Planning for the Residential Needs of Lesbian, Gay, Bisexual, and Transgender Older Adults

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ABSTRACT
Lesbian, gay, bisexual, and transgender (LGBT) older adults experience housing-related barriers. Previous research has described residential challenges experienced by this population, but few studies have examined implementation of housing solutions. This exploratory study conducted 7 semistructured phone interviews with program directors and/or development managers from initiatives offering residential services to LGBT older adults. Qualitative analysis identified themes that characterize the implementation of housing solutions. Study results suggest that future residential solutions for LGBT older adults should consider housing in relation to other aging-related barriers and frame solutions that promote collaboration among community actors (e.g., residential and service providers).

KEYWORDS
Senior housing; LGBT populations; urban planning

Introduction
Lesbian, gay, bisexual, and transgender (LGBT) older adults make up a substantial segment of the projected aging population. There are currently 1.5 million LGBT adults age 65 or older living in the United States (Gates & Newport, 2012). As a cohort, LGBT older adults face unique challenges related to their gender identity and/or sexual orientation that influence their resources, relationships and support networks, housing, and medical decision-making (Cronin & King, 2010; Fredriksen-Goldsen & Muraco, 2010; Herdt & Kertzner, 2006). Continued fear of discrimination may cause LGBT older adults to neglect social and health-related needs, remain in (or return to) the closet, and/or become socially isolated (Fredriksen-Goldsen, Kim, Muraco, & Mincer, 2009; Meyer, 2013). However, the needs of LGBT older adults have often been underrepresented in gerontological research, and not adequately addressed by community agencies and organizations (Knochel, Quam, & Croghan, 2010; Sullivan, 2014).

In response to rising concerns about housing access and residential discrimination, community organizations, developers, and other groups have implemented community-based housing solutions (e.g., targeted housing programs established...
by LGBT organizations, LGBT senior residential developments) to help address the barriers faced by LGBT older adults (Cahill & South, 2002). However, there is little known about the range of housing solutions that currently exist or how these efforts are currently implemented. To address this knowledge gap, the current exploratory study interviewed representatives from a sample of community-based initiatives and residential projects that serve LGBT older adults. The overarching goal was to identify common patterns of implementation and shared strategies of existing initiatives to help inform future research, policy, and programmatic solutions.

Aging in the LGBT community: A review of the literature

Although LGBT older adults have a range of lived experiences, the current cohort grew up during a time when homosexuality and gender variance were denounced and criminalized (Reid, 1995) and consequently face unique challenges in late life. Historical prejudices have interrupted the lives of LGBT older adults by negatively influencing their employment opportunities and financial security, family composition, relationships with biological family, and systems of support (Cronin & King, 2010; D’Augelli & Grossman, 2001; Herdt & Kertzner, 2006; Meyer, 2013). These circumstances continue to pose a variety of challenges linked to social isolation, chronic stress and mental health issues, barriers to services, care, and other resource constraints (Fredriksen-Goldsen & Muraco, 2010; Herdt & Kertzner, 2006; Meyer, 2011).

Most rely on distinct support networks, characterized as families-of-choice, including partners, friends, neighbors, and sometimes segments of biological family (de Vries & Megathlin, 2009; Orel, 2004; Shankle, Maxwell, Katzman, & Landers, 2003). Members of chosen families and informal caregivers cannot always provide extended support and may have limited decision-making capacity (de Vries & Croghan, 2014; Muraco & Fredriksen-Goldsen, 2011). LGBT older adults who are single and childless may be more prone to become socially isolated, lacking support of informal caregivers and facing compounded health-related issues (Espinoza, 2011; Muraco, LeBlanc, & Russell, 2008). Additionally, community support for many might be insufficient due to age-related segregation in the LGBT community, isolation from racial and ethnic communities, prejudicial treatment in mainstream community environments intended to support older adults, and a widespread lack of provider readiness to address LGBT issues (Addis, Davies, Greene, MacBride-Stewart, & Shepherd, 2009; Beeler, Rawls, Herdt, & Cohler, 1999; Brotman, Ryan, & Cormier, 2003; Espinoza, 2011; Fox, 2007; Hughes, Harold, & Boyer, 2011; Jones & Nystrom, 2002; Knochel et al., 2010; Movement Advancement Project, & Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders [SAGE], 2010).

Until recently, housing-related issues have been acknowledged, but largely understudied, within LGBT aging literature (Hamburger, 1997; Lucco, 1987;
Emerging research indicates that many LGBT older adults anticipate future experiences of housing discrimination as a primary issue of concern (Fredriksen-Goldsen et al., 2013). A recent study conducted by the Equal Rights Center (2014) found that 48% of LGBT older adult testers experienced at least one type of adverse differential treatment when seeking housing, and 12.5% experienced multiple forms of adverse differential treatment (e.g., fewer options, offered, higher fees, more extensive application requirements).

Other research documents the experiences of LGBT older adults living in senior housing and residential-care settings. These studies report various forms of discriminatory treatment, including: a lack of acknowledgement of same-sex partnerships; rules prohibiting same-sex partners from sharing residential units; a lack of recognition and/or support of chosen families; threats of forced "outing"; derogatory remarks; neglect, intimidation, or physical and sexual abuse; and contrary information about occupancy, services, features, stipulations and provisions (Addis et al., 2009; Brotman et al., 2007; Johnson, Jackson, Arnette, & Koffman, 2005; Movement Advancement Project & SAGE, 2010; Stein, Beckerman, & Sherman, 2010).

Literature concerned with LGBT senior housing characterizes two types of efforts to support the LGBT community: (a) dedicated LGBT elder housing, which may take the form of multunit residential developments or senior living communities and (b) policy or program-based initiatives that strive to improve mainstream housing conditions, such as community-needs assessments and staff training (Adelman, Gurevitch, de Vries, & Blando, 2006; Cahill & South, 2002; de Vries, 2006). To date, only one study has examined the implementation of either of these initiatives. Sullivan (2014) conducted focus groups with residents of three existing LGBT retirement communities. Study findings indicate that LGBT older adults living in senior housing appreciate efforts by the provider to improve the social context of their residential environments. However, less is known about attempts to improve mainstream housing environments and how these efforts relate to dedicated LGBT senior residential developments.

**Methods**

This study utilized an exploratory qualitative, cross-sectional design to examine the recent emergence of community-based housing solutions for LGBT older adults and address the limited research exploring implementation of these initiatives in the current literature. The data for this article came from a series of semistructured phone interviews conducted between February and April 2013. The interviewees were program directors and managers of community-based initiatives who had experience implementing housing developments for LGBT older adults.

A purposive sample included representatives from seven community-based housing initiatives engaged in various stages of implementation across the
United States (i.e., West, Southwest, Southeast). The sample included initiatives that offered new, dedicated housing options targeting LGBT older adults and efforts seeking to improve mainstream housing environments. Table 1 summarizes respondent demographics in terms of their occupational position, the type of initiative, the organization represented, regional location, and community type. Given the small population under examination, several methodological steps were taken to identify the sample. Initial efforts included studying the proceedings from the 2011 LGBT Elder Housing Summit, reviewing web sites and news archives of major organizations addressing issues in the LGBT community, and employing an extensive Internet search. Representatives of initiatives contacted in early phases of recruitment were also helpful in identifying organizations and residential efforts serving the needs of LGBT older adults in other parts of the country.

In total, 11 LGBT senior housing community-based initiatives were identified throughout the United States. Individual contacts were identified for each case and all were approached for interviews. Of the 11 initiatives, staff members from seven (64%) agreed to be interviewed. Representatives from the other initiatives did not participate because of scheduling conflicts. Prior to data collection, human subject's approval for the study was obtained from the Social & Behavioral Science Institutional Review Board (IRB) at the University at Buffalo.

All interviews took place via a web-based telephone conferencing service. The interview guide included questions spanning five areas: (a) mission, (b) capacity, (c) implementation (e.g., spatial design, programming, services), (d) financing, and (e) evaluation. Verbal consent to participate was formally obtained from all participants at the beginning of the call. I led all phone interviews and read the scripted questions. Each interview was audio-recorded to ensure accurate note taking. Subsequent to the interviews, participants were asked to verify the accuracy of the interviewers' notes to ensure data reliability. Data from all

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<th>Geographic Location</th>
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<td>Housing development</td>
<td>Southwest</td>
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participant interviews were then assembled by research question and qualitatively evaluated.

Data analysis procedures included: (a) open coding to identify common patterns and primary coding categories, (b) refinement of thematic categories into clusters, and (c) thematic coding of raw data using coding categories and subcategories (Braun & Clarke, 2006). I then made cross-interview comparisons of participants’ comments to further develop emergent themes. Subsequently, the participants reviewed the researcher’s notes and analysis to ensure the accuracy and integrity of the interpretations of the raw data. To facilitate replication of group findings, an audit trail was established including raw data (in the form of original lists and recorded interviews), the reduction of data, and its reconstruction into final categories and themes (Creswell, 2012; Lincoln, 1995). All analyses were conducted using Microsoft Excel, v.2010.

**Results**

Data analysis yielded five themes related to the current implementation of community-based housing solutions for LGBT older adults: (a) stigmatization, discrimination, and isolation; (b) safe space; (c) diverse housing solutions; (d) community engagement and social support; and (e) limited capacity. Each of these are discussed in the following.

**Stigmatization, discrimination, and isolation**

Participants reported a common motivation for developing LGBT senior housing initiatives: to address discrimination and prejudice. Many indicated that previous experiences of stigmatization based on gender identity and sexual orientation influenced current decision-making and expectations of treatment in mainstream housing environments. They also expressed that many LGBT older adults continue to confront prejudicial treatment in their daily lives. A director of senior services at an LGBT community organization explains, “The dynamics have not changed. Hatred is carried throughout a lifetime. It may not be overt, gossiping, refusing to be someone’s friend, refusing to sit next to someone, but it is very isolating and impactful.” A developer described related, personal feelings as her drive to create an LGBT senior retirement community, “Until I can walk down the street, holding my partner’s hand, in any kind of retirement community or any type of community that I would like to live, there is still a need for this.”

Stigmatization, discrimination, and social isolation were the core issues influencing housing-related concerns of the older adults that developers and program directors aimed to serve. One developer completed a survey and a series of focus groups to gauge the potential interest in an LGBT retirement community. She explained, “The number one thing people were looking for
in a community was safety ... to live without fear of discrimination.” Interviewees described housing-solutions as a way to offer residents and program participants acceptance, safety, community engagement, and an improved quality of life.

**Safe space**

Developers and program directors aimed to address stigmatization, discrimination, and social isolation by creating safe spaces for LGBT older adults through the development of LGBT-affirming housing options and related services and support. Interviewees describe the notion of safe space in the following ways:

"a community that is safe, where they can be themselves and age in place,"

"a culturally appropriate alternative for LGBTQ people,"

"a [place] for them ... to live openly and honestly,” and

"our seniors feel as if this is their space. ... They belong here."

Developers described the idea of safe space as critical to individual tenants in residential units (e.g., apartment, house) and shared spaces among all residents (e.g., community center). Program directors noted the importance of safe space within their organization’s facility to effectively provide residential supports to program participants and establish better environments for LGBT older adults within mainstream housing.

Two program directors described organizational strategies to support the provision of safe space for LGBT older adults seeking housing-related services. One participant explained, “We have behavioral rules to encourage openness, kindness, and acceptance.” A second interviewee described training provided to staff members, interns, and volunteers about homophobia and transphobia.

**Diverse housing solutions**

The residential initiatives described by developers and program directors included a range of diverse housing solutions. Three developers interviewed in the study represented senior housing initiatives focused on serving LGBT residents. Two of these were senior living communities established by one or more LGBT persons. Developers from both communities indicated that prospective residents could purchase lots or homes. The third developer described a residential campus that included multiple housing options (e.g., independent living, transitional living, assisted living). In addition to private units or buildings, all three developers noted dedicated community spaces, such as pavilions, community room, and special spaces for eating and recreation. The developer of
a residential campus said her initiative offered planned activities and events, dining options, services, and various forms of assistance to LGBT residents.

Respondents from community organizations described various programs and services to increase housing access for participants and improve existing housing environments in their communities. Two of the initiatives conducted assessments to learn more about the housing concerns of LGBT older adults in their communities, and established directories of local senior living options with policies and programs in place that protect and support LGBT residents. Three offered educational seminars, workshops, and trainings around advocacy and housing-related issues for older adults. Two established a friendly visitor program for homebound LGBT older adults.

"An isolated LGBT older adult can receive weekly visits from a trained volunteer," explained one program director. "This program helps to decrease isolation and provide connections for participants in the community." One organization developed an innovative home sharing program to facilitate matches between homeowners and renters using a screening process, background check, and on-going support.

Additionally, three organizations educated housing managers and staff members about aging issues in the LGBT community. "We are willing to go anywhere [this training is requested] because [the] need is really great," said one respondent. These trainings engage staff members, interns, and volunteers to teach mainstream providers about the unique needs of LGBT older adults using research, informational materials, and personal experiences.

**Community engagement and social support**

Participants agreed that residential issues were closely linked to community engagement and social support of the LGBT older adults they served. Program directors indicated that many participants accessing housing-related support had additional needs.

One program director explained:

> We had a 60-year-old man living with HIV, who was living in a building in a part of town that was kind of sketchy. He lived in a building where, because there was so much drug dealing at night and the doorbells would go off all night long, it was in the best interest of the residents to make them not work at all. They were totally nonfunctioning. As a result, this participant could not get his meals on wheels, which he needed because we all know that people with compromised immune systems need good nutrition. He couldn’t get his meals because the buzzers didn’t work.

These organizations recognize the importance of offering other services (e.g., counseling, individual casework, benefits advisement) and programming (e.g., exercise groups, advocacy and civic events, enrichment classes, cultural excursions) in conjunction with housing-related support.
Residential developers also described the importance of connecting LGBT senior housing with opportunities for participation and support. One participant indicated that opportunities for engagement occurred naturally because of community living, explaining, “Because there are only eight homes, everyone knows everyone. Everyone socializes with everyone, celebrates birthdays, anniversaries, and holidays, plays cards and games, travels together, exercises together, walks their dogs together. Some residents golf together twice a week.”

Communities foster participation among residents through the provision of community spaces, development of social and recreational programming, and establishment of volunteer opportunities. Senior living communities have a capacity to meet short-term, acute needs through collective efforts of residents. The residential campus offers different levels of formal support.

**Limited capacity**

Interviewees frequently mentioned three conditions that hindered the implementation of their initiative: (a) lack of funding and staff, (b) outreach to undeserved segments of the LGBT senior population, and (c) inability to provide long-term services and supports. All interviewees reported that funding limited the extent of possible services, programming, and staffing. One interviewee pointed to a limited staff capacity and a small number of currently underutilized volunteers. “It would be great to have a volunteer manager, so we could have more volunteers to help staff provide more resources to our program participants.” Two others indicated they were a staff of one person. Managers of residential developments reported that challenging housing markets hindered unit rentals and sales, consequently limiting the services and programming available to current residents.

Many find it especially difficult to address the diverse needs of LGBT older adults, and reach segments of the population that are vulnerable and underserved (particularly women, people who identify as bisexual, transgender older adults, and people of color). One respondent said, “We want to serve new people, but are currently struggling to find ways to make them feel welcome. It has been difficult integrating new seniors into the strong community currently present at our center.” Several program directors attributed outreach challenges to the location of their organization, and insufficient and inaccessible public transportation. One developer expressed a strong desire to provide housing options for low and middle-income older adults, but could not due to lack of investors or external funding.

Finally, all interviewees identified a lack of capacity to provide long-term services and supports for participants and resident. “How can we make living situations better for people as they age and need increased levels of care?” one respondent asked, stating that, “the alternatives are bad.” Several said
that they have “put off” addressing the issue of long-term care due to a lack of funding and minimal resources to provide the care the services people need. Although all acknowledged the importance of long-term care services for the LGBT older adults they serve, only one of the initiatives was currently able to deliver this level of support.

Discussion

This exploratory study sought to address a gap in the current literature on LGBT aging by describing the implementation of housing efforts for LGBT older adults. The investigation of seven community-based initiatives reveal key strategies that are useful to promoting increased residential support for LGBT older adults: (a) conducting community-based research (e.g., community survey) to learn more about specific residential concerns of LGBT older adults; (b) establishing cultural competency training programs to educate mainstream senior housing providers about LGBT issues; (c) providing safe, designated destinations (e.g., community centers, residential communities) for LGBT older adults to live, obtain services, form supportive relationships, and interact with peers; (d) developing innovative programming models that aim to increase the social participation and community support of LGBT older adults through social, cultural, and recreational programming, volunteerism, civic work, advocacy, and peer support; and (e) prioritizing housing-related interventions, including LGBT senior residential developments and innovative programs that support LGBT older adults to age in place.

Interview data reinforce the notion that housing access is influenced by complex forms of stigmatization, including overt discrimination, expectations of mistreatment, and social isolation. Sullivan (2014) found that residents of LGBT retirement communities seek acceptance, which they define as freedom from judgment and adverse treatment, the opportunity to live authentically, and the ability to build and sustain social networks. This multifaceted notion of acceptance is reflected in the way that the housing-related initiatives in this study addressed the issue of social stigma. The solutions implemented seek to both reduce overt discriminatory treatment if LGBT older adults and also promote social participation of this population.

Providing safe residential spaces is frequently employed, which is consistent with other initiatives that provide supportive services for LGBT older adults (Gratwick, Jihanian, Holloway, Sanchez, & Sullivan, 2014; Sullivan, 2014). The concept of safe space is not equivocal to an environment that is LGBT exclusive or even designated (Meyer, 2011). Agencies or housing providers can implement a number of strategies, including intake guidelines, staff training, and protective policies and procedures, to establish LGBT-inclusive housing.

Study results also reveal that current efforts struggle to address community needs due to a limited implementation capacity. Organization-driven solutions may offer greater potential for more widespread community impact due to a
prioritization of mainstream housing environments and programmatic focus on LGBT senior residents and housing providers. However, representatives of both developer and organization-driven efforts described on-going outreach challenges and a lack of solutions to address access to long-term care services and supports.

On-going implementation challenges may be inherent to a single-entity approach to addressing community scale issue. Aging policy has evolved from supporting individuals for an explicit need at a defined point to developing communitywide interventions that improve social and physical environments and the systems that provide healthcare, services, and programming for older adults (Greenfield, Oberlink, Scharlach, Neal, & Stafford, 2015). Community-scale aging solutions have been widely characterized as “age-friendly community initiatives” (Ball & Lawler, 2014; Golant, 2014; Grantmakers In Aging, 2013) and include community planning approaches, support-focused approaches, and cross-sector partnership approaches (Lehning, Scharlach, & Wolf, 2012, pp. 299–300.). Positioning current single-entity LGBT senior housing efforts as part of broader community-wide aging initiatives could strengthen the capacity of existing solutions to address housing issues alongside other aging-related barriers and promote increased collaboration among relevant stakeholders (e.g., LGBT advocates/organizations, senior housing developers, aging-oriented organizations, health and service providers).

**Limitations**

Several study limitations should be acknowledged. First, qualitative data are characteristically susceptible to biases during data analysis. To address this challenge, the investigator shared interview notes and a preliminary analysis with each interviewee so that each could change or elaborate question responses and provide feedback on data interpretation. Second, interviewees may have felt reluctant to disclose attributes of their initiative or staff that could be negatively portrayed, which is a risk with any self-reflective interview process. Third, the small sample size limits the generalizability of the results. To address this limitation, future research should use a more comprehensive sample and include the community-based initiatives that have been developed and implemented nationwide since the study was launched.

**Implications for community practice and future research**

Study findings, focused on organizational-scale solutions, highlighted the relationship of residential barriers and other aging-related concerns in the LGBT community and revealed funding and staffing limitations of single-entity initiatives. These findings suggest the need for further, in-depth research documenting LGBT aging solutions implemented at a community scale. Communitywide initiatives
could facilitate collaborations across health-care providers, public leaders, housing providers, human services agencies, and advocacy groups and engage mainstream housing and long-term care providers in efforts to establish inclusive residential environments for LGBT aging populations. Additionally, community-scale solutions could also enable LGBT senior housing efforts to reach vulnerable, and socially isolated segments of the LGBT senior population by engaging churches, senior centers, nonprofit organizations, and other groups that have greater access to underserved LGBT individuals.

Study findings also suggest the need for communities to establish more comprehensive interventions that support increased access to long-term care and supportive services for LGBT older adults. Housing is a critical piece to ensuring long-term support of older adults, and should be addressed as a component of efforts concerned with other aging issues in the LGBT community, such as health and social participation. Future research is needed to further document the diversity of LGBT senior experiences when accessing long-term care services in both community and institutional settings, across different types of geographical settings. Identifying environmental (both physical and social) and geographic factors that influence aging-related concerns, decision-making, and experiences would support the development of more effectual community responses.

References


