, tend to have more friends/confidants in their networks than do heterosexual seniors , and older lesbians tend to have even more people in their social networks.
- the *kind* of support seems to be more important than who provides it: older gays and lesbian tend to be more satisfied with the support they receive from those who know about their sexual orientation, regardless of their sexual orientation or age

# HEALTHY AGING

## Social Health - Partners

- Having a partner makes ageing easier .
- A high value placed on sexuality even among the oldest seniors
- relationships based on non-coital sexual expression can still be physically and emotionally fulfilling .
- Partnered gay and lesbian seniors generally report better mental health and higher self-esteem than those not partnered and will look to their partners first for support , particularly among older lesbians, who tend to have more long-term partners than their gay male counterparts .

Wierzalis, 2001; Garnets & Peplau, 2006; Hughes, 2006; Grossman, D'Augelli, & O'Connell, 2001; Butler & Hope, 1999; Shippy, Cantor, & Brennan, 2004; Beeler, Rawls, Herdt, & Cohler, 1999

# HEALTHY AGING

## Social Health - Friendships

- Friends constitute the primary support system for this population—sometimes even more than partners
- 93% of men and 96% of women saw their friendships as ‘important’ or ‘very important’.
- This may be especially true for older lesbians, who place an especial high value on their “community of friends”.

Heaphy, Yip, and Thompson, 2003; Brown, Alley, Sarosy, Quarto, & Cook, 2001; Clunis, Fredriksen-Goldsen, Freeman, & Nystrom, 2005; Gay & Grey, 2006; Grossman, D’Augelli, & O’Connell, 2001; (Langley, 2001; Beeler, Rawls, Herdt, & Cohler, 1999; City & County of San Francisco, 2003; Heaphy, Yip, & Thompson, 2003; Orel, 2004; Ramirez Barranti & Cohen, 2000; Butler & Hope, 1999, p.41; see also Clunis, Fredriksen-Goldsen, Freeman, & Nystrom, 2005; Weinstock, 2004

# HEALTHY AGING

## Social Health - Other Social Supports

- Social networks can also include many other kinds of members who provide varying kinds of support, including ex-partners, pets, neighbours, and biological family members , sometimes depending on the particular context of the senior's life.
- In rural settings, for example, a good relationship with neighbours is vital
- non-partnered older gay men may meet their affectional and sexual needs through casual or paid sex, as well as strictly-sexual friendships

Butler & Hope, 1999; Comerford, Henson-Stroud, Sionainn, & Wheeler, 2004; Wierzalis, 2001; Wierzalis, Barret, Pope, &

# HEALTHY AGING

## Social Health - Biological Families

- Many gay and lesbian seniors do have close relationships with members of their biological families.
- They place more value on the support of family members to whom they have disclosed their sexual orientation,
- Including siblings and extended family members rather than parents per se
- As many as half of gay and lesbian seniors have children from previous relationships—with lesbians living with them more often than gay men—and that the support and strength they draw from their relationships with their children and grandchildren; are invaluable and generally not affected by their sexual orientation.

Brown, Alley, Sarosy, Quarto, & Cook, 2001; Heaphy, Yip, & Thompson, 2003; Shippy, Cantor, & Brennan, 2004; Orel, 2004; Clunis, Fredriksen-Goldsen, Freeman, & Nystrom, 2005; Beeler, Rawls, Herdt, & Cohler, 1999; Langley, 2001; Shippy, Cantor, & Brennan, 2004; Hubbard & Rossington, n.d.; Clunis, Fredriksen-Goldsen, Freeman, & Nystrom, 2005; D'Augelli, Grossman, Hershberger, & O'Connell, 2001; Heaphy, Yip, & Thompson, 2003; Shippy, Cantor, & Brennan, 2004

# HEALTHY AGING

## Social Health - Participation in the Community

- Many study participants have indicated the importance of belonging to the gay and lesbian community, mainly for affirming their identities and providing opportunities to mix with ‘similar others’.
- Closer examination, though, reveals that experiences within the gay and lesbian community are much more complex, often characterised by exclusion, and influenced by gender.
- Authors who have remarked on the vibrancy of smaller, informal networks of older lesbians (or including non-lesbian feminists) that provide for the leisure and social needs of their members.

Brown, Alley, Sarosy, Quarto, & Cook, 2001; Heaphy, Yip, & Thompson, 2003; Langley, 2001; Orel, 2004; Pugh, 2005; Butler & Hope, 1999; Chamberlain & Robinson, 2002; Comerford, Henson-Stroud, Sionainn, & Wheeler, 2004; Jacobson & Samdahl, 1998

# HEALTHY AGING

## Social Health - Older Gay Men

- In general there is often little that exists for older gay men in terms of socialising opportunities outside of the ‘commercial scene’ of clubs and bars, which they either feel excluded from or simply are not interested in, in both cases because of the ageism that persists in these settings.
- It also is important to mention the devastating effect that AIDS has had on the social lives of gay men: over ninety percent of sample knew someone who had died of AIDS, in many cases forcing those left behind to ‘start over’ making new friends

Beeler, Rawls, Herdt, & Cohler, 1999; see also Jones, 2001; Ryan, Hamel, & Cho, 1998; Wierzalis, 2001). Brotman & Ryan., in press; Gay & Grey, 2006; Hughes, 2007; Gay & Grey, 2006; Hughes, 2007; Hostetler, 2004; Chamberlain & Robinson, 2002; Jacobs, Rasmussen, & Hohman, 1999; Grossman, D’Augelli, and O’Connell’s (2001)

# HEALTHY AGING

## Interviews

- Of the 17 interviews we conducted there was a general consensus within the community related to the issues that GL seniors face.
- This consensus crossed geographical, language, gender and social status differences.
- In some regions there are bureaucrats that are responsible for GLBT issues in their ministries or health boards, in some regions the GLBT community and its organizations work to do sensitivity training within seniors' advocacy and housing organizations.
- Most of these efforts have been undertaken in urban areas and the respondents had only minimal or anecdotal information about the experiences of GL elders in rural areas.
- We know that GL elders who live in rural areas are more isolated, but we do not have any measure that enable us to describe that isolation.

# HEALTHY AGING

## Interviews - Gender Differences

- Differences were expressed related to gender in almost all regions where we conducted the interviews.
- It was generally felt that lesbians were more isolated than gay men, having less access to community organizations.
- The fact that gay men had developed, in many cities, support networks related to HIV support and prevention, meant that there were limited services available for men.
- Women developed supportive services in four of the major centres (Montréal, Toronto, Vancouver, Victoria). However, these services were entirely volunteer in nature.

# FINDINGS

## KNOWLEDGE OF SOCIAL DETERMINANTS OF HEALTH

While it was generally recognized that Canada has adopted the Population Health Model, and most Determinants of Health were known by a small majority of respondents, there was confusion about the impact of this policy in their work and in their lives.

- Many felt that the words were not followed up by policy or funding initiatives, and were quite cynical about the prospects for follow-up on any of these issues.
- Those who were able to identify priorities within the Population Health Determinants' identified Social Support, Social Environments, and Income and Social Status as, by far, the most important Determinants of Health.

# FINDINGS

## SOCIAL SUPPORT AND SOCIAL ENVIRONMENTS

- The great majority of those individuals and organizations that work with GL elders named social isolation and loneliness as the major challenge in the lives of GL individuals as well as the major obstacle to overcome in attempting to reach out to this population. This loneliness appears to be related to several factors:
  - They live alone
  - They seek help when it is too late
  - They are hesitant to go to seniors' organizations
  - They have been conditioned to anticipate homophobic reactions

# FINDINGS

## PHYSICAL ENVIRONMENTS - HOUSING

- Most respondents identified housing as a particular difficulty as well. GL seniors fear losing their homes - as all seniors do - but with specific factors that make their fears different. Once again, the omnipresence of homophobia in their past lives, the absence of advocacy within seniors' organizations and the fears of how they will be treated once in residential services.
- The solution will not be only in providing alternative resources for GL seniors, but also in advocacy, policy and training efforts that will render general housing resources, open to the realities of GL seniors' lives.

# FINDINGS

## SPECIFIC HEALTH ISSUES

- Many of the participants noted particular health concerns other than those that are clearly linked to one Determinant of Health or another. These are also clearly mentioned in the literature as being specific issues within the GL community:
  - Smoking
  - Alcohol and Drug Use
  - Breast and Cervical Cancer

# RECOMMENDATIONS

## ISOLATION

- Isolation is the major problem experienced by GL elders, both in the literature and in the lived experience presented to us by our respondents. We recommend a stratified response to this isolation, through:
  - The inclusion of this population in social policy provisions emanating from Health Canada.
  - The funding of demonstration projects in every region of Canada in order to develop adequate models of social support and the development of supportive social environments. There will be no lack of community organizations ready to respond to any call for proposals.
  - That a varied approach be used that supports projects in some communities that reach out to men and women, others to women

# RECOMMENDATIONS

## ADAPTED HOUSING

- Models of adapted housing have been developed in different parts of the USA and Canada. Some of these are initiatives of the GLBT community independently; some are the result of collaborations between the public health services and community organizations. The emerging consensus is that there is a need for specific housing services for those GLBT elders who wish to be in GLBT environments. It appears, however, that most GL elders will reside in public housing, either because of the lack of other options, or by choice. It is in these housing services that there is an abject lack of information, training or outreach. We recommended that
  - Discussions be undertaken with national bodies which represent housing resources in order to begin the process of making those resources more responsive to inclusion and the needs of GL elders;
  - That several demonstration projects be undertaken in order to provide models of care a) for those elders who are able to live more independently, b) for those elders who require more support in their living environments.

# RECOMMENDATIONS

## TRAINING

- Within Colleges and Universities. Within the human sciences programmes in Canadian universities there is a deafening silence related to sexuality and sexual orientation, especially at the two ends of the continuum – youth and elders. Advocacy within professional organizations and accreditation bodies would facilitate enormously the establishment of models that address the issue of adequate training for young professionals.
- Within Senior's Organizations. We recommend the development of opportunities for dialogue be developed between mainstream elder's organizations in Canada, both at the federal level and in provinces and cities. Models for these dialogues have been developed in certain cities (Toronto, Vancouver, Victoria) that merit being used nationally and regionally.
- Continuing Education. That similar to Québec Ministère de la Santé et des Services sociaux's «Pour une nouvelle vision de l'homosexualité», continuing education be offered to those professionals already in the field in order to equip them with the necessary information to appropriately serve the needs of GL elders who are already

# RECOMMENDATIONS

## ADVOCACY WITHIN THE COMMUNITY

- Work needs to be done within the broader GLBT community with regards to elders. The very limited resources which have been made available to this community – funding has often been limited to HIV prevention work with gay men – has meant that many health issues have been ignored. Increasingly, GLBT organizations identify aging and the status of elders as priorities, but they are unable to access funding in order to be able to develop supportive interventions.

# RECOMMENDATIONS

## ADVOCACY WITHIN SENIORS' ORGANIZATIONS

- In Québec, the Ministerial Commission on Aging, conducted in the fall of 2007, heard several presentations on the lives and needs of GL elders from the broader GLBT community. No mainstream senior's organizations mentioned the existence of GL elders in their presentations. We recommend that the presence of GL elders be brought to the attention of those organizations who should represent the voices of all Canadian elders. Furthermore we recommend that funding incentives be used to incite this move toward inclusion.

# RECOMMENDATIONS

## ADVOCACY BY GAY AND LESBIAN SENIORS

Change generally happens when communities organize and demand it. Today, in Western democracies, we have forgotten that very few rights are ever accorded by the majority out of its good will toward us. These changes happen because we have organized and demanded them. The most effective voice for this change is the voice of GLBT seniors.

As GLBT youth have begun to revolutionize the school system's response to sexual minority youth by being out and speaking out, so our communities need to create conditions in which GLBT seniors' feel safe to be out, to speak out, to affirm their presence, to tell their stories. This will be when the real changes begin.