Older Lesbian and Bisexual Women’s Access to Services and Related Health Outcomes

A Project

Presented to the

Faculty of

California State University,

San Bernardino

In Partial Fulfillment

of the Requirements for the Degree

Master of Social Work

by

Marissa Roxanne Wollard

Monique Neto Bettencourt

June 2017

Older Lesbian and Bisexual Women’s Access to Services and Related Health Outcomes

A Project

Presented to the

Faculty of

California State University,

San Bernardino

by

Marissa Roxanne Wollard

Monique Neto Bettencourt

June 2017

Approved by:

Janet Chang, MSW Research Coordinator, Social Work

Rosemary McCaslin, Research Supervisor

© 2017 Marissa Roxanne Wollard and Monique Neto Bettencourt

ABSTRACT

This exploratory research utilized a qualitative focus group of seven participants to see what insights older lesbian women provide toward impacting understanding of their perceived isolation, perceived invisibility, health needs and access to social services that are congruent with LGBTQ+ culture. The participants were recruited through snowball sampling. After the completion of the data collection, data were thematically analyzed and color coded. The significance of this study was to gain greater insight into the specific needs and areas of concerns of a vulnerable population. This greater insight may lead to social workers’ being able to provide better services for lesbian women. The major themes derived from the data were separated by access, homophobia, invisibility, social support, and health.  Sub-themes included:  quality of healthcare, support system, community involvement, political climate, coming out, need for LGBTQ+ specific services, discrimination (sexism/homophobia), finances, relationship status, health issues and social limitations, quality of life, planning, invisibility.

*Keywords:* lesbian; caregiving; health care; discrimination; planning; support system

# ACKNOWLEDGEMENTS

We would like to provide our special thanks to Doctor Rosemary McCaslin for the valuable advice she has contributed throughout the course of this project. It is whole-heartedly expressed that your advices for our research proved to be a landmark effort towards the success of our project. We would like to show our gratitude to Janet Honn-Alex for connecting us with our participants for our project. We would like to thank all who participated in the data collection whose assistance proved to be a milestone in the accomplishment of our end goal.

TABLE OF CONTENTS

ABSTRACT iii

ACKNOWLEDGEMENTS iv

LIST OF TABLES viii

CHAPTER ONE: INTRODUCTION

Problem Statement 1

Purpose of the Study 3

Significance of the Project for Social Work Practice 5

Summary 8

CHAPTER TWO: LITERATURE REVIEW

Introduction 10

Social Support 10

Invisibility and Isolation 11

Accessibility 12

Theories Guiding Conceptualization 19

Limitations and Conflicting Findings 21

How This Study Will Build On and How It Will Differ From Prior

Studies 22

Summary 23

CHAPTER THREE: METHODS

Introduction 24

Study Design 24

Sampling 25

Data Collection and Instruments 26

Procedures 27

Protection of Human Subjects 28

Data Analysis 29

Summary 30

CHAPTER FOUR: RESULTS

Introduction 32

Presentation of the Findings 32

Summary 45

CHAPTER FIVE: DISCUSSION

Introduction 47

Discussion 47

Limitations 51

Recommendations for Social Work Practice, Policy, and

Research 52

Conclusion 53

APPENDIX A: RECRUITMENT FLYER 55

APPENDIX B: INFORMED CONSENT 57

APPENDIX C: INTERVIEW QUESTIONS 61

APPENDIX D: DEMOGRAPHICS SURVEY 64

APPENDIX E: IRB APPROVAL 66

APPENDIX F: APPROVAL LETTER 68

REFERENCES 71

ASSIGNED RESPONSIBILITIES PAGE 75

TABLES

Table 1. Participant Demographics 30

CHAPTER ONE  
INTRODUCTION

# Problem Statement

The Lesbian, Gay, Bisexual, Trans, Queer etcetera (LGBTQ+) community faces discrimination on social and institutional levels. People in the LGBTQ+ community are subject to rejection by their biological family, harassment, and physical and sexual assault at work and school. Older adults who are 60+ in the LGBTQ+ community are invisible and silenced due to being in unsafe environments. This silence poses obstacles to accessing social services. This is an issue because with greater age comes the greater need for social services to sustain independent living and for survival financially. The aging population is increasing and also becoming increasingly diverse. Within this age group, by some estimates, there are currently one-to-three million older LGBTQ+ people in the United States, and that number is expected to grow (Cahill, South, & Spade, 2000).

The clients, different agencies, LGBTQ+ community and myself are concerned with this issue. Lack of access to social services perpetuates the oppression and silencing of the LGBTQ+ population. For example, in 2006, the state of California passed Assembly Bill 2920, the Older Californians Equality and Protection Act. The purpose of the bill was to ensure that the California Department of Aging assesses, plans for, and includes programming for LGBTQ+ seniors in its services (Equity California, 2006). Yet, this legislation did not include funding for needs assessment or a recommended format for conducting needs assessment for this population (Smith, McCaslin, Chang, Martinez & McGrew, 2010). Thus, it is important to be able to assess the needs of this population and conduct effective needs assessments.

It is extremely important to understand the needs of the aging LGBTQ+ population for many different reasons. One of the reasons is that the needs of elderly LGBTQ+ people are a less studied area of diversity in aging. This gap in knowledge can be partially attributed to bias in the gerontology literature (Quam, 1997). The lack of study in this area means that there is still much to learn in this area and more scholastic study can lead to identifying important needs of this population. Another reason is because the LGBT community has limited access to resources. The Lesbian, Gay, Bisexual, and Trans (LGBT) community especially needs access to resources that meet their special needs and use their strengths (Rogers, Rebbe, Gardella, Worlein, & Chamberlin, 2013).

It is also important to study because the mental health issues for LGBTQ+ people are thought to be complex. These may include unique issues such as differences in grief and loss, as loss of hidden relationships will lack acknowledgement and support (Fenge & Fannin, 2009). Due to these unique challenges, it may make them relatively vulnerable for negative well-being outcomes (Kuyper & Fokkema, 2009). Being an LGBTQ+ person can be stressful and lead to adverse mental health outcomes (Kuyper & Fokkema, 2009). The needs of the LGBT community are different than heterosexual older adults, thus services that are LGBT sensitive are necessary for social service agencies to adhere to.

Older LGBT adults are also at a higher risk for suicide, depression and anxiety than heterosexual older adults (Rogers et al., 2013). Older LGBT adults are one of the most vulnerable populations due to the lack of protective policies against discrimination in housing and the workplace. Older adults who are single, live alone, live in states where discrimination against sexual orientation and gender identity are legal, and who are not working are at a very high risk for poor physical and mental health outcomes (Fredriksen-Goldsen and Espinoza, 2014).

## Purpose of the Study

The purpose of the study is to explore and evaluate the health needs of aging lesbian and bisexual women. This is important because of their unique health needs and the lack of knowledge with this particular population. The LGBTQ+ community experience institutionalized discrimination which inhibits their access to resources leading to poorer health outcomes. The elderly LGBTQ+ community not only experiences homophobia, biphobia and transphobia, but also faces discrimination due to their old age referred to as ageism. Elderly people, who are at least 60 years old, become more vulnerable as they age and rely on their family, social services, or friends to help take care of them. Unfortunately, it is unsafe for LGBTQ+ people to let their sexual orientation be known to others, known as coming out, especially if they identify as homosexual. When LGBTQ+ people come out to others they are subject to verbal harassment, physical harassment, hate speech, being fired from their job, rejection by society or by their biological family. These hateful reactions perpetuate a vicious cycle of silence and invisibility among the LGBTQ+ community which creates a barrier to accessing the services they need.

This study will utilize the qualitative method, using focus groups. The best way to address the needs of LGBTQ+ older adults is to ask them and collect data using qualitative measures such as open ended questions in an interview. Using qualitative data is important because language is a tool for social change (Burdge, 2007). The study will utilize the language of the participants using grounded theory, where the themes come from the information collected in interviews with the participants. Using this method will identify the needs of the elderly LGBTQ+ population instead of researching topics that are irrelevant to this population. Using a focus group will allow for a much more in-depth and descriptive summary of their experiences. This depth will lead to the understanding of the unique needs of our target population.

Significance of the Project for Social Work Practice

The LGBTQ+ community needs access to resources that meet their specific needs and uses their strengths (Rogers, Rebbe, Gardella, Worlein, & Chamberlin, 2013). Access to resources that meet their specific needs have limited availability especially if these clients live in rural areas. LGBTQ+ specific resources in Southern California are usually located in densely populated cities such as San Diego, Los Angeles, or Palm Springs. These resources are also important to study because the mental health issues for LGBTQ+ people are thought to be complex.

Due to these unique challenges, it may make them relatively vulnerable for negative well-being outcomes (Kuyper & Fokkema, 2009). Being an LGBTQ+ person can be stressful and lead to adverse mental health outcomes (Kuyper & Fokkema, 2009). Reforming policies and practices in social service agencies to grant access to the LGBT community coincides with social work values of worth and dignity of the person, the importance of human life and social justice. LGBTQ+ sensitive services are necessary in order to meet the specific needs of LGBTQ+ adults because they differ from the needs of heterosexual adults. The findings of this study will reform the policies, services and attitudes of social service agencies so that they are sensitive to and meet the needs of the LGBT community. This would reduce health disparities and increase the physical and mental well-being of LGBT older adults and encourage LGBT older adults to seek quality health care services.

It is important to understand this problem further because there needs to be more scholastic literature on the needs of this growing and aging population. It will be important to provide this population with effective and appropriate services. For this to be done there needs to be scholarly research. The research studies will help identify the main needs of this population. Once the main needs and concerns of this population are identified, steps can be taken to best meet those needs. These steps could include providing trainings, providing much needed services and figuring out the best methods to deliver the much needed services.

The findings of this study might change social work practice in this area in many different ways. The specific needs that are important to clients in this population will be addressed. Social workers will have evidence based research to assist them in identifying how to best meet the unique needs of their clients. This may lead to new services being formed to assist the needs of the clients. These new services may require a specific training for staff to deliver and this will create new skills in the social workers or general staff delivering these services. More awareness of the unique needs of this aging LGBT population will create more visibility for them and this may help to impact policy. The potential changes in policy may benefit this population in several different ways. These changes may lead to funding for more research in this area, funding for specific programs, or training to be developed. Perhaps agencies would be able to access this funding and provide better services for their clients.

This study will impact all phases within the generalist model. These include: engagement, assessment, planning, implementation, evaluation, and termination. Social workers will become more competent when interfaced with LGBTQ+ clients, thus building a strong rapport. Social workers will be able to gather information in a more efficient manner and refrain from suggesting resources that do not help the LGBTQ+ population. Social workers will be able to select effective interventions that will help the client reach their goals. The evaluation phase will be more accurate because the social worker will have more knowledge about the LGBTQ+ population. Social workers will terminate services in a timely manner instead of prematurely because they will have some idea of what the needs are within LGBTQ+ culture. The research question for this study will be: What insights can older lesbian and bisexual women provide toward impacting understanding of their perceived isolation, perceived invisibility, health needs and access to social services that are congruent with LGBTQ+ culture?

Summary

The LGBTQ+ population is subject to discrimination on social and institutional levels. Discrimination against LGBTQ+ adults and the need for additional support increases with age. The LGBTQ+ population is expected to grow by one-to-three million in the United States. The LGBTQ+ population has unique challenges that need to be met with specific resources in order to meet their needs. The lack of LGBTQ+ specific services limit quality health care and increases isolation which contributes to LGBTQ+ older adults being at a very high risk for poor physical and mental health outcomes.

The purpose of this study is to explore and evaluate the needs of aging lesbian and bisexual women to help fill the gaps in gerontology literature. This study will give a voice to a vulnerable population that is often invisible and silenced because it is unsafe for them to let their sexual orientation be known to others. Participants will be interviewed in a focus group to allow for an in-depth and descriptive summary of their experiences. The results of this study might change social work practice by providing social workers with evidence based research that will assist them in identifying in how to best meet the needs of their clients.

CHAPTER TWO  
LITERATURE REVIEW

# Introduction

The following chapter will be a summary and critical review of the literature that has covered Lesbian, Gay, Bisexual, Trans and Queer etcetera (LGBTQ+) issues. This chapter contains a discussion on the gaps in the literature, which is an important issue with this population, due to the lack of studies in this area of research. The following theories which will guide conceptualization will be covered: person-in- environment, grounded theory, and systems theory. The limitations and conflicting findings found in past research will be discussed. Finally, the ways in which this study will differ from and build upon previous studies will be covered.

# Social Support

Social support has been found to decrease the negative effects of stress and increase well-being (Choi & Wodarski, 1996). Social support is highly beneficial for older Lesbian, Gay and Bisexual (LGB) people because of its positive effects on physical and mental health changes as they age (Grossman, Augelli, & Hershberger, 2000). In addition, social support meets the unique needs of older LGB people which are impacted by the discrimination older LGB people experience because of their sexual orientation (Grossman, Augelli, & Hershberger, 2000).

# Invisibility and Isolation

Lesbian, Gay, Bisexual and Trans (LGBT) older adults are invisible even in public health and aging surveys resulting in a lack of information being collected about this population (Fredriksen-Goldsen & Espinoza, 2014). Questions that ask sexual orientation, sexual behavior, attraction, romantic relationships, gender identity and assigned gender are necessary to gather accurate and inclusive information about LGBT older adults in order to reform public policies to better serve this population (Fredriksen-Goldsen & Espinoza, 2014). These types of questions are asked of young and midlife LGBT people, but LGBT older adults are thought not to have a gender or sexual identity in their old age (Fredriksen-Goldsen & Espinoza, 2014). These distinctions are also important for people of color who are less likely to identify as LGBT and instead use the term queer or emphasize their sexual behavior (Fredriksen-Goldsen & Espinoza, 2014).

Inclusive surveys will begin to form comprehensive and culturally competent care and resources for the LGBT older adult population (Fredriksen-Goldsen & Espinoza, 2014). Care and resources should also have ease of access and be evaluated regularly to uphold their effectiveness. This can be achieved by involving LGBT older adults in the planning, development and implementation of services and policies (Fredriksen-Goldsen & Espinoza, 2014). Implementing preventative healthcare for LGBT older adults is important because it is estimated that the LGBT older adult population will grow by at least two million in the next 15 years (Fredriksen-Goldsen & Espinoza, 2014). Making LGBT older adults advocates for their future is empowering and is congruent with social work values and ethics.

Some striking findings found in the needs assessment studies are that LGBT elders may be prone to regressing to the patterns of fear and isolation developed as they were coming of age (Smith et al., 2010). These late life revivals of early life trauma reactions are documented in the gerontological literature as a form of Post Traumatic Stress Syndrome (PTSD) (Smith et al., 2010). The implication of this is that these LGBT elders may become fearful and isolate themselves, reducing their quality of life and their social capital.

# Accessibility

The following subjects are needed for older LGB adults to access health care services.

## LGBTQ+ Sensitive Services

According to Rogers et al. (2013), older adults in the LGBT community have unique needs. Rogers et al. (2013) have found that issues such as invisibility, isolation, discrimination and internalized homophobia prevent older LGBT adults from accessing resources. People within the LGBT community have better mental health outcomes when they have small support systems that are comprised of an informal family as opposed to larger support systems that involve the biological family (Rogers et. al, 2013). Although these smaller support groups predict better mental health outcomes, their informal status forms a barrier to social services because they only acknowledge biological families (Rogers et. al, 2013). The lack of recognition of these informal support groups lead to complications with powers of attorney and wills (Roger et. al, 2013).

Rogers et. al (2013) suggest factors that contribute to LGBT older adults needing LGBT sensitive services as opposed to mainstream services. Members of the LGBT community have negative experiences with mainstream agencies due to the insensitivity and lack of education about LGBT issues which makes them less likely to reveal their sexual orientation and even less likely to receive the services they need. Other factors that contribute to barriers in accessing social services from mainstream agencies include verbal and physical harassment LGBT people face every day (Rogers et. al, 2013). A solution to creating sustainable change within agencies would be to include LGBT members in the design, planning and execution of services, training and advocacy efforts (Rogers et. al, 2013). This would empower them to share their skills, knowledge and experiences with their identity as a member of the LGBT community (Rogers et. al, 2013).

The following study collected 605 evaluations from 34 panel trainings administered by the Grey and Gay Panel (GGP) at universities and community service centers in Portland, Oregon between the years 2005 to 2011. The evaluation included a Likert scale that measured the quality of the overall training, keeping a secret exercise and the older adult presentation, one meaning poor to five meaning excellent, and an open ended question to collect qualitative data. Results indicated that 76 percent of participants rated the keeping a secret exercise, which simulates what it’s like to keep your sexual orientation a secret, as very good to excellent. Ninety-four percent of participants rated the older adult presentation and overall training as very good to excellent. Four themes emerged from the open ended question: offering valuable and useful information, facilitating self-reflection in a safe, accepting environment, promoting deeper understanding, and putting a face on the issues (Rogers et. al, 2013). Participants also reported that the panel training was effective in raising awareness about the issues that LGBT older adults face and encouraged the self-awareness of biases of the participants (Rogers et. al, 2013).

## Marriage and Long Term Care

Hiedemann and Brodoff (2013) researched the relationship between long-term care needs and living with same-sex partners. LGBT older adults ages 50 and older are more likely to suffer from disabilities, which include physical and mental impairments, when compared to heterosexual older adults (Hiedemann & Brodoff, 2013). Results showed that unmarried couples, especially LGB older adults in same-sex partnerships, experienced more difficulty with self-care and carrying out daily tasks independently than married same-sex couples and unmarried heterosexual couples, leading to their increased need for long-term care (Hiedemann & Brodoff, 2013). The probability of disability decreased with a college degree and increased if they were a racial minority, except for Asian women. Findings of this study suggest that policy reform which allows LGB older adults access to public health care, employment, housing and legal marriage would significantly decrease the likelihood that LGB older adults would need long-term care and provide LGBT specific services. Public healthcare programs, such as Medi-Cal, are important to preserve the financial well-being of LGBT older adults which is unavailable to them regardless of marital status (Hiedemann & Brodoff, 2013).

Fredriksen-Goldsen and Espinoza (2014) explore the relationship between policy changes, such as marriage equality and employment non-discrimination, the Affordable Care Act (ACA) and their relationship to the physical and mental well-being of LGBT older adults including those who live with Human Immunodeficiency Virus (HIV). Legal marriage for same-sex couples provides financial security as well as access to health care and social security benefits. The passage of the Defense of Marriage Act (DOMA) made marriage legal in all states where as previously states had the right to refuse to acknowledge marriage between same-sex couples. Fredriksen-Goldsen and Espinoza (2014) also point out that discrimination based on sexual orientation and gender identity are legal in at least 29 states at work, housing or public accommodations like nursing homes. As a majority of LGBT older adults are unmarried, it is important to include partnerships and informal families in policy change (Fredriksen-Goldsen & Espinoza, 2014).

## The Affordable Care Act

The ACA prohibits health care providers from discriminating against LGBT adults or those with HIV. The ACA also addresses lifetime discrimination against LGBT people which leads to mental and physical health concerns, acknowledgment of lower enrollment in health care in addition to the lack of access to healthcare through their informal partnership, and differential treatment from healthcare providers who provide low quality care to them, which deters LGBT older adults from seeking health care (Fredriksen-Goldsen & Espinoza, 2014). However, almost half of LGBT older adults live in states that will not ensure that Medicaid in their state ensures coverage of this population. This lack of expansion also contributes to the development of Acquired Immune Deficiency Syndrome (AIDS) in HIV positive people and possibly the spreading of the disease due to lack of access of early intervention and miseducation about HIV and AIDS. HIV effects men who sleep with men, low income people, and people of color more than any other population (Fredriksen-Goldsen & Espinoza, 2014). This lack of expansion of Medicaid to HIV positive people is another barrier to aging in good health.

Gerontologists are becoming increasingly aware of the significant population of older lesbians, gay men, and bisexuals (Claes & Moore, 2000). An estimate of the number of lesbians and gay men over the age of 65 range from 1.75 to 3.5 million (Claes & Moore, 2000). This population will need quality medical care and community and home-based services. There is consensus in social work practice communities that LGBT aging occurs with a specific set of concerns, thus requiring specific resources and care practices (McGovern, 2014). It is important to research the specific needs of this population and to understand where the research is lacking, where the research has strengths, what direction it needs to move in and implications for service delivery.

Another study included participants in a needs assessment that was done in a region that includes rural areas. Over half of the participants thought that nursing homes would not be LGBT friendly and assisted living was also rated correspondingly (Smith et al., 2010). These concerns are especially alarming when dependency needs may arise and this population may be afraid of accessing services due to concerns about how they will be received (Smith et al., 2010). This study will build on research such as this, where multimethod needs assessments are being completed for this population.

## Access Out of the Closet

There are unique challenges among older LGBT people, such as having to go “back in the closet”, when using services such as in-home health care or assisted living and also the homophobia of social service staff (Smith et al., 2010). It is important to take the special needs and challenges of the LGBT aging population into account. Once these needs and challenges are accurately identified, social workers and care staff can deliver services to the clients that are meeting their needs in the most effective way possible. The implications of this research will shed light on the needs and challenges of the aging LGBT population. The focus of future research should include needs assessments, attempts to gain a large sample size, include low income and people of color, gain sample sizes from many different settings and have more long term funded studies. In conclusion, it is important to research the LGBT aging population because it lacks a large breadth of research. This is a growing population with specific needs and challenges that must be researched and studied so that the most effective services may be created or strengthened.

Theories Guiding Conceptualization

The following theories have guided the conceptualization for this project.

## Person-In-Environment

An underlying theory that provides guidance in thinking through this problem is the person-in-environment theory. This “focus sees people as constantly interacting with various systems around them. These systems include family, friends, work, social services, politics, religion, goods and services and educational systems” (Kirst-Ashman & Zarrow, 2013, p. 20). “This perspective is based on the belief that the profession’s basic mission requires a dual focus on the person and the environment and a common structured approach to the helping process” (Kirst-Ashman & Zarrow, 2013, p. 22).

It is extremely important to look at the LGBT aging population and their environment and the different effects they have on each other. There are members of the LGBT aging population in many different types of placements, some still living in their own homes, some in rural areas, some in urban areas and many different environmental and social supports available to each. It is extremely important to look at all of these environmental factors and their possible effects on the LGBT aging population and attempt to improve the interactions between this population and the various systems.

## Grounded Theory

Grounded theory is a qualitative process and system of coding theory, patterns and themes that emerge from the data itself in order to understand the situation from the participant’s experience as opposed to traditional hypothesis testing that is formulated by the researcher (Grinnell & Unrau, 2013). These data come from “observations, conversations, and interviews that are combined during the task of note taking” (Grinnell & Unrau, 2013, p. 544). Using grounded theory is important as it may capture aspects that the researcher may not ask. This way the researcher is able to explore the needs of the participants more accurately.

## Systems Theory

Systems Theory “describe[s] and analyze[s] people and other living systems and their transactions” to make a functional whole (Kirst-Ashman & Zarrow, 2013, p. 20). For example, the governmental and institutional systems can effect social systems and support systems. If the institutional systems are homophobic then there is a strong likelihood that the support systems and social systems will also be homophobic. LGBTQ+ people accepting this homophobia as true, known as internalized homophobia, allows for homeostasis.

Limitations and Conflicting Findings

Some methodological issues involved in needs assessment research include a small sample size, a short period of time for data collection and a lack of diverse participants (Smith et al., 2010). There is also a major methodological concern with existing literature on the needs of the aging LGBT population, mainly that samples are many times recruited through clinical settings or a single gay-friendly event (Smith et al., 2010). This methodological weakness means that there is little representation from lower income groups or people of color (Smith et al., 2010).

Much of the research concerning older lesbians and gay men is limited (Claes & Moore, 2000). There has been the tendency to look at issues effecting the heterosexist population as representative of the concerns and needs of older lesbians and gay men (Claes & Moore, 2000). Yet, the needs and concerns of the LGBT population must be looked at separately because they vary and have different areas of concern from the heterosexual aging population. Heterosexism is “a worldview, a value system that prizes heterosexuality, assumes it is the only appropriate manifestation of love and sexuality, and devalues homosexuality and all that is not heterosexual” (Claes & Moore, 2000).

How This Study Will Build On and How It Will Differ From Prior Studies

There is a large amount of research on older LGBT adults that focuses on disproving misconceptions about LGBT lifestyles (Johnson, Jackson, Arnette, & Koffman, 2005). This research highlighted the depth of these misconceptions that heterosexuals believed about older LGB people, and contradicted the false beliefs that older LGB adults are mostly isolated, unhappy, and desperate for affection (Johnson et al., 2005). The research attempted to elucidate the lifestyles of older LGB adults which had a particular emphasis on older gay men (Johnson et al., 2005). This study will differ from prior studies such as these because the purpose will not be to refute misconceptions people have about LGBT lifestyles. The purpose of this study is to gain insight into the specific needs of this population and illuminate areas that need improvement for service delivery to this population.

Summary

Elderly LGBTQ+ adults have higher instances of physical and mental illnesses when compared to elderly heterosexual adults. This is a result of a lifetime of discrimination which creates a barrier to accessing resources such as culturally competent doctors. It is important to survey elderly LGBTQ+ adults as the numbers of out LGBTQ+ individuals increase along with new emerging needs within this population. Heterosexism negatively affects the quality and quantity of research done on LGBTQ+ individuals. This study will promote insight into the actual needs and perceptions of lesbian and bisexual women as opposed to society's perception of them.

CHAPTER THREE  
METHODS

# Introduction

# This chapter covers the methods of the research project. There were several different areas which were discussed. This chapter contains an overview of the purpose of the proposed study presented, the practical methodological implications, and the limitations of the study. Also, the sample from which data was obtained, the procedures for gathering data, and protections of human subjects.

# Study Design

The purpose of the study is to explore and evaluate the health needs, perceived isolation, perceived invisibility and access to social services congruent with Lesbian, Gay, Bisexual, Trans, Queer, Etcetera (LGBTQ+) culture, of aging lesbian and bisexual women. This is important because of their unique health needs and the lack of knowledge with this particular population. The study utilized a qualitative design. The rationale of a qualitative design is to address the needs of the population thoroughly. Data was collected using qualitative measures such as open ended questions which were also used in interviews. Demographic information including age, gender, sexual orientation, and ethnicity was gathered. A qualitative design was used to provide a broad depth of understanding and ensure the research question is accurately addressed. Interviews from participants provide useful information. A possible limitation of the study is a small sample size. The research question is as follows: What insights can older lesbian and bisexual women provide toward impacting understanding of their perceived isolation, perceived invisibility, health needs and access to social services that are congruent with LGBTQ+ culture?

# Sampling

The sample from which data was obtained consists of older lesbian and bisexual women. The ideal sample size was eight participants. Due to the breadth of a qualitative interview, there was only a sample size of six women. The selection criteria included older lesbian and bisexual women over the age of 55. The sample was chosen because of the ease of access to this population. It was a challenge to find a large enough sample for the study. The study utilized snowball sampling to gain access to as many participants as possible. There was sufficient time to gather participants and gain access to groups which lead to more participants.

Data Collection and Instruments

The data collected is information and themes from focus group interviews and demographic survey information. Given that no standardized instrument exists, the development of the questions was guided by needs suggested in current literature on older LGBTQ+ populations. The format of many of the questions were open-ended. Previous research has shown that older lesbian participants are more likely to prefer open-ended questions than closed-ended questions (Jacobson, 1995). For example, demographic information such as age, sexual orientation, ethnic or cultural background, highest level of education, current living status, length of current relationship, and personal income before taxes from the previous year were asked in an open format without any suggested anchors.

The following questions were used: How many of you live in with your partner or are married? How about you that are living alone? How is that different? Have you or your friends experienced age related health issues that you needed to get some help with? Is it something you worry about or have experienced? Would your family help support you? If you don’t have family would your friends help support you? What about the rest of you? Have the resources you have used been lesbian or bisexual friendly? Have you experienced homophobia? Are you open with your doctors or with other services? Have you been able to stay in touch with people who have supported you earlier in life? Are they people who have supported you in your daily life? What concerns you most about being an older lesbian or bisexual woman? What are two areas that have contributed to your successful aging as a lesbian or bisexual woman? To make the older years easier to cope with, what do you feel older lesbian and bisexual women need in their lives?

# Procedures

The data were gathered in several different ways. Participation was solicited when contact was made with a university staff member in addition to word of mouth which utilized a snowball sample. The connection to this group was Janet Honn-Alex who is a staff member on campus. Ms. Honn-Alex sent the recruitment flyer to older lesbian and bisexual adults that she is in contact with in the community. The flier included a brief introduction of the researchers, the purpose of the study, solicit voluntary participation, and describe the risks and benefits to participants. The researchers contacted the participants and asked them if they knew anyone else who is an older lesbian or bisexual woman who would be interested in participating in the study. The interviews took place at a central location in Riverside, CA and on the campus of California State University, San Bernardino in San Bernardino, CA. One of the two focus groups was set up a meeting location in Riverside, CA at one of the participant’s multimedia room. The meeting at California State University, San Bernardino took place in a conference room in the Social and Behavioral Sciences Building. At both meetings informed consent was given, confidentiality was discussed and the signed forms were collected from participants.

There was a brief ice-breaker activity and the study was introduced after the activity. The recording device was turned on and the focus group began. After the interview questions were finished participants were then handed surveys, which were collected back once completed. When the focus group was over the participants were thanked and debriefed.

# Protection of Human Subjects

The confidentiality of the participants was protected with the use of the signed informed consents. Participants signed and read an informed consent prior to the focus group and consented to be audio recorded. They signed the informed consent with “x” as to protect their anonymity. Transcripts were color coded by theme. The audio and log sheet data collected were locked in a drawer and will be destroyed after seven years.

# Data Analysis

Data collected in the focus group was analyzed with qualitative and quantitative techniques. First, the audio data collected was transcribed into written form. Transcription did not include minor utterances such as “uh-huh”, but did include gestures such as head nodding and emotion such as sobbing or anger. Major themes from the data were separated by isolation, access, homophobia, invisibility, social support, and health. Sub-themes included: Quality of healthcare, support system, community involvement, political climate, coming out, need for LGBTQ+ specific services, discrimination (sexism/ homophobia), finances, relationship status, health issues and social limitations, isolation, quality of life, planning, invisibility, and importance of identity. Major themes and sub-themes were recorded and color coded. A master list of color coding and which themes they correlated to was created.

Relationships between variables were interpretive. Data were interpretive as the access or lack of access to LGBTQ+ specific resources caused favorable or poor health outcomes. The data were also interpretive because of the qualitative analysis. Themes were interpreted from the data. A conventional qualitative content analysis was done. Individual demographic data was inserted into an excel document and a table was created from this raw data. The coding categories were derived directly and inductively from the raw data. This approach is used for grounded theory development.

# Summary

This study explored and evaluated the health needs, perceived isolation, perceived invisibility and access to social services congruent with LGBTQ+ culture, of aging lesbian and bisexual women. Focus groups actively explored the needs of older lesbian and bisexual women and intended to highlight the importance access to LGBTQ+ specific resources are for their health outcomes over a lifetime. The qualitative method best explored the needs of older lesbian and bisexual women.

Table 1. Participant Demographics

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Participants | | | | | |
| Demographics | Participant 1 | Participant 2 | Participant 3 | Participant 4 | Participant 5 | Participant 6 |
| Age | 70 | 59 | 57 | 73 | 68 | 75 |
| Sexual Orientation | Gay/ Lesbian | Lesbian | Lesbian | Lesbian | Lesbian | Lesbian |
| Ethnic or Cultural Background | Caucasian | Italian/ American | White/ European | White | English/ German | Caucasian |
| Highest Level of Education | PhD | BA | BA | Juris Doctorate | Masters | MSW |
| Current Living Status | With partner | Married to a woman | Married | Alone | Partner - Wife | Widow - alone |
| Length of Current Relationship | 5 years | 24 years | 24 years | Married for 29 years: Widowed for 7 years | 6 years | Married 27 years: Widowed for 3 years |
| Personal Income Before Taxes from the Previous Year | 125,000 | 60,000 | 65,000 | 120,000 | 90,000 | 75,000 |

CHAPTER FOUR  
RESULTS

# Introduction

The results of the study will be discussed in this chapter. The presentation of our findings will be reviewed. This will include a description of our sample, results from the data and our objective reporting.

Presentation of the Findings

The results indicated that the participants had similar shared experiences. In terms of quality of healthcare the participants shared the following: uncomfortable being out to their doctor, lack of gerontologists, negative reactions of doctors when client comes out, illnesses dismissed.

Qualitative Themes

The sample consisted of six Caucasian women, all of which identified as lesbian. Three of the participants were married and living together, one participant was a widow who lived alone, one participant lived alone and one participant lived with a partner. The yearly gross income between the participants ranged from $60,000 to $125,000. The education level of the participants also varied. Two of the participants had a Bachelor of Arts, two of the participants had a Master’s degree, one participant had a Juris Doctorate degree, and one participant had a Doctor of Philosophy (Ph.D.).

The major themes derived from the data were separated by isolation, access, homophobia, invisibility, social support, and health. Sub-themes included: quality of healthcare, support system, community involvement, political climate, and coming out, need for LGBTQ+ specific services, discrimination (sexism / homophobia), finances, relationship status, health issues and social limitations, isolation, quality of life, planning, invisibility.

## Isolation

One of the major themes was isolation. Widowhood, care giving, and health related physical disabilities highly contributed to social isolation. Health problems included “COPD” and “vision problems” (Participant 6, July 2016). Participants expressed that care giving for their partner “limited what we could do socially” because their partners “had a lot of problems” (Participant 6, July 2016). One participant described “becoming a widow” as “rough” (Participant 6, July 2016).

Health Issues and Social Limitations

One of the major themes was health issues and social limitations. Common concepts were loss of independence, loss of ability and decreased quality of life. The ability loss emphasized hearing loss, vision problems, health problems and inability to enjoy activities they once enjoyed. The ability loss was exemplified when a participant described “major hearing loss…and even with hearing aids she couldn’t hear very well, so it was difficult for her to go to plays and even watch TV sometimes” (Participant 6, July 2016). The participants described decreased quality of life because most of their time was spent at doctor’s appointments. Their decreased quality of life was described as “so busy going to doctor’s appointments” (Participant 6, July 2016).

## Planning

Participants stated that common things to plan for included: major life changes, where you live, independent living, assisted living, moving, caregivers, political climate of where you live and planning for retirement. One of the statements regarding planning was “you have to plan it out, especially when you want to be able to do something in your retirement age” (Participant 5, August 2016). Participants expressed safety concerns about moving out of the state of California and how their sexual orientation would affect that. “And my age means they’re starting to talk about well are you going to sell your house? Are you going to move? Are you going to go into some other type of situation? Are you going into a nursing home or assisted living?” (Participant 4, August 2016) And that’s one of the things being a lesbian effects (Participant 1, August 2016). And the endurance that you have to go through to move anyway, but to move out of California would not be safe” (Participant 5, August 2016). Assisted living and nursing homes must be picked strategically as they will rely upon caregivers. The political orientation of these caregivers will affect the quality of care.

Participants emphasized the importance of having an education because it contributes to financial security and independence when they retire. Participants recommended to “have good education and a good job and plan for that and put money away” (Participant 5, August 2016). Another part of the financial stability included maintaining separate finances from your partner.

## Finances

Financial security included things like retirement, adjusting to aging and disabilities, costs of caregiver and nursing home, lifelong financial planning and pensions, and fear. Planning and financial stability decreases fear when aging. When discussing fear, participants mentioned that they “feel the old fear come back when we start talking about finances and that sort of thing. Feeling like, if I’m going to make it, I have to make it myself” (Participant 3, August 2016). Being financially independent from your partner allows them the opportunity to be able to save money and have income when they are older. Participants stated that “you have to have money and you have to have a certain amount of security in order to successfully do anything and I think if you have that ongoing in your life and you can look forward and you plan, than you have that when you age, so it is not as difficult because you have some cushion and some stability there. So for me I think planning has been very helpful” (Participant 5, August 2016).

Participants claimed that disabilities make it physically difficult to maintain physical independence, which is psychologically difficult to adjust to.  One participant said “I think it is very psychologically difficult to accommodate physical disability, for me, especially since I had a physical vision of myself as being extremely strong and very capable and very able to manage physical things” (Participant 4, August 2016). Other things mentioned about adjusting to loss of physical ability “was a part of my own self-image and to let that go and be left without it and not have anything to substitute with it has been very difficult and I think a lot of old people at some time have to deal with that” and “just the more limited capabilities, you know, that’s been hard” (Participant 5, August 2016).

## Need for LGBTQ+ Specific Services

Common themes were identity and the importance of not having it erased in addition to the need for improvement of LGBTQ+ knowledge in the medical community. When speaking about the need for LGBTQ+ services, participants said that their identity and recognition of that identity were important. Comments about why their identity was important included things like “let it not be overlooked that it would be like losing your identity” (Participant 3, August 2016) and the nursing home staff “associate sexual orientation with sex” (Participant 4, August 2016). Participants felt strongly about their identity being recognized in the nursing home and said “that’s an area we really need to look at is where are we going to go when we get old when we have to go into facilities” (Participant 3, August 2016). Part of their identity being recognized would be to have “lesbian focused” programs within the nursing home (Participant 6, July 2016).

Coming Out

Participants reported that labels, the empowerment and difficulties that comes with coming out, and identity were all part of the coming out process. The difficulties were identified when the participant said that “once the label goes first, it’s always a disaster” (Participant 3, August 2016). However, the importance of coming out was so “they know who I am” (Participant 4, August 2016) because it gives them “a feeling of entitlement to say hey you know this is the way it is and live with it, you know” (Participant 2, August 2016). Participants also identified the importance of coming out to their children so they do not feel lied to, the emotions and moral conflicts that come with coming out, and the difficulties that come with past partners that were not out or closeted. A participant identified a difficulty with her past partner being “more closeted than I and that was always a problem” (Participant 6, August 2016). Participants discussed “coming out over and over” (Participant 3, August 2016) to medical professionals who “would not believe me that I wasn’t [pregnant] until I actually came out”(Participant 4, August 2016).

## Political Climate

Participants identified that the LGBTQ+ community is less organized now as compared to the 1960’s and 1970’s. Participants felt that “the lesbian community or even the whole gay community is far less organized than it used to be” (Participant 6, July 2016). Participants identified the importance of policy change, such as the legalization of gay marriage. Participants identified the importance of this policy change because it “legitimized it [gay marriage] in a very broad way across a very large segment of society” (Participant 2, August 2016). It legitimized relationships “’cause we’re speaking their language and then they understand” (Participant 4, August 2016).

Participants analyzed how the political climate was associated with the way that lesbian women were portrayed in social media such as movies and TV shows. One participant noted that “sexual orientation and gender identity” (Participant 3, August 2016) were being seamlessly incorporated in social media “where gay characters are starting just to appear just as characters who happen to be gay or the actual issue of gayness is explored as compared to caricature” (Participant 4, August 2016). They also mentioned that the representation in social media is important because “we hold onto the little things that we want to identify with you know just to make it feel like we’re ok” (Participant 5, August 2016).

## Discrimination

Participants ascertained ways that sexism manifests in areas such as health ailments being minimized, being invisible, doctors’ speaking to them in a condescending tone, and being less desirable because they are old. Several participants illustrated how “being an old woman, you suddenly become sort of invisible” (Participant 6, July 2016) as well as the “medical community in general, treat old women in a way that minimizes fatigue, complaints of fatigue and minimizes complaints of pain”(Participant 4, August 2016). Participants felt experiencing sexism was more difficult than homophobia. One participant said “I do think that specifically being a woman has been a probably a little more of a problem than being a lesbian” (Participant 6, July 2016).

Participants brought to light the issues of assisted living and the possible scrutiny that comes with a lack of discrimination policies within the facility, in addition to the staff being uneducated about the LGBTQ+ community. The lack of a discrimination policy is dangerous because “you’re really at the mercy of the caregiver” and “the caregivers are probably much more important group of people that need to be accepting and educated about being equitable”(Participant 2, August 2016). The age gap between the younger doctor and the older patient impacted the minimization of their symptoms. Participants shared their experiences of how younger doctors have prejudices about the validity of older women’s health ailments “they look at the age and see you’re a woman and discount fatigue and pain” (Participant 4, August 2016).

Participants shared their experiences of homophobia in their own neighborhoods. The women were left messages on their answering machines and garbage cans such as “you finger fucking lesbians get out of the neighborhood” (Participant 4, August 2016) and “something about sucking dick” (Participant 5, August 2016). They felt “it was really scary because it was someone in our neighborhood and it feels very targeting” (Participant 5, August 2016).

## Invisibility

The impact of the sexual orientation of participants not being acknowledged resulted in them feeling unheard, ignored, over looked by doctors, thus receiving poor quality of care. When speaking about their relationships with their doctors, participants said things like “that’s one area that I feel completely invisible in,” (Participant 4, August 2016) that they don’t feel like they “can have an open and frank conversation with my doctor,” (Participant 4, August 2016) and “I’m just sick of it” (Participant 5, August 2016). One participant noted that being a lesbian was “a big part of me, of who I am” (Participant 3, August 2016) and having that acknowledged was important.

## Relationship Status

Participants highlighted widowhood, independence, having more free time, and how relationships change as you age. Participants stated that the “experience of widowhood is very universal, it’s not just lesbian widowhood or straight widowhood” (Participant 6, July 2016). Maintaining self-sufficiency and independence were common themes in relationships and widowhood. One participant said that “it was important for me to feel self-sufficient and not dependent on my partner” (Participant 3, August 2016). Relationships changed as they aged because “you have a lot more free time that you didn’t have in those other relationships” (Participant 5, August 2016). “Real different” (Participants 1 and 5, 6, August 2016) were repeated phrases when comparing the later stages of their lives with their partner versus the earlier stages of their lives raising children with their partners.

## Support System

Participants spoke about balancing family and friends, giving back to the community, and relationships as factors of successful aging. Achieving a “balance is very important… dealing with people… and part of that is contributing to community in various ways and art of some form that I can participate in” (Participant 4, August 2016). Long-term relationships with the children from their past and current relationships in addition to the sexual orientation of their friends added to their support systems later in life. Participants “connected with other widows” and “single people” which made them “feel much more comfortable” after losing a partner (Participant 6, July 2016).

They emphasized that “the social support from the lesbian community is one of the most important things” (Participant 6, July 2016). The people in the existing support system fluctuate due to friends and family dying or moving away to live closer to “blood,” or biological family, to ensure they have someone to take care of them in their old age (Participant 4, August 2016). Other forms of support included “step children” (Participant 4, August 2016) and other children that they helped “to raise” because you “establish a bond, so it actually extends my support network so I can latch onto the kids” (Participant 2, August 2016).

## Community Involvement

Participants practiced buffering against isolation by reaching out and becoming involved in organizations and community work. Community work included grassroots activism and fighting hate crimes. They geared their involvement toward lesbians and women, such as gatherings like the cookie potluck. The cookie potluck is an annual event hosted by one of the participants which invites others from the lesbian community togather. Participants stated that they were “active in AAUW Association of American University Women” (Participant 6, July 2016) and “that there is a lot you can do, if you have in mind that you don’t want to retreat” (Participant 4, August 2016).

## Quality of Life

Participants discussed major life changes, strategies for successful aging, advantages of being older, the importance of pet companions, rejection of religion and care giving. One of the major life changes experienced by many participants was the different relationship structure once roles change. The different relationship expectations was discussed “apparently, it is a very common thing that at the time of retirement, when your whole life is structured from kindergarten on and all of a sudden you don’t have that structure, all of a sudden you have these expectations for what the other person is going to do, household tasks to readjust and all sorts of things that have to get worked out” (Participant 4, August 2016). The adjustment to care giving for your partner was also discussed. One participant stated that “when you are a caregiver, sometimes you get flack, so you know, she would sometimes resent what I was doing or what I needed her to do” (Participant 6, July 2016).

Successful aging included flexibility and adaptation, motivation, engaging in community groups and having the ability to navigate systems. One participant stated “successful aging because that’s such a large attitude change” (Participant 2, August 2016) and “my willingness to get out of bed which is a struggle some days and go and do those things is what has helped me to feel that I have a successful aging, not the aging life that I had anticipated but the aging life that I have is in many ways quite satisfying” (Participant 4, August 2016). The importance of personal motivation and physical ability to successfully age was also touched upon. One participant stated “so different resources for different people but it also is a willingness and ability because physical ability is definitely an issue, a willingness and ability to go out and grasp stuff that is there” (Participant 4, August 2016).

## Quality of Healthcare

Participants attributed the quality of their healthcare to their doctor’s attitudes toward their sexual orientation and gender. Policies at Kaiser Permanente primed the attitudes of doctors and staff so that coming out for patients would be easier due to reduced negative reactions. These policies said that doctors had “to go to training and then the people started being more comfortable coming out” (Participant 4, August 2016).  Doctors tended not to believe participants when they denied being pregnant and would ask things like “what do you use for birth control?” and they had to come out as lesbian in order for the doctors to believe them (Participant 4, August 2016). Participants mentioned that having “good medical care” was vital to their well-being (Participant 4, August 2016).

# Summary

The major themes derived from the data were separated by access, homophobia, invisibility, social support, and health.  Sub-themes included:  quality of healthcare, support system, community involvement, political climate, coming out, need for LGBTQ+ specific services, discrimination (sexism/homophobia), finances, relationship status, health issues and social limitations, quality of life, planning, invisibility.  The importance of adjusting to role changes in aging relationships due to retiring or ill partners was a large part of the aging process.

The results indicated that the participants had similar shared experiences.  In terms of quality of healthcare the participants shared the following: uncomfortable being out to their doctor, lack of gerontologists, negative reactions of doctors when client comes out, illnesses dismissed.  The participants identified a strong sense of identity and the importance of having that identity acknowledged in healthcare settings.  The lack of understanding from healthcare professionals was an area of frustration for the participants.  They highlighted the importance of establishing nondiscrimination policies in professional settings to inhibit outright discrimination.  The participants also felt more comfortable in settings when they knew that a nondiscrimination policy was in place.  The lack of knowledge of young doctors to the sexual identity of being a lesbian and associating sexual identity with current sexual practice was also touched upon.

CHAPTER FIVE  
discussion

# Introduction

This chapter will cover the interpretation of the results in chapter 4 and why the findings are important. The major themes derived from the data were separated by isolation, access, homophobia, invisibility, social support, and health. Sub-themes included: quality of healthcare, support system, community involvement, political climate, coming out, need for LGBTQ+ specific services, discrimination (sexism/homophobia), finances, relationship status, health issues and social limitations, isolation, quality of life, planning, invisibility. Limitations of the study design and methodology will be discussed. Recommendations for social work practice, policy, and research will be suggested based on the findings from this study.

# Discussion

The research question for this project was answered in-depth via focus groups. The older lesbian women provided insight into perceived isolation, perceived invisibility, health needs and access to social services that are congruent with LGBTQ+ culture. The primary finding of this study was that being a woman created more barriers than did being lesbian.

There was also an interesting finding in the theme of coming out. It seemed that it was important for participants to come out to people who they interact with so that they know who they really are. Yet, it seemed that it was important to ensure that before coming out, they had to allow people to get to know them first. They stated that if the label of lesbian comes first, it is more likely to be a disaster. Thus, they must first get to know individuals and come out to them after they have already established some type of bond or relationship with them. Coming out was an aggravating yet a necessary action so that uneducated and culturally insensitive doctors could provide better quality care. Coming out was aggravating because of the ignorance and discrimination they would encounter from health care providers, especially around the subject of reproductive health and birth control.

Results show that doctors minimized women’s reported symptoms of fatigue, hearing loss, and pain. The participants had to advocate for their health needs so that they were not overlooked. Participants often had to switch doctors in order to receive quality health care which includes their health concerns being acknowledged and working with health care providers that are knowledgeable about LGBTQ+ issues.

There were many common themes and subthemes analyzed from the participants. There were many similarities in the respondents’ responses from different themes and sub-themes. There was a consensus among participants that having acknowledgement of sexual identity was extremely important. This acknowledgement meant that medical professionals and people in general, knew who the participants were. This was due to the fact that their identities as lesbians are integral to them and their daily lives.

There was a common theme of frustration with the lack of knowledge that medical professionals displayed with sexual identity. There was a common misconception that sexual identity is associated with current sexual practice, which is not the case. Whether in a current relationship or not, physically able or not, their lesbian sexual identity is ingrained in who they are. It is important to have this acknowledged and understood by medical professionals and people in their personal lives.

The importance of balance as an ingredient to successful aging was discussed. It seemed that there was a balance between healthy relationships and support networks, as well as financial stability, community involvement and one’s own acceptance of physical limitations in aging. Thus, there was an aspect of aging that required one to accept current physical limitations and adjust to the actual aging experience as opposed to one that they had planned for. Results showed that planning was vital for successful aging. Lesbian and bisexual women are disadvantaged due to institutionalized discrimination in the form of policies. Planning includes financial stability, friends and family that will care-give for them when their health fails, the political climate of the state they live in, and whether to live in assisted living or a nursing home.

Results showed that receiving a university degree was conducive to financial stability in addition to working somewhere that promises 401K plans or pensions. They must be financially independent and keep separate banking accounts from their partners. Until recently, gay marriage was illegal which did not grant people in same-sex marriages the same rights as heterosexual couples. Same-sex couples were not guaranteed to receive their partners’ assets after they pass. The assets are more likely to go to their biological families as their spouses did not have legal power until after gay marriage was legalized.

Results showed that participants in the study formed long term relationships with children from their past marriages in addition to their ex-spouses. Maintaining relationships contributed to their chosen family and support system. The people the participants maintain relationships with act as caregivers for the participants when their health begins to decline later in life. Often times families of LGBTQ+ people reject them when they come out because they do not agree with their lifestyle, or sexual orientation. Thus, it is important that lesbian women form a support system of chosen family.

There was also a difference in relationships as one aged. There was more time spent together with partners, due to retirements or reduced work responsibilities. This seemed to have an initial adverse effect on relationships, which required more communication about relationship expectations and possible therapy. There was also a common theme of widowhood, which required adjustment by the surviving partner. Another different role in relationships was that of caregiver. When one partner was ill and the other partner took on the role of caregiver, it led to possible resentment from the partner being cared for and also limited the social capabilities of the couple as a whole.

# Limitations

Limitations of the study include the financial status, sexual orientation and ethnicity of the participants. We had a small sample size which lacked diversity. The sample consisted of all Caucasian, college-educated, lesbians. The women in this study had more privileges and access to quality health care services than do low-income women of color due to the benefits they receive from institutionalized racism. The women in this study all had college degrees and an annual income ranging from 60,000 to 125,000. The data came from people who were able bodied enough to make it to the focus groups. Thus we lacked participants who are severely disabled. The study may have been more in depth about the difficulties that severely disabled women struggle with. In addition, there were no bisexual women who participated in the focus groups. Lastly, geographically our sample all came from the same region in southern California.

# Recommendations for Social Work Practice, Policy, and Research

There are several recommendations for social work practice, policy and research. For social work practice, it is essential that social workers be trained in the unique psychosocial needs of the LGBTQ+ population. Mandatory LGBTQ+ training and inclusivity in all health care settings would decrease the ignorance, discrimination, and culturally insensitive practices of doctors, nurses and other health professionals. Also, it would be beneficial for caregivers to receive LGBTQ+ specific training to ensure they are adequately caring for their clients. For policy recommendations, it’s essential that healthcare settings and medical professionals operate in spaces that have non-discrimination policies. This allows members of the LGBTQ+ population to feel at ease about receiving services and addressing policy grievances which would in turn create policy change.

It is the ethical responsibility for social workers to advocate for social justice which includes fighting for equal rights. The results show that gay marriage has improved the lives of lesbian women financially in addition to being able to make executive decisions for their spouses while they are in the hospital. These results have provided evidence based research that will assist social workers in identifying how to best meet the unique needs of lesbian clients.

# Conclusion

In conclusion, this study identified several areas of concern that are exclusive to aging lesbian women. The women in our sample had many similar experiences and common themes and sub-themes were analyzed accordingly. These areas that were identified are similar to other findings that have been studied with aging lesbian women. The successful aging of many of these lesbian women was due to flexibility in aging expectations, successful financial planning and social support from friends and partners.

It is extremely important to understand the needs of the aging LGBTQ+ population for many different reasons. One of the reasons is that the needs of elderly LGBTQ+ people are a less studied area of diversity in aging. The aging population is expanding and it is essential that all services address their specific needs. Thus, it is important to identify and understand what their specific needs are. It is also important to understand the areas in which services are lacking, so that extra resources can be partitioned to these areas. It is important as social workers to advocate for the needs of populations who may be oppressed and unable to advocate for themselves.

APPENDIX A

RECRUITMENT FLYER

RECRUITMENT FLYER

**Do you identify as Lesbian or Bisexual? Are you 55 years old or older?**

Then you are eligible to participate in a study conducted by two female identified Masters of Social Work students at California State University, San Bernardino about older lesbian and bisexual adults. This study will explore lesbian and bisexual women’s access to resources and related health outcomes. There will be incentives offered for those who are able to participate. This study has been approved by the School of Social Work Sub-Committee of the CSUSB IRB. Thank you for your consideration.

For more information please contact Marissa Wollard at Wollardm@coyote.csusb.edu or Monique Bettencourt at mnbettencourt@gmail.com.

APPENDIX B

INFORMED CONSENT

INFORMED CONSENT

 **INFORMED CONSENT**

The study in which you are asked to participate is designed to explore and evaluate the health needs of aging lesbian and bisexual women living in Riverside and San Bernardino County. The study is being conducted by Marissa Wollard and Monique Bettencourt, graduate students, under the supervision of Professor Emerita Rosemary McCaslin, Professor in the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board Social Work Sub-committee at CSUSB.

**PURPOSE**: The purpose of the study is to explore and evaluate the health needs, perceived invisibility, perceived

isolation and access to social services of aging lesbian and bisexual women.

**DESCRIPTION**: Participants in the focus group will be asked a few questions on how their age, gender, and sexual orientation has impacted their access to services and related health outcomes.

The focus group will be a session w here older lesbian and bisexual women share their experiences with the researchers and each other.

**PARTICIPATION**: Your participation in the study is totally voluntary. You can refuse to participate in the study or discontinue your participation at any time without any consequences. You agree to be audio recorded.

**CONFIDENTIALITY OR ANONYMITY**: Your responses will remain confidential and data will be reported in group form only.

**DURATION**: The focus group will take 2 hours.

**RISKS**: There are no foreseeable risks to the participants. **BENEFITS**: There will not be any direct benefits to the

participants. However, the social benefits may include improved health care for other older lesbian and bisexual women.

**CONTACT**: If you have any questions about this study, please feel free to contact Professor Emerita McCaslin at (909) 537-5507.

**RESULTS**: Results of the study can be obtained from the Pfau Library Scholar Works database (http://scholarworks.lib.csusb.edu/) at California State

University, San Bernardino after July 2017.

Check the following boxes if you agree to the following:

* I agree to participate
* I understand that the session will be audio-recorded

This is to certify that I read the above and I am 18 years or older.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place an X mark here Date



APPENDIX C

INTERVIEW QUESTIONS

INTERVIEW QUESTIONS

1. How many of you live in with your partner or are married?

Probe - How about you that are living alone? How is that different?

1. Have you or your friends experienced age related health issues that you needed to get some help with?

Probe - Is it something you worry about or have experienced?

1. Would your family help support you?

Probes - If you don’t have family would your friends help support you?

- What about the rest of you?

1. Have the resources you have used been lesbian or bi friendly?

Probes - Have you experienced homophobia?

- Are you open with your doctors or with other services?

1. Have you been able to stay in touch with people who have supported you earlier in life?

Probe - Are they people who have supported you in your daily life?

1. What concerns you most about being an older Lesbian or Bisexual woman?
2. What are two areas that have contributed to your successful aging as a Lesbian or Bisexual woman?
3. To make the older years easier to cope with, what do you feel older Lesbian and Bisexual women need in their lives?

Questions developed from:

Eastman, S. (2000). *Satisfaction with life, quality of relationships and social service needs of gay, lesbian, bisexual and transgendered persons aged 50 and older* (unpublished project). California State University, San Bernardino, San Bernardino, CA.

APPENDIX D

DEMOGRAPHIC SURVEY QUESTIONS

DEMOGRAPHIC SURVEY QUESTIONS

Please write your first name only \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How old are you?
2. What is your sexual orientation?
3. What is your ethnic or cultural background?
4. What is the highest level of education that you have completed?
5. What is your current living status, alone or with a partner?
6. What is the length of your current relationship?

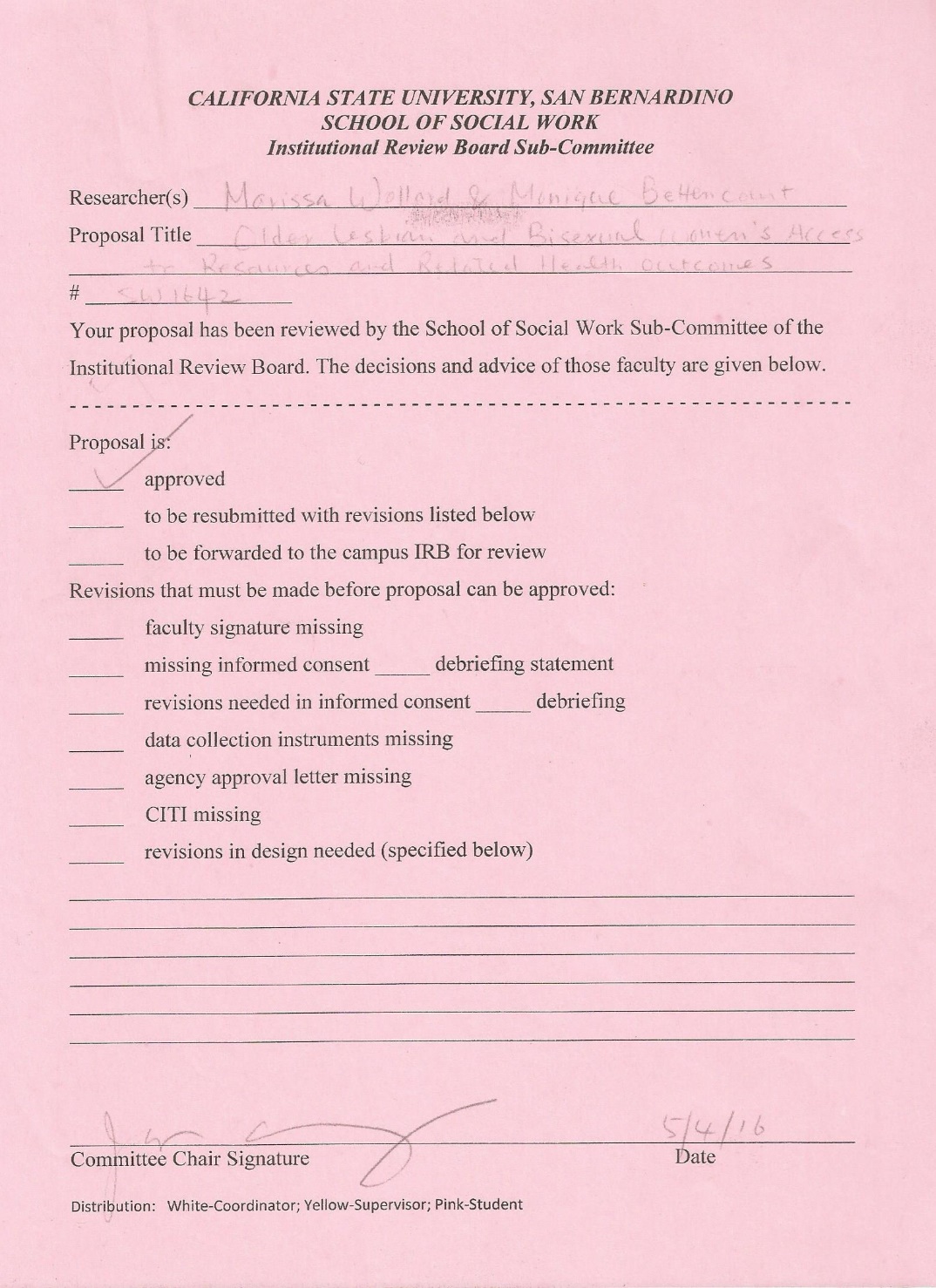
Questions developed from:

Eastman, S. (2000). *Satisfaction with life, quality of relationships and social service needs of gay, lesbian, bisexual and transgendered persons aged 50 and older* (unpublished project). California State University, San Bernardino, San Bernardino, CA.

APPENDIX E

IRB APPROVAL

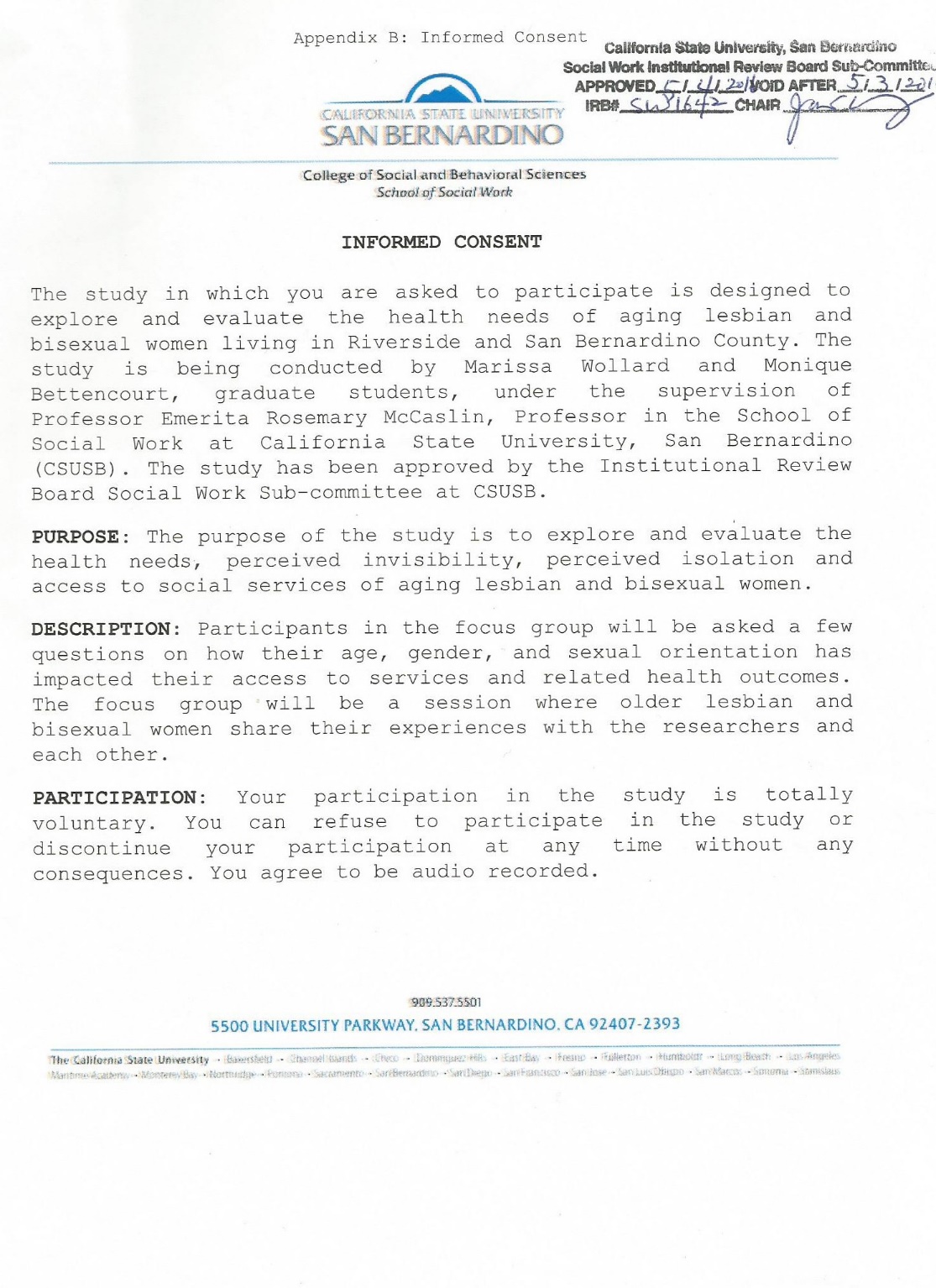
IRB APPROVAL

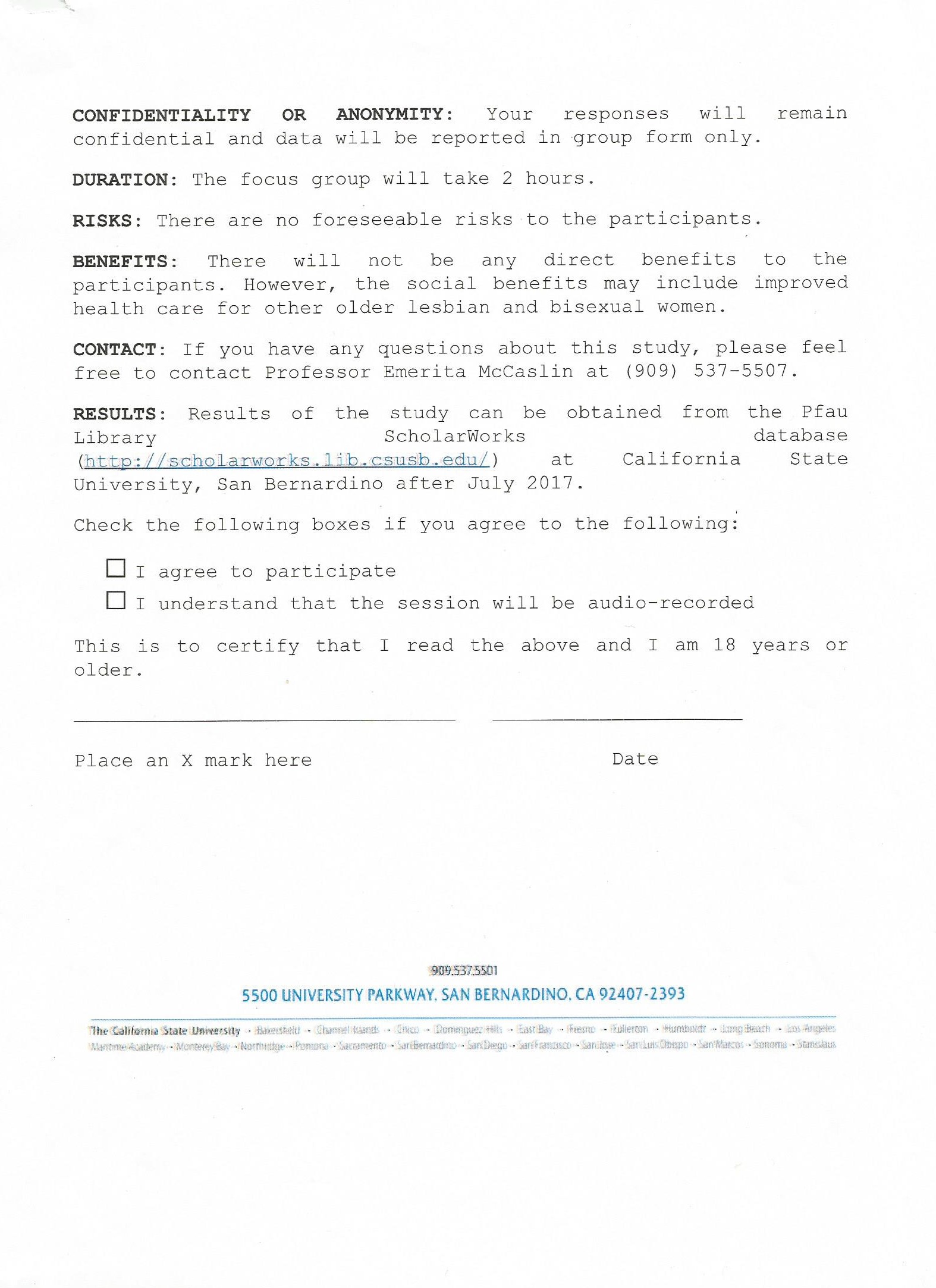


APPENDIX F

APPROVAL LETTER

APPROVAL LETTER





REFERENCES

Burdge, B. (2007). Bending gender, ending gender: theoretical

foundations for social work practice with the transgender community. *Social Work*, *52*(3), 243-250.

Cahill, S., South, K. & Spade, J. (2000). Outing age: Public

policy affecting gay, lesbian, bisexual and transgender elders. New York, NY: Policy Institute of the National Gay and Lesbian Task Force Foundation.

Choi, N. G., & Wodarski, J. S. (1996). The relationship between

social support and health status of elderly people: Does social support slow down physical and functional deterioration?. *Social Work Research*, *20*(1), 52-63.

Claes, J. A., & Moore, W. (2000). Issues confronting lesbian and

gay elders: The challenge for health and human service providers. *Journal of Health and Human Services Administration*, *23*(2), 181–202.

Eastman, S. (2000). *Satisfaction with life, quality of relationships and social service needs of gay, lesbian, bisexual and transgendered persons aged 50 and older* (unpublished project). California State University, San Bernardino, San Bernardino, CA.

Erdley, S. D., Anklam, D. D., & Reardon, C. C. (2014). Breaking

barriers and building bridges: Understanding the pervasive needs of older LGBT adults and the value of social work in health care. *Journal Of Gerontological Social Work*, *57*(2-4), 362-385.

Equity California. (2006). AB 2920 Older Californians Equality

and Protection Act. Retrieved from http://www.eqca.org/site/apps/nl/content2.asp?c=90INKWMCF&b=40337&ct=2995075

Fenge, L., & Fannin, A. (2009). Sexuality and bereavement:

Implications for practice with older lesbians and gay men. *Practice, 21*, 35-46.

Fredriksen-Goldsen, K. I. (2014). Promoting health equity among

LGBT mid-life and older adults. *Generations*, *38*(4), 86-92.

Fredriksen-Goldsen, K. I., & Espinoza, R. (2014). Time for

transformation: Public policy must change to achieve health equity for LGBT older adults. *Generations*, *38*(4), 97-106.

Grinnell, R. M., & Unrau, Y. A. (2013). Social work research and

evaluation: Foundations of evidence-based practice (10th ed. New York, NY: Oxford University Press.

Grossman, A. H., & D'Augelli, A. R. (2000). Social support

networks of lesbian, gay, and bisexual adults 60 years of age and older. *Journals Of Gerontology Series B: Psychological Sciences & Social Sciences*, *55B*(3), P171.

Hiedemann, B. b., & Brodoff, L. (2013). Increased risks of

needing long-term care among older adults living with same-sex partners. *American Journal Of Public Health*, *103*(8), e27-e33.

Johnson, M. , Jackson, N. , Arnette, J. , & Koffman, S. (2005).

Gay and lesbian perceptions of discrimination in retirement care facilities. *Journal of Homosexuality*, *49*(2), 83-102.

Kuyper, L., & Fokkema, T. (2010). Loneliness among older

lesbian, gay, and bisexual adults: The role of minority stress. *Archives of Sexual Behavior*, *39*(5), 1171-1180.

Lind, A. (2004). Legislating the family: heterosexist bias in

social welfare policy frameworks. *Journal Of Sociology And Social Welfare*, *31*(4), 21-36.

McGovern, J. (2014). The forgotten: Dementia and the aging LGBT

community. *Journal of Gerontological Social Work*, *57*(8), 845-857.

Meyer, H. (2014). SAGE's national resource center on LGBT aging.

*Generations*, *38*(4), 93-96.

Quam, J. K. (1997) Preface. In O. K. Quam (Ed.), Social services

for senior gay men and lesbians *(*pp. xv-xvi). Binghamton, NY: Haworth Press.

Rogers, A. R., Rebbe, R., Gardella, C., Worlein, M., &

Chamberlin, M. (2013). Older LGBT adult training panels: An opportunity to educate about issues faced by the older LGBT community. *Journal Of Gerontological Social Work*, *56*(7), 580-595.

Scherrer, K., & Woodford, M. (2013). Incorporating content on

gay, lesbian, bisexual, transgender, and queer issues in leading social work journals. *Social Work Research*,*37*(4), 423-431.

Smith, L., McCaslin, R., Chang, J., Martinez, P., &

McGrew, P. (2010). Assessing the needs of older gay, lesbian, bisexual, and transgender people: A service-learning and agency partnership approach. *Journal of Gerontological Social Work*, *53*(5), 387-401.

Wheeler, D., & Dodd, S. (2011). Capacity building in health care

systems: A social work imperative. *Health & Social Work*, *36*(4), 419-423.

Zastrow, C.H. & Kirst-Ashman, K.K. (2013). *Understanding human*

*behavior and the social environment* (ninth ed.). Belmont, CA: Brooks/Cole.

ASSIGNED RESPONSIBILITIES PAGE

This was a two person project where authors collaborated throughout. However, for each phase of the project, certain authors took primary responsibility. These responsibilities were assigned in the manner listed below.

1. Data Collection:

Assigned leader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assisted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

Joint effort \_X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Data Entry and Analysis:

Assigned leader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assisted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

Joint effort \_X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Writing Report and Presentation of Findings:

a. Introduction and Literature

Assigned Leader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assisted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

Joint effort \_X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. Methods

Assigned Leader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assisted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

Joint effort \_X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. Results

Assigned Leader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assisted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

Joint effort \_X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. Discussion

Assigned Leader \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assisted by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

Joint effort \_X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_