POLICY RECOMMENDATIONS TO INCREASE LESBIAN, GAY, BISEXUAL AND TRANSGENDER INCLUSIVENESS AMONG MASSACHUSETTS ASSISTED LIVING COMMUNITIES

A thesis presented by

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DEDICATION

To the lesbian, gay, bisexual, and transgender aging adults who may feel the need to return to the closet as you age. It is my hope that this research will better prepare senior living organizations to care for LGBT aging adults. People should live in an environment that supports them in living their most authentic life.

To my grandparents, Lola Mae and Don Jacobson and Mary and Pat Quigley, for the foundation you provided me and for your unwavering love and support.
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ABSTRACT

There is fear among LGBT aging adults that moving into an assisted living community will require them to hide their sexual orientation or gender identity. LGBT aging adults fear assisted living communities will not offer an inclusive environment that would make them feel safe and accepted. Research literature suggests several factors that have the potential to increase safe and welcoming environments for LGBT aging adults. Of those factors, creating cultural competency through education and training within an assisted living community was paramount. However, there is a knowledge gap of what best practices an assisted living community could implement in order to increase inclusiveness of LGBT aging adults. Using a multiple case study approach, this study examined three assisted living communities, including one LGBT-specific community to identify best practices.

The results presented in this study revealed that the non-LGBT specific traditional assisted living communities were less prepared to care for the LGBT aging population. This claim is evident through four main themes that emerged from the interviews with staff of these two assisted living communities. The themes identified suggested a lack of awareness of LGBT challenges and a lack of knowledge in methods to increase understanding of cultural competency. Also demonstrated was an absence of understanding of the protection of LGBT aging adults and participants were unable to articulate the factors that create inclusiveness. The LGBT-specific community was more prepared to care for the LGBT aging population and staff displayed an awareness of challenges faced by LGBT aging adults. While the community was able to articulate factors that increase understanding, there was a lack of formalized education and training programs to achieve this. Staff reported their community was inclusive due to their status of being an LGBT-specific community.
My overall key finding was that assisted living communities lack education and training on topics of LGBT aging. I propose that the Massachusetts Executive Office of Elder Affairs amend the current training and education topics to include a topic on LGBT aging. Also, I identified a list of best practices assisted living communities in Massachusetts can adopt to be better prepared to care for LGBT aging adults.
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<th>Definition</th>
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<tr>
<td>ADL</td>
<td>Activities of Daily Living</td>
</tr>
<tr>
<td>ALR</td>
<td>Assisted Living Residence</td>
</tr>
<tr>
<td>E娥IA</td>
<td>Executive Office of Elder Affairs</td>
</tr>
<tr>
<td>LGBT</td>
<td>Lesbian, Gay, Bisexual, Transgender</td>
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<td>Traditional</td>
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Chapter 1

Introduction

In the United States, demographers estimate that there are over 2.4 million lesbian, gay, bisexual, and transgender (LGBT) aging adults over age 50 (Fredriksen-Goldsen, Hoy-Ellis, Goldsen, Emlet, Hooyman, & Nancy, 2014). Researchers expect this number will double to over 5 million LGBT aging adults over the age of 50 by the year 2030 (Fredriksen-Goldsen et al., 2014). As adults age, there is often a decline in physical or cognitive well-being requiring them to seek supportive living environments, including assisted living. Given these statistics, aging adults, including LGBT aging adults, will likely require additional assistance through formal support systems, such as assisted living organizations.

However, the field of gerontology has been slow to recognize the diversity of the aging population in terms of sexual orientation. Minority groups, including LGBT aging adults, are less likely to be included in gerontological research and, as a result, the field understands less about the aging of minority communities (Bulato & Anderson, 2004; Kimmel, Rose, Orel, & Greene, 2006). Moreover, there is no census information available about LGBT aging adults residing in the United States. As a result, researchers are only able to estimate the size of this population. Without a national probability sample, accurate characterization of this population is difficult. However, numerous community-based, non-probability studies provide invaluable insight into the experiences of LGBT aging adults and show that they face unique challenges to aging that their heterosexual peers do not (Choi & Meyer, 2016). These unique challenges include exposure to negative stressors and social stigmas that are unique to this group of aging adults.

The LGBT community is often missing from the research literature on aging, resulting in a lack of complete understanding of the needs of LGBT aging adults. Even within sexual
minority aging adults, we find that we know most about gay men or lesbian women, with less research on bisexuals and transgender aging adults (Choi & Meyer, 2016). Bisexuals are frequently grouped in the LGBT category but rarely reviewed on their own which tends to result in even less known about their specific experiences. Gender minority aging adults, including transgender individuals, share many of the challenges and experiences of sexual minorities, and are often analyzed and reported under the LGBT umbrella (Choi & Meyer, 2016). However, transgender aging adults experience specific challenges unique only to them such as transition related medical care, which LGB aging adults do not. The invisibility of LGBT aging adults in research is also related to the phenomenon that many individuals do not make their sexual orientation public, so the estimates of the total size of the LGBT aging population may be low. The exact number or size of a population is not, however, a factor of the worthiness of studying and understanding any one group (Moone, Knochel, Croghan, & Quam, 2011; Sullivan, 2011). LGBT aging adults are diverse with regards to many characteristics, such as gender, race/ethnicity, socioeconomic status, residential region, and religious beliefs. While their sexual orientation is not the single most important factor that defines them, it does contribute to a significant barrier in seeking supportive services (Choi & Meyer, 2016).

**Aging of the U.S. Population**

As the percentage of people 65 years of age or older increases, the need for social and health services, community and institutional care, and senior housing will grow (Hayward & Zhang, 2001; Hebert, Beckett, Scherr, & Evans, 2001; Knickman & Snell, 2002; Langley, 2001). Research suggests that by 2020, the number of seniors who need help with activities of daily living (ADL) will reach 13 million (Hayward & Zhang, 2001). Furthermore, it is currently estimated that 70% of all Massachusetts residents who reach the age of 65 will need help with
ADLs for a significant period before they die (Banham, 2010). As aging adults require more assistance with ADLs, they are likely to consider assisted living organizations as source of support. Senior living institutions, such as assisted living communities, serve as a resource to the aging population and often provide a great deal of physical and emotional support. ADLs include the following activities: dressing, feeding, toileting, bathing, physical transfers, and continence control (Katz, Ford, Moskowitz, Jackson, & Jaffe, 1963; Vincent & Velkoff, 2010).

Senior living organizations that lack an understanding of and knowledge about the LGBT population may be unprepared to provide quality care. The U.S. Administration on Aging within the Department of Health and Human Services (2010) acknowledges eldercare institutions and agencies may lack sensitivity toward the unique needs and circumstances of the LGBT aging population. This is likely to result in discrimination against this minority population across the range of services for the elderly (Administration on Aging, 2010; John Snow Inc. Research and Training Institute, 2003).

**Problem**

Research indicates that among the LGBT aging population there is significant anxiety, apprehension, and fear of discrimination or abuse from caregivers, staff, management, and other residents in relation to senior housing and residences (Genke, 2004). The majority of LGBT aging adults fear they will experience discrimination in long-term care organizations, with more than half stating that organization staff or even other residents will abuse or neglect them (Moone et al., 2011). Factors such as discrimination, social stigma, and prejudice can prove detrimental to the safety and security of the LGBT aging community and often isolates LGBT aging adults and inhibits them from accessing community resources and services (Hughes, 2008). Respondents in a study conducted in the Midwest reported that even before experiencing
any discrimination from senior services, they believed they would not receive friendly services if providers became aware of their minority sexual orientation or gender identity (Croghan, Moone, & Olson, 2015). In one study, the majority of gay and lesbian aging adults stated that they would avoid assisted living because they believed the staff is not knowledgeable about gay and lesbian issues (Jackson, Johnson, & Roberts, 2008; McFarland & Sanders, 2003). LGBT aging adults in need of senior housing services might not access them out of fear (McFarland & Sanders, 2003). In another study, almost 75% of respondents believed that residential care facilities did not include anti-discrimination policies, and 34% believed they would need to conceal their sexual orientation to live in the facility (Johnson, Jackson, Arnette, & Koffman, 2005).

According to the Massachusetts Office of Elder Affairs (EOEA), one of the most rapidly growing forms of residential long-term care in Massachusetts is assisted living. Massachusetts 651 CMR 12.00 sets forth the requirements for certification, renewal of certification, and suitability of operation for assisted living communities. The purpose of 651 CMR 12.0 is to: promote the availability of services for elderly or disabled persons in a residential environment; to promote dignity, individuality, and privacy to support and preserve the ability to make decisions, and to promote their health, safety, and welfare; to promote the ability of assisted living residents to age in place; and to promote continued improvement of assisted living residences. The state of Massachusetts has adopted non-discrimination laws that include bans on discrimination based on sexual orientation in the areas of employment and housing. These laws against discrimination are reactive in purpose and there is no law requiring the prevention of discrimination based on sexual orientation through training or education. While such non-discrimination laws exist on the books, they may be insufficient to make LGBT aging adults feel included in assisted living communities. The laws are unlikely to address the concerns of LGBT
aging adults such as fears of social rejection from peers, the feeling of belonging and staff understanding their culture and specific needs. This therefore creates a situation where LGBT aging adults are likely to avoid assisted living services out of fear they will have to return to the closet, receive substandard care, and not be accepted by other residents in long-term care facilities (Stein, Beckerman, & Sherman, 2010).

The Massachusetts General Laws Chapter 354 of the Acts of 1994, an Act Establishing Assisted Living Residences, contains no mandates or regulations requiring training topics or policies specifically aimed at providing inclusiveness towards the LGBT aging population. While current state laws are in place to prevent discrimination and abuse among aging adults in general, research indicates LGBT aging adults require further practices to feel welcome (Sullivan, 2014). Additionally, U.S. federal, state, and local policies are inconsistent in protecting older LGBT adults and their partners from discrimination in the areas of healthcare, caregiving, housing, and finance (SAGE, 2013). LGBT aging adults have expressed the need for specific policies and procedures through regulations in order to feel safe and free from discrimination and abuse (Jihanian, 2013). Culturally competent care for the LGBT aging population through the development and implementation of targeted, measurable, and wide-reaching cultural competence and sensitivity training programs is essential (Gendron et al., 2013). The current training sections of the regulations seek to enhance the safety of residents living in the community, as well as their overall well-being (Massachusetts General Laws Chapter 354 of the Acts of 1994). For example, each staff member is mandated to understand the rights of residents and is obligated to protect those rights (Massachusetts General Laws Chapter 354 of the Acts of 1994). They also are required to have knowledge in other areas such as emergency response and how to work with aging adults who suffer from cognitive decline.
(Massachusetts General Laws Chapter 354 of the Acts of 1994). The regulations seek to require all assisted living communities to enhance the competence of their staff on issues that the EOEA deems most important. However, the regulations fall silent on mandating training and education on the topic of LGBT concerns that specifically address LGBT aging adults.

The Massachusetts Assisted Living regulations establish the standards by which the EOEA oversees assisted living communities. Currently, there are no federal regulations that govern assisted living communities; instead, each state is responsible for regulation and oversight. The lack of state mandates or regulations requiring specific protections toward the LGBT population leaves Massachusetts assisted living communities at risk for being unprepared in caring for the LGBT aging population. Without the specific requirement for training on the topic of LGBT competency, assisted living communities are unlikely to include this training for their staff.

Over the last ten years, Massachusetts has emerged as the nation’s leader in promoting legal equality for LGBT people and same-sex couples as evidenced by being the first state to legalize same-sex marriage. While this work is notable, there is still much to do to ensure that Massachusetts continues to serve as the model for inclusive services delivery for all aging adults. In August 2013, Governor Deval Patrick recognized the need to better prepare the state in caring for LGBT aging adults. He established a special commission responsible for examining the impact of current state policies and regulations on LGBT aging adults and making recommendations ensuring equality of access to treatment, care, and benefits; increasing provider awareness of the needs of LGBT aging adults and caregivers; enhancing programming and services for LGBT aging adults; and examining best practices (in Massachusetts and other states) for improving quality of life for LGBT seniors. One of the areas where Massachusetts is
lagging is in its commitment to address the housing needs of LGBT aging adults (SAGE, 2015). The positive contributions in Massachusetts in areas such as competent service delivery and programming are overshadowed by the undisputed absence of safe, welcoming, housing for LGBT aging adults (Massachusetts LGBT Aging Commission Report, 2015). It is in the spirit of ending the pervasive silence and denial that surrounds LGBT aging that the Special Legislative Commission on LGBT Aging (2015) has developed its recommendations (Massachusetts LGBT Aging Commission Report, 2015). The Massachusetts LGBT Aging Commission is the first statewide Commission in the country to focus on the needs of LGBT aging adults and was made possible through passing law, Chapter 38 of the Acts of 2013 (Acquaviva & Krinsky, 2015).

**Purpose**

The Massachusetts LGBT Aging Commission (2015) proposed that the disparity in LGBT utilization of state regulated aging services must be removed from the policy closet. Policy solutions are needed to address the historical mistrust on the part of LGBT aging adults and their caregivers of mainstream service delivery (Massachusetts LGBT Aging Commission Report, 2015). Without policy reforms designed to improve access and utilization, the growing cohort of LGBT aging adults will continue to avoid accessing senior living services. The EOEA should ensure that its staff is routinely trained on the provision of open, affirming, and non-discriminatory service and care for LGBT aging adults and care staff. Based on recommendations of the Massachusetts LGBT Aging Commission Report (2015) referenced above, this study sought to identify what the state of Massachusetts can do to further protect LGBT aging adults from discrimination, abuse, and neglect. To create communities where LGBT aging adults will feel safe and secure, assisted living organizations should create policies and procedures that prohibit discrimination. Researchers found that many issues in assisted
living tend to filter down to their impact on the bottom line and due to the invisibility of LGBT aging adults, management may not be inclined to implement training (Eckert, Carder, Morgan, Frankowski, & Roth, 2010). In addition, the lack of law or regulation has resulted thus far in a failure on the part of organizations to develop policies and procedures that prohibit discrimination; the introduction of new laws or policies may be the most effective way to encourage them to do so.

**Research Questions**

Much of the literature around this problem focused on factors that would create inclusiveness of the LGBT aging population in senior living organizations. This research project aimed to understand and identify best practices in creating LGBT inclusive assisted living communities in order to make policy recommendations to the Massachusetts EOEA. The goal of this research was to encourage the EOEA to regulate assisted living communities across the state in caring for LGBT aging adults through the adoption of these best practices.

To do this, I needed to understand what best practice standards foster LGBT inclusiveness within an existing living community with LGBT aging adults. It was important to identify practices that assisted living communities have in place around training or educational efforts to better prepare their staff. I wanted to further understand whether specific policies or procedures were in place that provided protections to increase preparedness among the senior living communities and staff. In addition, I sought to identify whether the community included features that increased inclusiveness.

The purpose of this research project was to improve the care of LGBT aging adults when accessing assisted living communities. The research indicated that LGBT aging adults have different needs than heterosexual aging adults, especially when it comes to access to healthcare
services, legal protections, housing equality, spiritual or religious affiliations, family support systems, mental health, and social needs. In addition, there is a great amount of fear in LGBT aging adults accessing senior living services. This study is intended to have an impact on current and future standard of care in assisted living communities for the LGBT population in Massachusetts and hopefully beyond. Implementation of these recommendations will enhance the wellbeing of LGBT aging adults accessing assisted living services across the state.

The following three research questions were posed. The first was: what are the essential features or best practices in a model LGBT inclusive assisted living community in the United States? The second question was: how can other communities adopt these practices in order to create more inclusive and equitable assisted living communities across the state? The third question was: what state level assisted living regulations will promote best practices by the facilities, creating LGBT inclusive communities to ensure that Massachusetts remains a leader in promoting equality among the LGBT aging population?

A multiple case study approach was used to answer the research questions. Two Massachusetts assisted living communities that were non-LGBT specific participated in this study and one LGBT-specific community in Southern California participated. I found best practices that are likely to create a welcoming environment from the LGBT-specific community staff. I also identified among all community participants, a lack in formal training and education on the topics of LGBT aging. In this study, I recommend policy changes to the Massachusetts assisted living regulations that incorporate the topic of LGBT aging into the list of required training topics. In addition, I will provide the EOEA with a list of best practice that are likely to increase inclusiveness of LGBT aging adults.
Chapter 2

Literature Review

The areas of research that formed the foundation of this study were the challenges LGBT aging adults face in accessing senior living and the impact the environment has in making them feel included and accepted within a community. An understanding of the past experiences and challenges LGBT aging adults have faced was useful in providing a context to the problem. An overview of the challenges LGBT aging adults face compared to their heterosexual counterparts was also reviewed. The literature on the importance of the environment and the elements needed for an organization to create cultural competence and social acceptances were reviewed. Lastly, the research literature reviewed factors needed to create inclusiveness of LGBT aging adults into assisted living communities.

Brief U.S. LGBT History

The current aging LGBT population in the U.S. lived in a world that was significantly different than the one we know today. As we study the LGBT aging population in today’s more accepting social climate, we must consider the influences of the social environment on their life experiences, exposures to stress, resilience, and health along their entire lifespan (Choi & Meyer, 2016). Current LGBT aging adults belong to the generation who served the U.S. during World War II and weathered the storms of the McCarthy Era. After World War II, most states recognized homosexuality as a socially threatening disease (Messinger, 2006). Many LGBT adults moved to cities such as New York, San Francisco, and Los Angeles to seek out accepting environments. Their world was one of police raids for vice laws, blackmail, and employment termination if discovered. However, in 1969, LGBT individuals reacted with a series of violent demonstration protests after the New York City police raided a popular gay bar in New York
called the Stonewall Inn. According to Westrate and McLean (2010), this is deemed the beginning of the LGBT civil rights movement. However, the uprising at Stonewall ushered in an era of increased visibility and activism for members of the LGBT community, and over the past 40 years, the event itself, along with precipitating psychosocial factors, has had profound effects upon the identities and lives of older LGBT adults (Vaccaro, 2009; Westrate & McLean, 2010). Many of the LGBT aging adults today came of age during this time, which was an environment characterized by hostility, neglect, and misunderstanding (Cahill, 2000). Before Stonewall, LGBT people were forced to live secret lives in which their sexual orientation was “closeted” so that a public heterosexual identity could be maintained (Teunis, 2007). This social environment caused many LGBT adults to conceal their sexual identity. Aging adults today constitute three different cohorts: the Baby Boom Generation (born between 1946-1964), the Silent Generation (born between 1925-1945), and the Greatest Generation (born between 1901-1924). Each cohort came of age during distinct cultural periods. For the purpose of this research, I focus here on adults from the Silent Generation, who are fast approaching the need for assisted living services based on their increasing age.

The Silent Generation came of age during the McCarthy Era, a time when same-sex behavior and identities were severely criminalized. Until 1973, the American Psychiatric Association considered homosexuality to be a “sociopathic personality disorder” (Fredriksen-Goldsen et al., 2014). Members of the LGBT community were involuntarily committed to inpatient psychiatric facilities and subjected to brutal treatments, including castration and lobotomies, in attempts to “cure” their homosexuality (Silverstein, 2009). The fear of forced institutionalization, loss of a job or career, and the clinical diagnosis of deviance were part of the life experiences for LGBT adults (Sullivan, 2011). Rosenfeld (1999) found that years of negative
societal conditioning and internalized homophobia were difficult or impossible for some to overcome. These historical, social, and cultural contexts may continue to have a negative impact on LGBT aging adults. Aging service providers must be aware of how different historical events, social structures, and cultural factors, along with psychosocial developmental trajectories, shaped individual life experiences; it is important to consider how those experiences can impact the aging adult’s attitudes toward accessing aging services. The increase in social acceptance in very recent history cannot void the negative historical, social, and cultural experiences throughout their lives (Elder, 1994, 1998).

In the U.S., we have historically witnessed prejudice events that have contributed to the fears of LGBT aging adults. Prejudice events in this context refer to experiences stemming from antigay prejudice, discrimination, and violence. According to Lawrence Long (2016), prejudice events include the structural exclusion of LGBT individuals from resources and advantages available to heterosexuals, including their denial from the institution of marriage until recently. Prejudice events also include interpersonal events, perpetrated by individuals either in violation of the law, such as a hate crime, or within the law, such as discriminatory employment practices. Hate crimes are a particularly painful type of event because they inflict not only the pain of the assault itself, but also the pain associated with the reminder of social disapproval. The added pain is associated with the symbolic message to the victim that he or she and his or her kind are devalued, debased, and dehumanized in society. These experiences affect the victim’s mental health, and damage his or her sense of justice and order (Herek & Garnets, 2007; Herek, Gillis, & Cogan, 1999; Meyer, 2003). Beyond the victim involved in the crime, it may have the potential to impact those who may not have even been involved. One example of a hate crime that reverberated well beyond the victims of the event was the June 12, 2016 mass shooting in an
LGBT nightclub in Orlando, Florida. It is the deadliest mass shooting in U.S. modern history, which took the lives of 49 people and injured 53 at the Pulse nightclub (Zambelich & Hurt, 2016). The complex motives behind the attack remain unknown but it appears that the shooter targeted and attacked people based on their sexual orientation (D’Addario, 2016). This hate crime directly targeted the LGBT community and was a reminder that despite the social and legal advancements in gaining rights for LGBT individuals, the community is still a targeted minority group (Lawrence Long, 2016).

Another example of prejudiced events is the lawful act for business to deny services to the LGBT community. According to Pizer (2017), there currently is no federal public accommodations law requiring businesses to treat same-sex couples and LGBT individuals equally when business owners have religious objections to doing so. A business owner may invoke the federal Religious Freedom Restoration Act (RFRA) and demand an accommodation or exemption from the law. This is a result of the Supreme Court’s ruling in Burwell v. Hobby Lobby (2014). The ruling held that owners of closely held corporations could claim to be exercising religion when operating their business (Pizer, 2017). This provides another public example of inequality that has the potential to cause negative effects on LGBT aging adults.

**Challenges Faced by LGBT Aging Adults**

**Closed.** Today a greater number of LGBT aging adults are living openly in mainstream society; it is common for adults to know more than one gay man or lesbian (Kimmel, 2014). Many LGBT aging adults have families that include children who often have comfortable relationships with their parents. However, there are important differences between LGBT aging adults and heterosexual aging adults (Kimmel, 2014). Although there is continued recognition of the LGBT population, LGBT aging adults may still feel a sense of being invisible because they
are not “out” yet, at least to anyone beyond their immediate family. Regardless of the broadening acceptance of LGBT issues over the past 40 years, many LGBT aging adults continue to experience a number of significant obstacles and challenges, while a large number have been denied services on the basis of sexual orientation or gender identity (Fredricksen-Goldsen et al., 2011). Other factors including race, class, socioeconomic status, and HIV status may compound external barriers to health and mental health care, while personal experiences of discrimination may lead to a mistrust of such professions, creating even more care-seeking barriers (Hughes, Harold, & Boyer, 2011). For many of these reasons, approximately 21% of LGBT aging adults are not openly identifying (Fredricksen-Goldsen & Muraco, 2010).

Aging, combined with a history of marginalization and discrimination, increases the potential vulnerability of LGBT aging adults, given heightened risks of discrimination and victimization, and the fear of and possible difficulty in accessing culturally responsive services (Fredriksen-Goldsen et al., 2014). Due to this historical pattern, LGBT aging adults have legitimate fears when accessing long-term care. The majority of LGBT aging adults fear discrimination in long-term care organizations, with more than half maintaining that staff or even other residents will abuse or neglect them (Knochel et al., 2010).

Some LGBT aging adults may feel they have to remain “in the closet” or “go back into the closet” to stay safe as they enter a senior living organization. Concealing an individual’s sexuality is a lifelong survival strategy that aging adults continue to rely on when seeking senior living services (McKenzie, 2010). The transgender population face additional challenges specific to them. The current transgender population continues to carry the stigma of mental disorder by the American Psychological Association because it remains classified as a gender identity disorder. Thus, the stigma associated with the past mental disorder classification continues to
exist in the medical community. This opinion also may contribute to the reluctance some transgendered seniors have about coming out of the closet.

The term “in the closet” refers to the act of concealing one’s sexual orientation from others. It is typically used as a coping mechanism, to prevent being subject to prejudice, discrimination, or violence (Choi & Meyer, 2016). However, concealment is also a stressor and can have negative health consequences (Meyer, 2003). People must devote significant psychological resources to successfully concealing their LGBT identity. Concealing requires constant monitoring of one’s interactions and of what one reveals about his or her life to others. Keeping track of what one has said and to whom is very demanding and stressful and leads to psychological distress. The concealing effort and the required cognitive feat to hide one’s sexual orientation or gender identity can lead to significant distress, shame, anxiety, depression, and low self-esteem (Frable, Platt, & Hoey, 1998). In addition, concealing has harmful health effects by denying the person who conceals his or her LGBT identity the psychological and health benefits that come from free and honest expression of emotions and sharing important aspects of one’s life with others (Pachankis, 2007). Lastly, concealment prevents LGBT aging adults from connecting with and benefiting from social support networks and specialized services for LGBT aging adults. There are many potential benefits for LGBT aging adults seeking out assisted living communities for physical and social support. However, individuals who conceal their LGBT identity are likely to fear that their sexual orientation would be exposed if they approached such resources. More generally, concealing can lead to social isolation as the person who conceals his or her sexual identity may avoid contact with other LGBT persons and feel restricted from having meaningful genuine social relationships with non-LGBT individuals.
**Fear and Invisibility.** The legitimate fear of discrimination may keep aging adults from openly identifying as LGBT, thus remaining invisible to aging service providers. Invisibility of LGBT aging adults was a theme voiced by LGBT aging adults receiving care, but also by the providers and administrators providing senior health care (Brotman, Ryan, & Cormier, 2003; Knochel, Croghan, Moone, & Quam, 2010). In a focus group study that included health administrators, Brotman et al. (2003) found that LGBT issues were avoided or ignored in health care organization agenda setting meetings. This silence creates a challenge for an accurate assessment of LGBT well-being. The lack of LGBT awareness among aging service providers is a result of this invisibility (Egri & Ralston, 2004). Therefore, it is likely that assisted living communities are unaware that they are caring for LGBT aging adults due to the LGBT aging adults not being willing to openly identify.

There is a significant concern that aging service providers are unclear about LGBT aging adults’ needs. Hughes et al. (2011) conducted a study aimed at understanding if, and how, aging service network providers were addressing the needs of LGBT aging adults in a sample population in Michigan. The researchers found that there were minimal aging service providers who understood the unique challenges faced by LGBT aging adults. In addition, they found little institutional support or interest to guide them in better caring for LGBT aging adults. The majority of respondents in this study indicated there was little happening in support of the LGBT aging community.

This phenomenon can be a result of LGBT aging adults remaining invisible. Fear of discrimination leads some LGBT aging adults to remain “in the closet” about their sexual orientation. In a survey, 73% of gay and lesbian survey respondents believed that discrimination occurred in retirement communities and more than a third said they would go “back into the
closet” if they were forced to move into one (Johnson et al., 2005). A study reported that a respondent said she would rather commit suicide than be placed in an eldercare institution (Tully, 1989). Her fear was based on the perception that she would be unsafe in an institutional setting. For some seniors, the emotional stress caused by real or perceived heterosexism and homophobia is an impetus to return to the closet, which can lead to isolation and further marginalization (Burbank & Burkholder, 2006). Other studies have recorded incidents of conflict with and abuse of LGBT aging adults in residential care facilities due to displays of same-sex affection or of others’ perception of a resident’s sexual minority status (Brotman et al., 2003).

According to a study by Stein et al. (2010), LGBT aging adults were afraid of being neglected by their health care providers and of being ostracized by other residents due to their sexual orientation. For many LGBT aging adults, the emotional stress caused by real or perceived heterosexism and homophobia is a factor that keeps them “in the closet,” which leads to isolation and further marginalization (Burbank, Manning, & Burkholder, 2005; Friend, 1989; Herek, 2007; Rosenfeld, 1999).

Respondents in a study conducted by Croghan et al. (2015) reported that even before experiencing any discrimination from senior services, they believed they would not receive friendly experiences if providers became aware of their sexual orientation. By moving back into the closet, they are subsequently forced to hide a critical part of their identity to feel physically and emotionally safe. LGBT aging adults who reported their providers were aware of their sexual minority identity reported better perceived health and lower depression compared to those who reported their providers are unaware of their sexual orientation (Ramirez-Valles, Dirkes, & Barrett, 2014).
It is worth noting that the invisibility of sexual orientation may be impacted by the larger phenomenon that sexuality is absent from senior living. In a study by Franowski and Clark (2009), the researchers explored how sexuality and sexual expression permeate the lives of assisted living residents along with staff and management working with them. Franowski and Clark found that sexual orientation is rarely expressed in assisted living settings and sexual orientation of partners was rarely noted, although names gave some indication of gender preference. This is likely related to the fact that assisted living communities tend to have minimal policies to address sexuality and intimacy. Researchers in their study found that assisted living policies regarding sexuality tended to be informal (Franowski & Clark, 2009). Another factor that researchers found was that the culture of assisted living settings was not openly accepting of sexuality and staff often viewed their clients as sexless (Franowski & Clark, 2009). If an assisted living community assumes overall that residents lack interest in sex, then it is unlikely that the community will create policies or guidelines regarding sexuality, because it might be considered unnecessary.

**LGBT Aging Adults Compared to Heterosexual Aging Adults**

Issues facing LGBT aging adults are, in many ways, similar to those of all aging adults. Both groups are concerned about physical limitations and maintaining independence, changes in socioeconomic status, security, social support, health, and combating loneliness (MetLife, 2010). However, LGBT aging adults often confront discrimination from entities such as healthcare services that are traditionally relied upon for support, and legal and financial barriers to preparing for older age (SAGE, 2013). LGBT aging adults also are more likely to delay seeking health care services partly due to fear of stigma and discrimination (Czaja et al., 2015).
In addition to those challenges, however, LGBT aging adults face further barriers to successful aging. Successful aging refers to the capacity for elderly people to live a happier, healthier, satisfying old age (Depp & Jeste, 2006). LGBT aging adults have a long history of being exposed to psychological and social oppression, rejection, discrimination, harassment, and violence based on their sexual orientation (Mule et al., 2009). LGBT aging adults continue to face sexual stigmas that create the denigration, disrespect, and disempowerment of individuals and groups of a sexual minority (Herek, Gillis, & Cogan, 2009). Perceived or actual stigmatization or discrimination causes stress that can be detrimental to both physical and mental health of LGBT aging adults (Mays & Cochran, 2001; Herek, 2004).

The LGBT population suffers from disproportionately high rates of depression, functional impairment, obesity, substance use, and HIV/AIDS risk according to a recent national survey (Frederiksen-Goldsen & Kim, 2011). These conditions may reflect the consequences of long-term minority stress, victimization, and discrimination at work and in the community, inadequate health care access, inadequate coping mechanisms, HIV/AIDS risks, and the mental health effects of internalized homophobia (Kimmel, 2014). Another study found that lifelong experiences of social and economic marginalization place LGBT aging adults at higher risk for isolation, poverty, and homelessness compared to their heterosexual counterparts (Grant, 2009).

According to an Institute of Medicine (2011) report, most LGBT aging adults have been stigmatized and marginalized throughout their life by the federal and state government, the military, medical providers, and other mainstream agencies. Stigmatization of LGBT aging adults is rooted in the constructs of heterosexism and homophobia. Homophobia is a phobia, or irrational fear, of those perceived to be homosexuals. Heterosexism is the belief in heterosexual superiority. Together, they have perpetuated a system of an institutionalized stigma in elder care
service systems (Grant, 2009). Stigmatization involves labeling, stereotyping, status loss, and discrimination (Link & Phelan, 2001). As a result of enacted, felt, or internalized stigma, LGBT aging adults often avoid using traditional elder services such as assisted living due to the lack of specific LGBT programming, feeling unwelcomed, or the assumption that staff may not be sensitive to their needs (Butler, 2004; Institute of Medicine, 2011).

For all aging adults, access to health care services is crucial. Study results have varied on whether LGBT aging adults have less access to quality healthcare than heterosexual aging adults do. However, LGBT aging adults are less likely to have health insurance and more likely to face financial barriers to healthcare than do their heterosexual counterparts (Fredriksen-Goldsen et al., 2014). Studies have shown that LGBT aging adults may feel distrust toward health and social service agencies, and avoid or delay health care for fear of discrimination due to their sexual orientation or gender identity (Beeler, Rawls, Herdt, & Cohler, 1999; Brotman et al., 2003; Cahill, 2000; Cook-Daniels, 2006; Croghan et al., 2015; Wallace, Cochran, Durazo, & Ford, 2011). Incidents of overt homophobia or transphobia from healthcare providers toward older sexual and gender minority adults are common (Brotman et al., 2003; Cook-Daniels, 2015; Czaja et al., 2015). In one study, a respondent recalled, “when we got into the nursing home and they found out he was gay, they refunded him his money and threw him out” (Czaja et al., 2015). Another respondent shared his experience of witnessing nurse aides provide sub-quality care to an older gay patient because of their homophobia (Czaja et al., 2015).

As a group, LGBT aging adults experience unique economic and health disparities. LGBT aging adults may disproportionately be affected by poverty and physical and mental health conditions. This is due to a lifetime of unique stressors associated with being a minority, and may be more vulnerable to neglect and mistreatment in aging care facilities (Herek et al.,
Financial discrimination is one example of a stressor experienced by LGBT aging adults. Goldberg’s (2009) review of census data showed lesbian and gay couples experience higher rates of poverty than their heterosexual counterparts. Discrimination in pension disbursement rules, the Social Security spousal benefit, and the Medicaid spend-down rule had a negative impact on the financial stability of LGBT couples, and is cited as a partial explanation for the higher rates of poverty among LGBT aging adults (Cahill & South, 2002; Couture, 2010; Goldberg, 2009).

LGBT aging adults may face dual discrimination in areas of housing and employment due to their age and their sexual orientation. Generational differences and lack of legal protections may cause LGBT aging adults to be less open about their sexuality. In addition, social isolation is a concern because LGBT aging adults are more likely to be single, live alone, and less frequently have children than their heterosexual counterparts. These considerations are compounded by intersections of sex, race, ethnicity, and disability (Herek et al., 2009).

Many LGBT aging adults reported fears about financial stability as they age (Alliance Healthcare Foundation, 2003; de Vries, Mason, Quam, & Acquaviva, 2009). Despite stereotypes of gay people as economically privileged, national population-level surveys such as the American Community Survey, National Survey of Family Growth, and Gallup Poll indicate that LGBT people experience rates of poverty similar to or higher than the rest of the population (Badgett, Durso, & Schneebaum, 2013). Financial stability is a concern for all aging adults; however, LGBT aging adults face additional challenges due to disparities in access to legal and social programs, particularly related to recognition of legal partnership, lifetime earnings, and opportunities to build savings (Choi & Meyer, 2016).

Until recently, same-sex couples faced discrimination in accessing federal government benefits. In U.S. v. Windsor (2013), the U.S. Supreme Court held that the federal government
must treat married same-sex couples the same as married different-sex couples for purposes of federal benefits. Prior to *Windsor*, members of same-sex couples were unable to access federal benefits programs built to provide financial assistance to aging adults. After, *U.S. v. Windsor (2013)*, same-sex couples had access to federal benefits only if they lived in states that recognized same-sex marriage. It was not until the U.S. Supreme Court’s decision in *Obergefell v. Hodges (2015)*, that marriage equality was extended nationwide. Many LGBT aging adults have only recently been able to receive federal benefits. This placed them at a disadvantage to their heterosexual peers from years of being denied financial incentives.

Many LGBT aging adults worked in environments where discrimination based on sexual orientation and gender was legally allowed. Changes have occurred such as the U.S. Equal Employment Opportunity Commission (EEOC), which was developed to enforce federal laws that make it illegal to discriminate against a job applicant or an employee because of the person's race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information. However, legal discrimination based on LGBT status or perceived status was widespread while the current aging adults were in the workforce. This type of discrimination likely created limited job opportunity, lower income, and fewer opportunities to build savings and accumulate wealth for LGBT aging adults.

**Need for Social Support**

An understanding of the need for social support among the aging community is important. Studies have found positive effects of social support among LGBT aging adults (Fredriksen-Goldsen et al., 2011; Ramirez-Valles et al., 2014). Having a larger number of people in one’s social network is associated with better health (Ramirez-Valles et al., 2014). The perception of social and emotional support has a greater positive impact on mental and physical
health than actual support does (Shippy, Cantor, & Brennan, 2004). Social support has been historically defined as a function of the family or chosen family, and in fact, for aging adults, their family of choice provides a significant amount of their social support (Sullivan, 2011).

The reader should understand the historical family structure has evolved over time and is likely to continue to change. Studies have shown that LGBT aging adults are more likely to live alone and have fewer children than their heterosexual counterparts (Butler, 2004; Cahill & South, 2002). Roughly 16% of LGBT adults reported being currently married compared to about 50% of adults in the general public (Taylor, 2013). An important factor of social support networks for LGBT aging adults is the role of fictive kin. Fictive kin is a symbolic kinship used to describe created families (Weston, 2013). In studies of the social support networks of LGBT aging adults, fictive kin have been found to provide the highest level of social support after that of life partners (Grossman, D’Augelli, & Herschberger, 2000; Grossman, D’Augelli, & O’Connell, 2001; Jacobs, Rasmussen, & Hohman, 1999; Shippy et al., 2004). Defined briefly, fictive kin establish the base of what individuals think of and choose as family. They are fictive in the sense that these ties have a basis different from bonds of blood and marriage. In many societies, fictive ties are as important as or more important than comparable relationships created by blood, marriage, or adoption. Essentially, fictive kin ties elaborate social networks and regularize interactions with people otherwise outside the boundaries of family. Unlike true kinship bonds, fictive kin ties are usually voluntary and require the consent of both parties in establishing the bond.

Communities offer a lot of support for aging adults through social inclusiveness and often give people a sense of belonging (Shippy et al., 2004). For LGBT aging adults to thrive in their respective communities, the environments must be accepting and respectful while offering all
members the same high quality of life and care. An individual’s environment includes both the physical dwelling and social sphere. A person’s environment can tremendously influence the ability to age successfully (Sullivan, 2011). Individuals often struggle with belonging and feel a personal struggle for connection within their community, which is particularly the case for community members belonging to a minority group, whether it is defined by race, religion, or sexual orientation. For a person to feel as if he or she is part of a community, they must first feel a sense of belonging within the community and among its members (Derkzen, Franklin, & Bock, 2008).

Assisted living communities should be inclusive of LGBT aging adults by creating a welcoming and LGBT-friendly environment and building social inclusiveness among the community. Social inclusiveness is a concept that involves acting on and valuing an individual’s interdependence and sense of belonging. In other words, it is the degree to which we extend hospitality and affection to one another. Social inclusiveness reflects the connections among people and organizations within a community and a sense of belonging, mutual trust, reciprocity, collective identity, bonds between people, a shared future, and collaboration (Flora, Emery, Fey, & Bregendahl, 2005). The social aspect of the environment may explain whether an LGBT aging adult feels comfortable being honest about his or her sexual orientation (Sullivan, 2011). Older individuals who were supported by people who knew of their sexual orientation had higher levels of satisfaction with their support and felt in control of their loneliness compared to those who were supported by people who were unaware (Grossman, D’Augellie, & Hershberger, 2000).

**Socioemotional Selectivity Theory to Build Inclusive Communities**

A person’s environment includes both the physical space and social network and has been shown to have a significant impact on a person’s ability to age successfully. Theoretical
models help explain how a person-environment can assist or hinder successful aging. Helliwell and Putnam (2004) described social capital as the concept that social networks provide support for people. Social capital and theoretically related variables, such as trust of social networks, are associated with happiness and life satisfaction directly and through their effects on health (Gratwick, Jihanian, Holloway, Sanchez, & Sullivan, 2014).

Socioemotional Selectivity Theory builds on the idea that social networks provide value to a person. A fundamental principle of this theory involves how the perception of time affects how people regulate their social environment and that individuals who perceive their time as finite (such as aging adults) choose to spend their time optimizing relationships that are most emotionally fulfilling (Carstensen, Isaacowitz, & Charles, 1999). This theory suggests LGBT aging adults may not access senior living services because they do not trust the social environment in which services are delivered or do not perceive potential relationships in these contexts to be emotionally supporting or fulfilling. Sullivan (2011) found that an LGBT-accepting social environment played a significant role in an LGBT aging adult’s decision to enter senior housing and their sense of safety to increase their social networks. The need for assisted living service providers to be openly supportive of LGBT aging adults and for services that can strengthen and expand supportive social networks is evident. For LGBT aging adults, the characteristics of a positive social environment may expand including the absence of fear, discrimination, and stigmatization.

**Factors That Create Inclusiveness**

Researchers have identified several factors that should be included for an assisted living community to be inclusive of LGBT aging adults (Croghan et al., 2015). The first is awareness of the historical challenges LGBT aging adults have encountered and an understanding of the
challenges they face in accessing senior living. The second factor focuses on knowledge to increase awareness and understanding among staff. A third factor is around the need for protections that are specifically focused on LGBT aging adults. Lastly, the assisted living communities must understand the ways in which to increase inclusiveness.

**Awareness of LGBT Challenges.** The LGBT population of those aged 65 and older continues to grow in the United States. Aging service providers need to understand the housing needs and preferences of LGBT adults as they age. LGBT aging adults are at risk of avoiding and missing out on senior living services based on legitimate fears that they will experience discrimination. A study by Brotman et al. (2003) indicated that LGBT older adults are significantly less likely to access needed health and social support because of their fear of discrimination. This is most pronounced in situations where they are the most vulnerable, such as when seeking long-term care services or placement in a residential facility (Gendron et al., 2013). LGBT aging adults fear being forced back into the closet or not coming out of the closet when they move into an assisted living community. For some seniors, the emotional stress caused by real or perceived heterosexism and homophobia is an impetus to return to the closet, which can lead to isolation and further marginalization (Burbank & Burholder, 2006). In a 2005 Washington State study of gays and lesbians of all ages, 73% of respondents believed that discrimination occurred in retirement care facilities, and one-third (34%) would “go into the closet” if they entered a retirement community (Johnson et al., 2005). Readers should acknowledge the fear and discrimination LGBT aging adults faced, as well as how historical social experiences and events have an impact on the social environment.

**Factors to Increase Awareness and Understanding.** Research has indicated that cultural competency training among organizations is an effective method of providing LGBT
aging adults with safe and friendly communities (Porter & Krinsky, 2014). The overall purpose of the cultural competency-training curriculum is to improve service providers’ knowledge, skills, and attitudes regarding the cultural norms and needs of the LGBT aging population (Fredriksen-Goldsen et al., 2014). Cultural competency training is perceived to increase the knowledge of LGBT fears and challenges when it comes to accessing aging services. In a study by Leyva, Breshears, and Ringstad (2014), participants who attended cultural competency training increased their knowledge regarding the experiences of LGBT older adults, increased knowledge of the medical and mental health needs of this population, and had a greater awareness of the ways in which service providers could make their service organizations more LGBT friendly.

Attitudes, beliefs, and intentions of elder service providers can be positively affected as a result of attending cultural competency-training. Porter and Krinsky (2014) evaluated a training workshop on LGBT aging developed for service providers of older adults. The particular goal of the study was to measure changes in knowledge, attitudes, and behavioral intentions as a result of participation in the training (Porter & Krinsky, 2014). The study consisted of data collected from four LGBT cultural competency-training events held in Massachusetts. The results revealed a significant increase in awareness in knowledge, attitudes, and behavioral intentions of the elder service providers who completed the training. These results support the value of cultural competency training as a factor in creating safe and welcoming LGBT assisted living communities.

Factors to Increase Protections. To create a community where LGBT aging adults will feel safe and secure, assisted living organizations also need to create policies and procedures that prohibit discrimination. These factors are evidenced in a study conducted by Jihanian (2013)
where participants expressed that senior living organizations’ adoption and enforcement of policies that forbid discrimination against LGBT older adults are necessary for LGBT elders to feel safe coming out or even accessing senior living services at all. While discrimination based on sexual orientation is prohibited in Massachusetts, it remains important for assisted living communities to adopt policies and training requirements that support LGBT aging adults. State regulatory bodies that govern assisted living are yet to mandate required training and protections for LGBT aging adults. The state currently requires training on a variety of other topics that impact the aging adult. The training topics currently required by the EOEA include elder abuse and neglect but none addresses discrimination specifically or discrimination based on sexual orientation or gender identity.

**Factors to Increase Inclusiveness.** In a recent study by Sullivan (2014), researchers interviewed residents living in an LGBT-specific senior living community to better understand why they chose to live in that community and what, if any, benefit the community afforded them. In this study, the theme of acceptance was paramount for LGBT seniors to feel included. Participants discussed the feeling that they were equal to any other person. Thus, the socioemotional theory played a central role for participants. The social aspect of their environment produced successful behaviors, such as the desire to be inclusive of heterosexual seniors, development of new support networks, and the development of intimate (non-sexual) relationships. Acceptance provided a foundation that allowed for openness. Participants reported comfort in the inclusive environment created by the senior living community. The respondents felt safe to live out of the closet and denied the existence of stigma and homophobia that often leads to LGBT aging adults remaining in the closet. The safe environment and the social support
network allowed some residents to come out of the closet and openly identify as LGBT for the first time in their lives (Sullivan, 2014).

In their research, Croghan et al. (2015) sought to provide evidence-based recommendations through a survey-based study exploring what LGBT individuals define as the elements of a culturally competent or welcoming service environment. A comprehensive needs assessment relating to LGBT aging was conducted among LGBT aging adults. The researchers identified several LGBT-welcoming factors. These factors create a conceptual framework of what is needed to build a community inclusive of LGBT aging adults and include the following:

- Partner acknowledgment through verbal and nonverbal communication from the provider that explicitly acknowledges the client’s partner and treats the partner as a spouse.
- Paperwork has LGBT inclusive language and options.
- Practitioner behavior demonstrates comfort when talking about LGBT issues and relationships.
- Intake and interviewing language used during initial interactions, intakes, and interviews are LGBT inclusive and welcoming. Heterosexuality is not assumed through conversation or forms.
- On-site visual cues that are LGBT-welcoming convey LGBT issues and identities, and convey inclusiveness and equality are present. These cues include posters, signs, stickers, flags, advertisements, artwork, literature, pictures, or photos of same-sex couples and diverse families.
- Specific signs and symbols include the rainbow, triangle, and Human Rights Campaign logo.
- Language used throughout the organization is LGBT-welcoming. It includes explicit statements of non-discrimination, policies or mission statements that are non-discriminatory, and the provider explicitly states it is LGBT-welcoming.

- Marketing, advertising, and outreach communications are inclusive and LGBT-welcoming.

- Recommendations and reputation of the provider affirmed personally by friends and others. The provider or organization has a reputation for being LGBT-welcoming.

- Staff training indicates they received LGBT sensitivity training, which is known by residents.

- LGBT-identified staff are employed at the provider location or indications that LGBT staff is welcome.

The presence of diverse symbols is also important because it indicates the community recognizes and respects different perspectives or points of view. The use of visible symbols of acceptance, such as a rainbow flag or pink triangle promotes nonverbal messages of safety and inclusiveness for members of the LGBT community (Ayres & Brown, 2011). Differences are acknowledged as a source of pride and are not hidden because they somehow detract from the community. On the community level, inclusiveness is the ability to discuss issues altogether and come to conclusions, with a key aspect of strengthened relationships resulting from increased dialogue and mutual respect. As a result, developing an inclusive community and ensuring staff members are culturally competent to the needs of LGBT aging adults is critical.

Knowing to ask, and more specifically how to ask, about an aging adult’s sexual orientation or preferred gender pronouns will help in creating a welcoming and empathic environment based on understanding (Crisp & McCave, 2007). Forms that allow for more
inclusive language of diverse sexualities and gender identities also send the message that an organization has awareness and a willingness to appropriately serve this population (Richmond, Burnes, & Carroll, 2012). Being able to overcome biases about aging adult’s sexuality will help provide support that is more effective. Asking permission to talk about sexuality with an aging adult conveys sensitivity and respect, while placing the control in the hands of the aging adult (Hilliman, 2008).

Literature suggests it is common for assisted living providers to lack education and training on the specific needs of LGBT adults (Gendron et al., 2013). Many assisted living providers never consider that aging residents living within their community may identify as LGBT. Those who do not reveal their sexual orientation may not have the tools to openly identify compared to those who are already openly identifying in regards to their orientation (Fredriksen-Goldsen & Muraco, 2010). A study by Brotman et al. (2003) indicated that LGBT aging adults are significantly less likely to be openly identifying. The research literature suggests that LGBT aging adults want to live in an environment that is open and affirming of LGBT orientation and provides a social support system that affirms their identity (Jihanian, 2013). For LGBT aging adults to live openly, they need to feel accepted and safe within the environment and social network of the assisted living community. To achieve inclusiveness, assisted living organizations need to understand factors that will create inclusiveness among the LGBT population. Due to the lack of knowledge, assisted living organizations are likely not creating inclusive communities and therefore are not prepared to care for LGBT aging adults (Jihanian, 2013). Research is needed that will aid assisted living organizations to create communities that are inclusive of the LGBT aging population.
Massachusetts Assisted Living

For more than a quarter century, Massachusetts has led the fight for equality for the LGBT population. Ten years after it became the first state to legalize marriage for same-sex couples, Massachusetts continued in this tradition in August 2013. Massachusetts Governor Deval Patrick signed into law Chapter 38 of the Acts of 2013, an Act making Fiscal Appropriations for the Fiscal Year of 2014 for the Maintenance of the Departments, Boards, Commissions, Institutions, and Certain Activities of the Commonwealth. Section 186 of this Act established a special Commission charged with (a) examining the impact of state polices and regulations on LGBT older adults and making recommendations ensuring equality of access to treatment, care and benefits; (b) increasing provider awareness of the needs of LGBT older adults and caregivers; (c) enhancing programming and services for LGBT older adults; and (d) examining best practices (in Massachusetts and other states) for improving the quality of life for LGBT seniors.

In 2015, the Massachusetts LGBT Aging Commission published its report, identifying five major areas that need to be addressed in order to effectively care for the LGBT aging population. The five areas of recommendation include long term support services, housing, public health, senior centers and community engagement, and legal considerations. Those recommendations specified that the Massachusetts Executive Office of Elder Affairs (EOEA) develop best practice standards for LGBT inclusive senior housing programs. To date, policy recommendations to increase LGBT inclusiveness have not been implemented.

The literature has identified components that create LGBT inclusive environments and ways to increase LGBT cultural competency among aging service providers. However, there is a gap in the literature that provides operational best practices, which an assisted living community
needs to specifically adopt to be inclusive of the LGBT population. There currently are no operational guidelines that can be implemented by the assisted living community to be more inclusive. Assisted living communities are not likely to develop these guidelines individually and therefore these recommendations should come from the EOEA in the form of regulation.

It should be noted, that there are be several definitions of ‘best practice.’ According to Perleth, Jakuboswki, and Busse (2001), ‘best practice’ as it relates to healthcare, is the best way to identify, collect, evaluate, disseminate, and implement information about as well as to monitor the outcomes of healthcare interventions for population groups and defined indications or conditions. In the context of senior living housing policy, ‘best practice’ will refer to the procedure that has been shown by research and experience to produce optimal results and that is established or proposed as a standard suitable for widespread adoption. It is my aim to identify best practices that if adopted by assisted living communities across Massachusetts that over time would create LGBT inclusiveness.

To develop a framework of best practices to foster LGBT inclusiveness in Massachusetts’ assisted living facilities, the literature suggests the following three critical research questions:

1. What are the essential features or best practices in a model LGBT inclusive assisted living community in the United States?
2. How can other communities adopt these practices in order to create more inclusive and equitable assisted living communities across the state?
3. What state level assisted living regulations will promote best practices by the facilities, creating LGBT inclusive communities to ensure that Massachusetts remains a leader in promoting equality among the LGBT aging population?
Chapter 3

Method and Research Design

Theoretical Framework

Socioemotional selectivity theory was selected to help guide this study and to aid in the analysis of the findings. At its foundation, this theory builds on the idea that social networks provide value to a person. A fundamental principle of this theory involves how the perception of time affects how people regulate their social environment. Individuals who perceive their time as finite (such as aging adults) choose to spend their time optimizing relationships that are most emotionally fulfilling (Carstensen et al., 1999). The implication of this theory is that LGBT aging adults may not access senior living services because they do not believe them to be emotionally supporting. LGBT aging adults do not trust the social environment in which services are delivered or do not perceive potential relationships in these contexts to be emotionally supporting or fulfilling. This would be consistent with Sullivan (2011) who found that an LGBT-accepting social environment played a significant role in LGBT aging adults’ decision to enter the senior housing and their sense of safety to increase their social networks.

Research Design

The goal of this study was to develop best practice standards in creating LGBT inclusive assisted living communities in order to make recommendations to the Massachusetts Executive Office of Elder Affairs (EOEA). A multiple case study approach was used to answer the research questions. The multiple case studies focused on three assisted living communities identified through their reputation within the assisted living industry. This approach allowed the researcher to understand phenomena within context, in this case the factors that contribute to an LGBT inclusive assisted living community. This in-depth approach allowed for the construction and
interpretation of the communities’ own reality and offered the opportunity for the communities to tell their experiences through their unique and individual perspective. Case studies are useful in examining outliers or trying to understand why certain cases fail to conform to existing frameworks or run contrary to common beliefs (Yin, 2013). The particular case study approach used here prevents generalization of the findings. However, the purpose of the study was to understand LGBT aging issues and to develop best practice standards for LGBT inclusiveness in assisted living communities. In-depth interviews assisted in achieving a deep understanding of how assisted living communities are preparing to care for LGBT aging adults.

My project posed three research questions:

1. What are the essential features or best practices in a model LGBT inclusive assisted living community in the United States?

2. How can other communities adopt these practices in order to create more inclusive and equitable assisted living communities across the state?

3. What state level assisted living regulations will promote best practices by the facilities, creating LGBT inclusive communities to ensure that Massachusetts remains a leader in promoting equality among the LGBT aging population?

The research questions required the collection of data through semi-structured interviews with staff in three assisted living communities characterized by varying levels of LGBT inclusiveness. These included in-depth discussions on what practices, if any, were in place that contribute to LGBT inclusiveness. This process sought to identify factors such as LGBT education and awareness among staff and the community. In addition, it explored whether internal policies or procedures were in place that provided specific protections towards LGBT aging adults that ultimately enhance inclusiveness. Participants were asked to provide any
written internal policies or procedures they reported as having in place that further protected LGBT aging adults. I also asked for any state regulations that may have specific language around LGBT aging practices.

The research project also included two pilot studies of preliminary research projects designed to test out certain research questions, prior to establishing the three research questions for this study. These pilot studies included (a) examining whether assisted living communities in Massachusetts felt that they were prepared to care for LGBT aging adults, and (b) whether they were aware of challenges LGBT aging adults face in accessing assisted living services. They helped to provide a preliminary understanding of the issue and helped to further shape the research questions and the measurements used in the study.

My research identified four areas to measure in order to provide an overall level of inclusiveness. The areas to measure were (a) awareness of LGBT challenges, (b) awareness of factors to increase understanding of cultural competency of the LGBT population, (c) awareness of factors that increase protections, and (d) awareness of how to increase community inclusiveness. These operational metrics could be used to assess the assisted living communities’ level of preparedness in creating an inclusive environment. These measures were compared against factors identified through the literature review and identified in Table 3.1.

<table>
<thead>
<tr>
<th>Measures</th>
<th>Definition</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness of LGBT Challenges</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge of LGBT population.</td>
<td>An understanding of the LGBT aging population including past social issues and the LGBT movement.</td>
<td>Articulate the knowledge of the LGBT terms, population, and norms.</td>
</tr>
<tr>
<td>Understanding of LGBT challenges.</td>
<td>An understanding of the challenges that LGBT aging adults have in accessing senior living. This would include the fears, anxiety, and apprehension rooted in their fears.</td>
<td>Articulate the specific challenges that LGBT aging adults have in accessing senior living. This will include their fears of abuse and neglect by staff and from other residents.</td>
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</tbody>
</table>
### Table 3.1. *Operational Measures* (cont.)

<table>
<thead>
<tr>
<th>Measures</th>
<th>Definition</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Awareness of LGBT Challenges</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Articulate differences in LGBT aging adults to heterosexual aging adults.</td>
<td>LGBT aging adults are likely to have a different set of challenges and fears compared to those heterosexual counterparts.</td>
<td>The community understands and is able to articulate the differences that LGBT adults face compared to the heterosexual counterparts. They will indicate that not all aging adults are the same.</td>
</tr>
<tr>
<td>Determine that the concern is important to address.</td>
<td>A determinant in whether the issue is important to address.</td>
<td>The commitment to learning more about this issue and learning ways to start to better prepare the community.</td>
</tr>
</tbody>
</table>

| **Factors to Increase Understanding of Cultural Competency** | | |
| Education program topics to staff. | Providing education to staff on the LGBT population and history as well as challenges that LGBT aging adults may have in accessing senior living. | Whether there are currently any education programs or resources available to staff to learn more about the LGBT population and LGBT aging adults. |
| Education program topics to residents. | Providing education to residents on the LGBT population and history as well as challenges that LGBT aging adults may have in accessing senior living. | Whether there are currently any education programs or resources available to residents to learn more about the LGBT population and LGBT aging adults. |
| Training requirements for staff. | Training on topics including hands on training, live in-services that are aimed at increasing cultural competency and understanding of LGBT aging adults. | Evidence of annual staff training and in-service topics including topics of LGBT aging adults. Includes cultural competency training. |
| Training requirements for residents. | Training on topics including hands on training, live in-services that are aimed at increasing cultural competency and understanding of LGBT aging adults. | Evidence of annual resident training and in-service topics including topics of LGBT aging adults. Includes cultural competency training. |

| **Factors to Increase Protections** | | |
| Policies aimed at LGBT aging adults specifically. | Policies that provide clear expectations and goals of how communities will address LGBT aging concerns. | A policy that the community has in place that offers further protections and the importance of identifying concerns that impact LGBT aging adults. |
| Procedures aimed at LGBT aging adults specifically. | Procedures that give clear guidance on how a community will handle operations as they encounter challenges or issues involving LGBT aging adults. | A procedure on how a community will respond to operational situations that arise concerning an LGBT aging adult. |
Table 3.1. Operational Measures (cont.)

<table>
<thead>
<tr>
<th>Measures</th>
<th>Definition</th>
<th>Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community anti-discrimination policies that include LGBT adults.</td>
<td>A community’s anti-discrimination policy that specifically addresses sexual orientation and gender identity.</td>
<td>Specific mentions of LGBT equality protections within the community’s anti-discrimination policies.</td>
</tr>
<tr>
<td>State regulations that specifically address the LGBT population.</td>
<td>A state regulation requiring the community to comply with standards that address LGBT aging.</td>
<td>State regulation requirements including training and education topics or written policies in place on how to address LGBT concerns.</td>
</tr>
</tbody>
</table>

Factors That Increase Community Inclusiveness

| Openly identifying LGBT aging adults living in community. | A resident residing in the community that openly identifies as LGBT. | The community has resident(s) who openly identify within the community. |
| Openly identifying LGBT staff members. | Staff member(s) that openly identify as LGBT. | The community has staff member(s) who openly identify within the community. |
| Inclusive language in forms. | All forms used by the community including admissions, business office forms, and wellness specific forms include language that is inclusive of LGBT aging adults. | Forms that are used in all areas of the community are free of heterosexual assumptions regarding gender and marital status. |
| Inclusive language in marketing information and packets. | Inclusive language that is absent of heterosexual normative language. | Marketing materials include the direct mention of the community’s focus in caring for LGBT aging adults. |
| Recognition of LGBT events and traditions. | The recognition of cultural events and details that are unique to the LGBT population. | Community practice and events that include social norms, historical events and social discussions on issues that affect the LGBT aging population. |
| Symbols. | The recognition of certain symbols that indicate the community is LGBT friendly. | The community has present symbols that are identifiable within the LGBT community to signal friendliness. |

**Proposition.** My proposition was that assisted living communities lack understanding and awareness of the factors needed to create LGBT inclusiveness. I anticipated assisted living communities were unable to articulate the specific challenges that LGBT aging adults face in accessing senior living and furthermore lacked an understanding of the differences compared to heterosexual aging adults. In addition, I believed that assisted living communities in Massachusetts, overall, lacked attributes that contribute to overall preparedness and inclusiveness designed to care for the LGBT aging population. It is possible that assisted living communities...
are not aware they are currently serving LGBT aging adults due to the likelihood of aging adults not openly identifying within their community. This could be a factor in which the assisted living community does not identify the need for LGBT training and education. In addition, it is possible that some assisted living communities are not inclined to market toward the LGBT aging population for fear of alienating potential clients who might not be accepting of LGBT individuals.

Data Collection. A multiple case study approach was used to answer the research questions. The case study focused on three assisted living communities identified through their reputation within the assisted living industry. Two communities were located in Massachusetts and a third community was located in California. The three assisted living communities were chosen based on the following criteria:

- Community A: A community that provides a high quality of services, has a reputation in the market to being LGBT friendly, makes no efforts to market the LGBT population specifically, may have a small number of residents who openly identify as LGBT, may have a small number of staff who openly identify as LGBT. A community size between 20-60 resident apartments, and offers traditional assisted living service.
- Community B: A community that provides high quality care but makes no effort to market the LGBT aging population and makes no efforts to understand the LGBT population through education, training, or programming. A community size between 20-60 resident apartments and offers traditional assisted living services.
- Community C: A community that serves as a model LGBT inclusive community that markets directly to the LGBT aging population, that claims to be LGBT friendly, has residents who openly identify as LGBT, and staff members who openly identify as
LGBT, and whose commitment to caring for LGBT aging adults is evident in their goal or mission statement. A community size between 20-60 resident apartments, and offers traditional assisted living services.

Data was collected through face-to-face and telephone, semi-structured interviews with staff in three assisted living communities. Staff participants within the organization were recruited without regard to age, gender, race/ethnicity, or socio-economic status. Participants included the executive director, managers, and frontline/direct care staff. The goal was to provide a cross section of views among different levels of management and roles within each community. The recruitment of staff was based on the following three inclusion criteria:

- **Executive Director**: The Executive Director of the community who has regulatory compliance responsibility. The aim was one executive director in each community.
- **Manager**: A manager who manages a department within the organization. The aim was 1-3 manager participants within each community.
- **Front line/Direct Care Staff**: Staff who work directly with aging adults within the organization. This might include certified nursing assistants, home health aides, activity assistants, and nurses. The aim was 1-3 front line/direct care staff participants within each community.

Interviews included an in-depth discussion on what current practices were in place, if any, that contribute to LGBT inclusiveness. In-depth discussions attempted to identify any factors such as LGBT education and awareness among staff and the community. In addition, interviews explored whether internal policies or procedures were in place that provide specific protections towards LGBT aging adults that ultimately enhance inclusiveness.
Data collection in case studies typically includes six common sources: documentation, archival records, interviews, direct observations, participant-observation, and physical artifacts (Yin, 2013). Data collection in my case studies consisted of only interviews with participants. Due to travel and schedule challenges, I was unable to conduct interviews in person for Community C. In addition, there were concerns with confidentiality by only being able to offer meeting times with participants within Community C’s physical space. Twelve individuals participated in, live in-person interviews and three interviews took place over the phone. The interviews ranged from 30-90 minutes, with an average interview of 40 minutes. The interviews took place over a period of two months, from mid-January 2017 through mid-April 2017.

A semi-structured interview guide was established based on my literature review and my established measures. The interview guide served as the primary instrument for my interviews (see Appendix C). Questions focused on the four measures: (a) awareness of LGBT challenges, (b) factors to increase awareness and understanding, (c) factors to increase protections, and (d) factors that increase community inclusiveness. Depending on the participant, the interview guide was adjusted, focusing on the participant’s knowledge and expertise. Some may not have been aware of specific factors, practices, policies, and procedures involving their community.

All interviews were recorded and uploaded to Rev.com for transcription. The transcripts were then cleaned to ensure confidentiality and accuracy, and organized by the researcher. My initial codebook was used to organize the data (see Appendix B). Some codes emerged through the interviews that were not part of my initial codebook and were added during the coding process. Other codes were further refined and developed based on a rigorous review of the data following the completion of interviews. These data sets helped to establish my analytic themes. These themes were then used to help address the three research questions.
**Data Analyzed.** The collected data was analyzed by identifying themes using manual descriptive coding. Data was examined using a thematic analysis approach in which instances, topics, and subjects were allowed to emerge from the data. These topics were then aggregated into themes. Once completed, I then compared factors identified in the results to those that current research indicates are needed within a community to become more LGBT inclusive and better prepare them in caring for LGBT aging adults.

**Limitations.** The research design has some limitations. The first is that the research may or may not be consistent with the change in social acceptance of LGBT culture over time. The current aging LGBT adults referred to as the “Silent Generation” experienced a period in society when oppression against the LGBT community was at its height. As a new age group cohort of LGBT adults age and begin to seek out senior living services, they may have been less impacted by discrimination and oppression, therefore, have different concerns. The continued growth in social acceptance of LGBT culture by staff may also evolve over time with less fear about potential challenges. Researchers face a changing social environment where acceptance and legal protections may vary from state-to-state and month-to-month.

A second limitation is the different characteristics of the communities recruited. Factors such as location, size, profit/non-profit, and type of community may have an impact on inclusiveness. These factors have the ability to affect the level of social acceptance and competence a community and staff have. The communities selected to participate were classified as assisted living providers only. The Senior Living industry has a variety of classifications including independent senior living, assisted living communities both traditional and memory care specific, as well as skilled nursing centers that have the potential to have different needs and concerns.
A third limitation is that no demographic data was collected on the participants within each community. Participants were identified by their position within the community, but no further classification was gathered such as age, gender, sexual orientation, or education level. These characteristics could provide insight to the degree of comfort and knowledge the staff has about the LGBT culture and challenges faced. An additional limitation of this research is whether assisted living community staff had an understanding of their best practices such as policies and systems and their subsequent impacts towards the fears of LGBT aging adults. In addition, respondents may not answer honestly or embellish their answer out of fear of being negatively judged if they perceive their answers are not positive in their preparedness of caring for LGBT seniors.

Other limitations spoke to the complexity of defining populations by sexual orientation or gender identity. Although terms such as lesbian, gay, bisexual, and transgender appear to define this population, many individuals identify outside these categories. The focus of this research was on the general label of LGBT, not one gender identity or sexual orientation specifically. There was no focus on how a community could create inclusiveness of a particular sexual orientation or gender identity label. In addition, sub-demographics such as race and ethnicity within the LGBT population were not considered individually. In addition, when aging adults do not openly identify as LGBT, they are mostly invisible to the organization and therefore a community participant may not see this issue as relevant.

Lastly, a limitation is that this study intended to identify best practices and factors that increase LGBT inclusiveness. This study did not measure the impact of defined practices and factors to the level of inclusiveness that LGBT aging adults experienced as a result. The best practices and factors identified were compared to current literature on this topic.
**Ethical Issues.** My research project was reviewed and approved by Northeastern University’s Institutional Review Board (IRB) on December 20, 2016 (see Appendix A for IRB approval and supporting materials). After receiving signed permission from the institution, I retrieved the contact information of the Executive Director who oversees each of the three assisted living communities. Some of these individuals were part of my personal and professional senior living network. As part of my IRB, each potential Executive Director received an emailed letter describing my project, as well as the unsigned consent form. These documents informed them there were minimal foreseeable risks or discomforts to them, that there would be no direct benefits to them, and that their participation would be voluntary. The documents also described that the interviews would be held in a confidential manner. Once the Executive Director of the community agreed to participate, I then asked the Executive Director to forward the introductory email on to managers and front line/direct care staff to solicit participation.

I conducted all interviews. These interviews took place at the location the participant chose. Participants were informed before the interview began that if they did not care to answer a question they were under no obligation to do so and could ask that the interview move on to another question. All participants were informed of these conditions. I recorded the interview with an audio recorder, took notes with a journal, and transcribed the information upon completion using Rev.com transcription services. Once transcripts were received, the data was cleaned to ensure accuracy and to remove any identifiers before manually coding.

The transcripts of these interviews have been kept on a password-protected computer and all efforts have been made to keep them secure throughout the research process. The identity of the individuals and the assisted living community name will not be used in any publications from
this study. This data is secured in the student researcher’s computer through password protection. Only the Principal Investigator and the Student Researcher have access to this password-protected data. Original transcripts with identifying information were destroyed after the defense of the thesis. Audio records of the consent to participate are kept for three years as required and then destroyed. Data and transcripts are maintained for future use.
Chapter 4

Results

Overview

Qualitative analysis seeks to identify concepts that help us understand social phenomena in natural (rather than experimental) settings, giving due emphasis to the meanings, experiences, and views of the participants (Pope & Mays, 1995).

To explain a phenomenon, researchers look for and find categories in the data that describe the phenomena and the overall theme of the data (Morse, 2008). My analysis of the interview transcripts resulted in four key themes in response to my research questions. I present a series of different responses and draw linkages between these examples and previous literature on inclusiveness among LGBT aging adults in senior living communities. In this section, each category is explained with quotes from participants. The categories are connected to the overall theme of inclusiveness.

Participants

Interviews were conducted with 15 individual participants working at three assisted living communities offering traditional assisted living care. The communities ranged in size from 20-60 resident apartments. The participants from each community included three layers. The first layer comprised the leadership of the organization to include the executive director. The second layer comprised of middle management to include a variety of positions such as nursing manager, activity manager, and care manager. The third layer comprised of front line staff to include direct care staff, activity assistants, and front desk attendants.

Community A

Community A is an assisted living community that does not make an effort to market to the LGBT aging population and is aware of serving a small number of aging adults who openly
identify as LGBT. This community is in Massachusetts and at the time of the interviews was serving 52 residents and offering traditional assisted living services. The community participants included the executive director, two managers, and three frontline staff. The interviews conducted at Community A yielded data that is categorized into four themes.

**Theme of Awareness of LGBT Challenges.** The data revealed the majority of participants were unable to describe the sexual orientations that make up the LGBT community. Data revealed managers and frontline staff participants were unable to describe the LGBT culture and were not aware of challenges the LGBT population has experienced. The executive director displayed an understanding of the challenges LGBT aging adults face, although not all participants displayed this understanding. The Executive Director A stated, “I think that seniors of this era went through a time where it wasn’t acceptable or wasn’t accepted by society have a different sexual preference.”

The managers and frontline participants were unable to articulate the fears or challenges LGBT aging adults may have in accessing assisted living; therefore, did not identify the problem as significant. The executive director described the fear of acceptance as a potential factor along with fear of mistreatment.

I would think probably mistreatment. Or fear of the unknown because you are relying generally on people you don’t know to care for you. And that can be a scary thing because you don’t know what somebody’s moral fiber is until you get to know them. (Executive Director A)

Participants discussed residents might want to hide their sexual orientation because of past experiences of being judged and fear of not being accepted by others. However, participants did not consistently report this. The participants were unable to articulate the difference in needs of LGBT aging adults compared to heterosexual aging adults. A participant expressed that it would be beneficial for staff to know an aging adult's sexual orientation, and reporting it would
help them provide better care and meet the needs of the LGBT resident. However, the majority of staff felt that knowing was not necessary if the resident was not comfortable with sharing. Manager A stated, “It might help a little if they are willing to share. Like maybe they are not comfortable with a male person taking care of them, and vice versa. So it might help knowing.”

Participants felt that a person's sexual orientation would not have an impact on how they provide care. Frontline A stated, “It is their choice, and my job is to provide care for them, so their sexuality doesn’t have anything to do with me providing assistance like showering or dressing.” This was also stated by frontline staff A, “Regardless they are still going to get the care that they deserve. Whatever I can do for them I will.”

Participants did not express that there should be specific LGBT assisted living communities. However, they understood that residents might feel more comfortable and accepted if there were LGBT specific communities.

I don’t think they should be separated. If anything, I think maybe the community should talk a little more openly about the LGBT community, just so residents that are not aware, or are old-fashioned would have more of an understanding, and it would be easier to get the two communities together. (Manager A)

**Theme of Increasing Understanding of Cultural Competency.** Data revealed there was no regular training or education provided to staff on LGBT-specific topics. In addition, residents were not provided with education on LGBT-specific issues. New hire orientation and annual in-service training did not include LGBT topics. The staff reported training on an LGBT topic provided once to all employees dating back approximately two years. The staff reported that a rabbi who was affiliated with the community delivered the training and was an open identifying lesbian and offered this training through an informal program. The data revealed the training was provided after an LGBT aging adult moved into the community. Manager A stated,
“The resident was already here, and we had a discussion on him moving in, and then shortly after that we had a general training.”

The participants were unable to describe a measurement in whether the training was successful and whether the training was provided to all staff or specific staff. Participants discussed education as the primary way in which the community could increase understanding of LGBT aging adults. In addition, participants reported that having open and informal discussions in the community on LGBT topics would be beneficial to increase understanding of LGBT aging adults. Respondents felt that transgender aging adults would have a difficult time in their community compared to others. Data revealed a lack of understanding from participants about a person who identifies as transgender.

A transgender is somebody like a male who dresses as a female and still have the male body parts. Maybe they are not comfortable. I think other residents might treat them differently. I would need to know more about them. (Frontline A)

**Theme of Protections of LGBT Aging Adults.** The data revealed the community lacked policies and procedures in how they would address an issue related to LGBT aging concerns. Participants were unaware of any state or federal protections that are specific to LGBT aging adults and were unaware of any EOEA assisted living regulations that address the topic of LGBT concerns. The data revealed the participants were unfamiliar with the community’s anti-discrimination policy and unable to articulate how it would apply to LGBT aging adults. Participants at all levels of the organization were unable to articulate factors that increase protections for LGBT aging adults to make them feel safe.

Participants described that training topics within their training programs were chosen from the list within the assisted living regulations. The front line staff was unaware how training
issues were determined by the organization. The executive director and managers reported that training or education beyond the required topics is reactive to adverse situations.

Theme of Inclusive Factors. The data revealed the majority of participants have never knowingly cared for an LGBT aging adult. The participants were aware of at minimum one gay male resident and other staff reported knowing two gay male residents living in the community. Managers and frontline staff reported that in both cases, the resident(s) did not openly identify themselves but the staff was told by visiting family members. The executive director reported that in both instances the resident openly identified to him directly. The data revealed there are currently no openly LGBT staff members working in the community.

Participants expressed they would not feel comfortable asking an aging adult their sexual orientation. In addition, staff reported they never have asked an aging adult their sexual orientation. Participants expressed that residents would likely feel comfortable telling them after rapport and trust was established. All staff reported they would not assume sexual orientation of a resident but instead wait to be informed by the resident. Manager A stated, “I think you would have to build that personal relationship with them before they would come out and tell you.” This was also expressed by Frontline A “There is no way of knowing unless they tell me.”

The majority of participants stated the community currently creates an environment that is accepting and where an LGBT aging adult would feel comfortable to openly identify as LGBT. However, participants were unable to articulate examples of how the environment is made to feel accepting. The Executive Director A stated, “Our staff is very warming and kind and many of the residents trust the staff. So I think our residents would feel confident.”

Participants reported to be unsure whether an LGBT aging adult who was not openly identifying, would feel comfortable in openly identifying after move-in. Manager A stated, “We
just don’t talk about sexual orientation here. We don’t have many residents who are gay so I’m not sure residents would feel comfortable.”

Some might stay hidden. Because they might think they get lesser treatment, lesser care and lesser support. This is kind of rooted in the fear of not being accepted or inclusive. I think it is all driven by fear and I am sure a lot of LGBT aging adults have had terrible experiences through their life that is caused by their sexual orientation. (Manager A)

Data revealed the community did not currently display symbols that would indicate the community was inclusive. However, two participants described that after an LGBT training was provided to the staff two years ago, the staff wore small rainbow stickers on their name badges. However, participants stated the stickers are not currently on the staff name badges. One participant was able to articulate the value of symbols and described the Star of David and a yamaka as a symbol that shows outsiders that there is a strong presence of Judaism faith in the community. Respondents were unable to articulate ways in which the community would alert someone outside of the community that their community was welcoming of LGBT aging adults.

Data revealed no advertising or marketing efforts were made towards the LGBT aging community. One respondent felt that marketing would help alert outside persons that the community is LGBT friendly. Participants did not describe any negative consequences for advertising or marketing towards LGBT aging adults. Half of the participants reported that if they were asked whether the community were LGBT friendly, they would respond yes. Those participants stated they would reference the fact the community is currently caring for a gay male as evidence.

The majority of staff members felt prepared in caring for the LGBT aging population; however, they were not able to articulate examples to support this claim. The executive director reported a trust factor that is evident among residents and staff as his example.
It is all culture. It is because our staff become family and our residents become family, and so, when you are with family there is a strength there. That strength leads to comfort and that comfort leads to communication. It may be safe to say that our organization is creating that sense of family that I described, that might be the reason why folks might self-identify later on, once they have been in the community. (Executive Director A)

One staff member stated the community was not prepared to care for LGBT aging adults and cited the front line staff as not being educated enough about the topic.

Some staff are not comfortable with gay people because of their different beliefs. Some of them are like Christian where they believe in a man and a woman is supposed to be together and not a woman and woman and a man and a man. I don’t think there is anything you can do to change that. (Frontline A)

One manager reported she would be concerned that some of the front line staff may not be as educated about the LGBT community and cited that some staff may have different cultural beliefs. “I really don’t think there would be any other problems other than a few of the front line staff with their cultural beliefs” (Manager A).

Staff reported their organization’s mission and values support providing care to the LGBT aging population. Respondents cited the community is primarily of Jewish faith and described the community as having a socially accepting mindset. The Executive Director A stated, “Since we are primarily of the Jewish faith, we have common past experience of discrimination and oppression that the LGBT community has had. Perhaps this is why our community is incredibly accepting.”

**Community B**

Community B is an assisted living community that does not make an effort to market to the LGBT aging population and is not aware of serving any aging adults who openly identify as LGBT. This community was located in Massachusetts, at the time of the interviews was serving 52 residents, and offered traditional assisted living services. The community participants
included the executive director, two managers, and three front line staff. The interviews conducted at Community B yielded data that is categorized into four themes.

**Theme of Awareness of LGBT Challenges.** The analysis of the participants revealed a basic understanding of who makes up the LGBT community at all levels of the organization including the executive director, managers, and frontline staff. Participants were unable to describe the LGBT culture and the significance it would have on an LGBT aging adult seeking an assisted living community. The executive director and the front line staff were minimally able to describe challenges the LGBT population face. However, the managers were unable to describe particular challenges this population has endured. The data revealed that participants were unable to articulate the particular challenges that LGBT aging adults face in accessing senior living. Participants did not consider the fears of LGBT aging adults accessing senior living to be a problem. In addition, they were unaware of the concern that aging adults may be living in their community and are afraid of openly identifying. However, all participants expressed there was more their organization could do to learn more about LGBT aging adults.

I think the assisted living community can do something to make them more comfortable. However, I don’t see that as a big problem. If it was a majority of our residents, if we had a large group of the LGBT community then yes we should make an effort, but I don’t think we should make it toward a single person. (Manager B)

None of the participants were able to describe the differences in regards to needs of LGBT aging adults compared to heterosexual aging adults. All participants reported that assisted living communities should not be different for LGBT aging adults and heterosexual aging adults.

I would just want it to be all-inclusive so I don’t treat them any differently but I think we need to have the resources to be able to provide whatever they need and if, say, they need like a meeting group for other LGBT in the assisted living community, we could do things like that. I don’t think we should be treating them any differently. I don’t think they should have separate facilities for either one. (Manager B)
Participants reported that an aging adult sexual orientation would not have a significant impact on how they personally care for an LGBT aging adult. However, they reported the community as a whole may be affected but were unable to describe in detail. There was a discussion that other residents who may not be aware of social issues might have a challenge. The majority of the participants expressed that it was not necessary for their community to be made aware of the aging adult's sexual orientation but felt it might help them provide better care. “I think the more you know the better you are able to care for that person and knowing their sexual orientation helps care for them” (Manager B). Frontline B participant reported, “I would want someone who would understand where I am coming from and avoid the “Oh I didn’t realize” moment while they are trying to help me get dressed or something.”

The managers and front line staff reported that knowing more about the LGBT culture and its importance would allow them to help better care for LGBT aging adults. There was a discussion among the participants that by knowing the past experiences of LGBT aging adults, it would assist them to plan their care more appropriately. The executive director felt that the nursing staff should be aware of a person’s sexual orientation or gender identity to better care for them. The nursing director also felt it is part of her role as the nurse to plan for their care socially and emotionally and this would be a major part of it. “I think it would be important for me to know so that I could keep an open dialogue to make sure their needs were being met” (Manager B).

The respondents felt that an organization should not make public a resident’s sexual orientation or gender identity if it is known. Participants felt that while it would be useful to learn, that the resident should decide if they felt comfortable for others to know. All participants reported they would not ask an aging adult their sexual orientation or gender identity, and have
never asked someone. The participants reported they would listen for terms such as the use of the word “partner” but would not assume sexual orientation. Frontline B participant stated, “I think it’s up to the resident. They would dictate what they would want or whom they would want to know and be aware of it.”

**Theme of Increasing Understanding of Cultural Competency.** The data revealed the community did not provide education or training to staff on LGBT-specific topics. In addition, residents living in the community were not provided with any education or training on LGBT-specific issues. The participants reported that no training topics were provided at initial orientation or through annual in-services. Participants reported they had not received formal training to increase understanding of cultural competency of the LGBT population.

Participants expressed their staff were comprised of compassionate caregivers who would display empathy and would treat LGBT residents with dignity and respect. However, the executive director and managers reported a need for better understanding of LGBT issues and challenges, particularly the lived experience of transgender LGBT aging adults. The executive director discussed the need for an open dialogue around this topic and expressed that training should involve all staff and residents. “I think it is hard for some people to understand transgender issues. Like why do they want to change and how they want to be addressed” (Executive Director B). All participants reported education and training as factors that would increase their cultural competency and understanding.

**Theme of Protections of LGBT Aging Adults.** The data revealed the community lacked policies and procedures in how they would address an issue related to LGBT aging concerns. Participants were unaware of any state or federal protections specific to LGBT aging adults and were unaware of any EOEA assisted living regulations that address the topic of LGBT concerns.
The data revealed the participants were unfamiliar with the community’s anti-discrimination policy and unable to articulate how it would apply to LGBT aging adults.

Participants at all levels of the organization were unable to articulate factors that increase protections for LGBT aging adults to make them feel safe. Participants described training topics within their training programs were topics chosen from the list within the assisted living regulation. The front line staff was unaware how training topics were determined. The executive director and managers reported training or education beyond the required topics would be reactive to an event that warrants further education or training by staff. Manager B stated, “If we notice that we have had an increase in an issue like dehydration, we will then conduct training on that topic. When we have issues, when we have repetitive issues.” The Executive Director B felt current policies around abuse and neglect would apply to all residents, not just LGBT specific. Data revealed the community has not considered polices or practices due to the fact that, to their knowledge, they have not cared for an LGBT aging adult or have had any cause for concern.

**Theme of Inclusive Factors.** Data revealed the community was not aware of current residents who identify as LGBT. Participants reported that the only way they would know if a resident were LGBT was if a resident had openly expressed it to them. The majority of participants reported having never cared for an LGBT aging adult. In addition, the majority of respondents reported knowing of at least one staff member who openly identified as LGBT. Participants reported they felt their community environment was supportive and caring and felt LGBT aging adults would feel safe to be open about their sexual orientation. However, participants were unable to articulate examples to support this.

Participants reported there to be no symbols in their community that would convey to the outside community their environment was inclusive of the LGBT population. Data revealed the
community did not make any effort to market or advertise to the LGBT population. The community participants discussed that by marketing towards the LGBT aging community, that it would have a positive impact of diversity on their community. Participants also discussed the possibility of adverse consequences for marketing towards LGBT in the sense that some potential residents may choose not to move into their community or current residents would become upset and move out. Frontline 2 participant stated, “With the generation of residents currently here, they may not understand it. They come from a different time and so they might react differently to that.”

The community reported they do not celebrate traditions or events that would be considered a celebration or acknowledgment of the LGBT culture. All staff reported their community as being unprepared to care for the LGBT aging population. The executive director and managers reported that training or education would be the primary factor to better prepare them to care for LGBT aging adults. The majority of the frontline staff was unable to provide ways to increase preparedness.

I don’t know what I don’t know. I feel like there is zero education or in-services about this type of thing. I think it will be challenging for someone to walk through the door and ask me if we are LGBT friendly. Because I don’t know and can’t guarantee we are. (Frontline B)

The community’s mission statement does not mention support of sexual orientation specifically, but respondents felt it would be supportive. The majority of participants reported that LGBT aging adults might avoid assisted living out of fear of judgment. The executive director and managers also felt LGBT aging adults would make efforts to hide their sexual orientation from assisted living staff and other residents out of fear of judgment and not fitting in. Participants discussed that LGBT aging adults would be more likely to fear judgment from other residents than of staff and therefore be the reason for not being open.
I think some might fear it and some may not. It depends on the persons, depends on their experiences in life and things that have happened to them and their history. I think if they had been treated badly they may be more scared. (Frontline B)

I feel it would be more with residents than with staff. Maybe it is just because of my age but I feel like the population that I grew up in is just very accepting and going through the schooling that I did we were always taught to care for the human, not to do anything different because of sexual orientation, spiritual, cultures, anything like that. I think just having my education, I feel like staff are more open. Which the residents, they may not have the education and background. They may not be as accepting of someone who identifies with LGBT. (Manager B)

One front line staff member suggested residents in the community would feel comfortable to openly identify once they have lived there for a while.

I think the people who work in my facility work very hard to make our residents happy and feel comfortable, and our staff, they love our residents. And I think they go out to of their way to help them, and so I think that we provide a very home like place. (Manager B)

Community C

Community C is an assisted living community, which serves as a model LGBT-inclusive community that markets directly to the LGBT aging population. The community claims to be LGBT inclusive and serves a resident population of majority LGBT aging adults. The community had a resident population of 24 residents at the time of the interview, offered traditional assisted living services and is in Southern California. Due to the small size of staff, participants included the executive director, one manager, and one front line staff member. The interviews conducted at Community C yielded data that is categorized into four themes.

Theme of Awareness of LGBT Challenges. The data revealed the community had a thorough understanding of the LGBT population, which included past social issues and experiences. Participants discussed an explicit knowledge of the LGBT culture. The participants discussed an understanding of the challenges that LGBT aging adults have faced in seeking out
assisted living. Respondents stated even though their community is LGBT-specific, there are still fears about living in a residential group setting and being accepted by their peers.

I think a lot of residents would be hesitant, LGBT seniors would be hesitant and nervous about how they will come out to staff and caregivers who aren’t gay. There are fears that they will be treated differently or judged. One gentleman told me that in a previous nursing home he was in, the nursing aid showering him was afraid to touch him because she thought since he was gay he had HIV. (Executive Director C)

Participants articulated differences in caring for LGBT aging adults as compared to heterosexual aging adults. Participants discussed that knowing the specific challenges of LGBT aging adults is a significant concern in caring for the aging population. Respondents discussed different social and emotional needs of LGBT aging adults and in some cases physical needs.

Our community sees several residents a year who are HIV positive. While I know that HIV can affect anyone, for this population I feel we see it higher in our community than maybe other assisted living communities would. I think that with this older population, it was more prevalent in the LGBT community. (Executive Director C)

The community participants expressed that in caring for the aging population, it is important to know their sexual orientation. Respondents reported that by knowing their sexual orientation, it allows staff to provide better care. The Executive Director C stated, “It is important because it allows the caregiver to provide more competent and sensitive care.”

When the staff is aware of the sexual orientation of our residents, it allows our caregivers to relate to the residents quickly. It also allows us to quickly understand their past experiences and how that has shaped their lives and potential fears they may have. (Manager C)

Data revealed participants had no experience in asking an aging adult about their sexual orientation. All participants described the community would be made aware when the resident chose to make this known. Respondents described that being an LGBT-specific community, residents were quick to openly identify to the staff and other residents of their sexual orientation or gender identity. Participants stated that due to their community being LGBT-specific, it was
unlikely that residents would feel a need to remain in the closet about their sexual orientation or
gender identity.

I don’t think we ever have a blunt conversation about it. You know we advertise in our
literature and when people come here and know we are LGBT focused they just feel
comfortable telling us. (Manager C)

Respondents stated having an LGBT-specific community would be beneficial.

Participants discussed the benefits of having a community where residents felt accepted and
included, and did not have to worry about being judged or treated differently.

A lot of our residents come to live with us because they like being in an atmosphere
where they are in their comfort zone. They feel very comfortable in this environment.
This is a safe place for them and they are not as worried about being judged or rejected
by others. (Frontline C)

Coming to our specific gay assisted living community, provides them a social outlet with
other seniors and develop sort of a new picture of what their life is about. I’ve seen
people who come here that have been home isolation or have been in traditional care
isolating themselves because their social interaction suffers. (Manager C)

I think it is hard for this generation of older adults to come out and live in a place where
they can live openly and be accepted. The idea of them having to go back into the closet
because they live in a mainstream assisted living is sad. Especially when other residents
who were the people who used to bully them or think of them as disgusting surround
them. (Executive Director C)

Participants expressed there is a need for assisted living communities to understand the
challenges LGBT aging adults face and provide an inclusive community. One respondent
reported, she wished more communities were LGBT-specific so that LGBT aging adults felt safe
and free from judgment.

**Theme of Increasing Understanding of Cultural Competency.** The data revealed the
community did not offer training or education on a regular basis on LGBT-specific topics. In
addition, LGBT specific training and education was not part of initial staff orientation or during
annual in-services. According to respondents, there was no formal training or education for
residents either. The community has not received training that was cultural competency based to increase understanding of LGBT issues. The participants reported the community having all LGBT aging adults and over half of the staff openly identifying as LGBT that they did not feel training was necessary, that staff and residents were aware of LGBT aging issues. Participants articulated factors that might increase understanding of LGBT aging adults including education, training, and open discussions so staff and residents can ask questions to increase competence. Participants reported their community does not offer training or education targeted towards the resident population.

We have had some of our older gay male residents who at first were rude and mean to our transgendered resident. It took some time and education but in the long run it improved very slowly. The challenge was particularly when the other residents would refer to “her” as “him.” (Manager C)

**Theme of Protections of LGBT Aging Adults.** The community stated they do not have policies or procedures that are unique to LGBT aging issues or concerns. The community reported having policies that address issues of abuse, neglect, or discrimination and reported this would be the policy applied to all adults regardless of sexual orientation. Participants confirmed they did not have policies that addressed the LGBT population specifically. Participants were unable to articulate state or federal protections for LGBT aging adults. The majority of staff was unaware of any state assisted living regulations that addressed concerns of LGBT aging adults. The executive director reported the state of California has recently included a four-hour training requirement on the topic of LGBT aging for the re-certification of the assisted living executive director. However, there was no mandated training for the community staff.

Participants were unable to articulate what factors are needed to make LGBT aging adults feel safe. Respondents reported training of new staff at the time of orientation and annual in-service on topics that are predetermined by state regulation. Additional training is conducted on
an as needed basis or after an acute event. Staff reported they have not had issues with staff refusing to provide care, stating this was due to the staff being aware of the community’s focus on LGBT residents before being hired.

**Theme of Inclusive Factors.** Data revealed at the time of the interview, 100% of the community openly identified as LGBT. Specifically, 21 gay men and one transgender woman lived in the assisted living community. Respondents stated that over half of the staff were openly identifying as LGBT. Participants reported the community creates a supportive environment where LGBT aging adults would feel safe and likely to be open about their sexuality. The community’s LGBT specific focus was a primary reason cited by respondents for why they believed they have an inclusive environment. Participants stated openly identifying staff was an additional factor contributing to residents feeling open and accepted due to the commonality of sexual orientation.

The community recognized events and traditions that were specific to the LGBT community such as pride month and National Coming Out Day. The community reported hosting several activities that involved discussions around the LGBT community and events related to this topic. The data revealed the community’s primary symbol for the outside community to identify them as being LGBT friendly, was a rainbow flag outside of their community. In addition, participants described an additional symbol suggesting LGBT friendliness was the geographical area and neighborhood in Southern California where their community is located, as being predominately gay.

The community marketed itself as an LGBT-specific community; however, the executive director reported that recently the community decided to be more inclusive of all sexual orientations including heterosexuals and have begun marketing themselves as inclusive for
everyone. The manager described a recent situation where heterosexual aging adults lived within their community; however, it was for a temporary short stay. The organization’s mission statement was targeted to provide senior living care to LGBT aging adults. The community expressed that while being LGBT-specific, there were potential aging adults who may not be interested in living in their community. However, the participants did not report this as a negative consequence, although it could be considered one. One participant described the only negative effect of being an LGBT-specific community is the community may be at risk for potential violence or vandalism if someone is looking to harm the LGBT community.

Participants described their community as being prepared to care for LGBT aging adults. Data revealed examples to support their claim that they are inclusive.

I think we are as prepared as anyone could be. I think that just like anything, you have to be open to improvement and evolving. We provide a community for LGBT aging adults to live openly and be genuine so they can establish relationships and friendships. (Executive Director C)

Yes, absolutely. We provide a community where LGBT residents can feel open and not worry about being out of the closet. We accept everyone and the gay community has always been a close community who take care of their own. We pride ourselves on being the best to care for the LGBT community. (Manager C)

**Conclusion**

The results presented in this chapter revealed the two traditional assisted living communities are less prepared to care for the LGBT aging population. This claim is evident through four main themes that emerged from the interviews with staff of these two assisted living communities. The themes identified suggested a lack of awareness of LGBT challenges and a lack of knowledge in methods to increase understanding of cultural competency. Also demonstrated was an absence of understanding of the protection of LGBT aging adults and inability to articulate the factors that create inclusiveness.
The third assisted living community identified as an LGBT-specific community and was more prepared to care for the LGBT aging population. Staff displayed an awareness of challenges faced by LGBT aging adults. While the community was able to articulate factors that increase understanding, there was a lack of formalized education and training programs to achieve this. The LGBT-specific community was unable to articulate factors that create protections. Staff reported their community was inclusive due to their status of being an LGBT-specific community. The community was able to describe factors that create inclusiveness within their community.
Chapter 5
Recommendations and Conclusions

Overall Summary

Purpose. The previous chapter presented the results of the participant interviews following data analysis. This concluding chapter begins with a brief summary of the findings that emerged from the data and analysis, followed by implications of the results, future research needs, and policy recommendations. The central aim of this thesis was to identify essential features or best practices for Massachusetts assisted living communities to adopt to create an inclusive environment for LGBT aging adults. This study sought to provide a starting point for what the state can do to better prepare to care for the LGBT aging population. To do this, I conducted a multiple case study of three assisted living communities, two in the state of Massachusetts and one LGBT-specific community in Southern California.

The research areas that formed the foundation of this study were fears and challenges LGBT aging adults have in accessing an assisted living community. While laws exist to deter discrimination among the LGBT aging community, there is still a fear among LGBT aging adults they will be at risk for abuse, neglect, and discrimination. In addition, there is a fear of rejection and exclusion, and many LGBT aging adults fear they will be forced to hide their sexual orientation or gender identity upon moving into an assisted living community. Therefore, LGBT aging adults may avoid assisted living communities and therefore be at risk for social isolation and unmet care needs.

This study used a multiple case study approach. Data was gathered by conducting semi-structured interviews with staff from three assisted living communities. Data was examined using a thematic analysis approach in which instances, topics, and subjects were allowed to
emerge from the data. These topics were then aggregated into themes. Once completed, I then compared factors identified in the results to what current research indicates as being needed within a community to become more LGBT inclusive and better prepared to care for LGBT aging adults.

**Findings.** Four themes emerged from the data. The themes identified included topics supported by the literature to be factors increasing LGBT inclusiveness within senior living communities. To present my findings, I categorized the two assisted living communities located in Massachusetts. The first community staff was unaware of any LGBT aging adults living in the community and did not market towards the LGBT community; the second community staff did not attempt to market towards the LGBT community but was aware of a small number of LGBT aging adults living within their community. The data collected from both of the staff in these communities were similar in the findings; therefore, I reference them as non-LGBT specific community staff. The third community located in Southern California identifies as an assisted living community focused primarily on LGBT aging adults; therefore, I reference this as the LGBT-specific community staff.

In regards to the theme of awareness of LGBT challenges, I found differences between the two non-LGBT specific community staff compared to the LGBT-specific community staff. A key finding in this study is the LGBT-specific community staff has an understanding of the LGBT aging population including historical experiences and knowledge of the LGBT culture. The community staff was able to articulate unique challenges LGBT aging adults experience in accessing senior living as well as differences in the needs of LGBT aging adults compared to heterosexual aging adults. The non-LGBT specific community staffs were unaware of LGBT challenges or the difference in needs compared to heterosexual aging adults. I found the specific
focus on LGBT aging adults to be the reason for the increased understanding. I found all three community staffs were similar in that they felt knowing a resident’s sexual orientation would allow them to provide better care, however all community staff did not feel comfortable, nor had any experience in, asking an aging adult their sexual orientation or gender identity. All respondents reported they would not assume a resident’s sexual orientation and would wait until the resident trusted them enough to openly identify as LGBT.

The second theme identified factors that increase understanding of cultural competency of LGBT aging adults. A key finding in this study was none of the community staffs, including the LGBT-specific community, provided staff training on LGBT aging topics at the time of initial orientation or during annual in-service training. All training topics were chosen from the required list of topics within the individual state regulations. The LGBT-specific community staff indicated being competent in LGBT aging issues because their community was LGBT aging focused and had all LGBT residents living within their community, while half of the staff identified as LGBT. One of the non-LGBT specific community staff participants reported having completed cultural competency training once in the past two years, but was unable to articulate the specific training components, and to whom the training was given. All community staffs reported no education was offered to assisted living residents residing in the community either.

The third theme in the data addressed protections for LGBT aging adults. None of the three community staffs, including the LGBT-specific community, had in place policies or procedures to address LGBT aging concerns. None of the participants was able to articulate state and federal protections or assisted living regulations within their state that offered protections for LGBT aging adults. A key finding was all three community participants were unable to articulate factors within their communities that would make LGBT aging adults feel safer. All community
staffs reported training topics beyond the state mandated topics were reactive and identified after an incident or concern occurred.

The fourth theme that emerged from the data was the inclusive factors within each community. The findings identified several differences between the two non-LGBT specific communities and the LGBT-specific community. The findings from the LGBT specific community staff indicated the community had living at the time of the interviews, 100% of residents openly identified as LGBT and half of the staff openly identified as LGBT. One of the non-LGBT specific community staff reported not having any openly identifying LGBT aging adults and the second non-LGBT specific community staff reported between one and two openly identifying LGBT aging adults. I found the LGBT-specific community staff to directly advertise and market toward the LGBT aging population and provided environmental symbols that served as identifiers the community was LGBT inclusive to the outside community. An example of this was a rainbow flag that flew outside of the community. The LGBT-specific community staff expressed they were fully prepared to care for LGBT aging adults and cited reference to the inclusive factors above as evidence. Both non-LGBT community staff described their communities as LGBT friendly but were unaware of evidence to support this claim and their environment was absent of symbols that would identify them as so to the public.

The four themes identified in this study allowed me to answer the research questions.

**Research Question 1.** What are the essential features or best practices in a model LGBT inclusive assisted living community in the United States?

The following are a list of best practices recommended to increase LGBT inclusiveness among assisted living communities. These best practices are a result of the data collected in this
study along with literature supporting LGBT inclusiveness. While this list is expansive, it is by no means exhaustive.

1. Develop and Provide Staff Education and Training:
   a. Education and training programs should be developed and provided to staff during initial orientation and annually as part of ongoing in-services.
   b. The education and training should include topics such as the LGBT culture, past challenges, current challenges and fears in accessing senior living, differences in needs compared to heterosexual aging adults, state and federal level protections for LGBT adults, and factors which increase inclusiveness.

2. Develop and Provide Resident Education:
   a. Education on the topics of LGBT culture and challenges should be provided to residents on a regular basis.

3. Create a Community Forum on LGBT Topics:
   a. A community forum should be made available where staff and residents can voice concerns as well as seek understanding around LGBT related topics.

4. Acknowledge Invisibility and Understand Problem Significance:
   a. Accept the reality that communities will likely care for LGBT aging adults who do not openly identify and may never choose to do so.
   b. Do not underestimate the problem that exists around LGBT aging adults fear in accessing senior living and the fears to openly identify.
   c. The number of aging adults who openly identify should not dictate the significance of the problem and the willingness for the community to react.
5. Embrace an Open Dialogue:
   a. Knowing to ask, and more specifically how to ask, about an aging adult’s sexual orientation or preferred gender pronouns will help in creating a welcoming and supportive environment based on understanding.
   b. Asking permission to talk about sexuality with an aging adult conveys sensitivity and respect while placing the control in the hands of the aging adult.

6. Develop and Use Forms:
   a. Forms that allow for a more inclusive language of diverse sexualities and gender identities will also send the message that an organization has awareness and a willingness to serve this population appropriately.
   b. An example is a form requiring the interviewer to ask the resident’s preferred gender pronoun.

7. Adopt Inclusive Symbols:
   a. The presence of symbols displays acceptance within the community.
   b. Symbols may include a rainbow flag, a pink triangle, or recognition of LGBT cultural events such as pride festivals and discussion of LGBT issues in the news.

8. Develop and Implement Policies and Procedures:
   a. Have in place clear expectations and guidelines of how the community will address LGBT aging concerns.
   b. This might include how the community will address a resident who openly displays prejudice towards an LGBT resident.
9. Conduct Outreach:
   a. Partner with outside LGBT organizations and understand the resources available to the specific LGBT community and make those resources available to all residents.

10. Support LGBT Identifying Staff and Residents:
   a. An organizational culture where LGBT staff and residents are supported and made to feel accepted will have an impact on the organization.
   b. When residents can see LGBT-identifying peers and staff, it is a signal of acceptance within the community.

**Research Question 2.** How can other communities adopt these practices in order to create more inclusive and equitable assisted living communities across the state?

It is important to consider the practical application of implementing practices. Not all assisted living communities are likely to become LGBT-specific communities. However, it is vital assisted living communities recognize the possible invisibility of LGBT aging adults within their communities. It is probable the community is currently caring for LGBT aging adults who are not openly identifying. This phenomenon is likely to continue into the future. It is essential for assisted living communities to implement factors of inclusiveness to better prepare the organization to care for LGBT aging adults. By creating a community that provides a welcoming and accepting culture, it may even encourage an LGBT aging adult to openly identify.

It should be stated that implementation of best practices will not immediately create LGBT inclusiveness. To create more inclusive and equitable communities across the state, assisted living should make the commitment to address this need. It is essential for community
leadership to meaningfully engage all staff at every level, as well as residents, in the process of practice, program, and policy development.

**Research Question 3.** What state level assisted living regulations will promote best practices by the facilities, creating LGBT inclusive communities to ensure Massachusetts remains a leader in promoting equality among the LGBT aging population?

A key finding was that assisted living communities, particularly in Massachusetts do not currently have education or training programs to increase their understanding in caring for the LGBT aging population. Participants revealed no training or education is offered to staff during initial orientation or during annual in-service training on LGBT topics. In addition, the communities lacked educational opportunities for residents living within their community on the topic of LGBT aging. Both of the community’s orientation and annual in-service training and education programs were discovered to primarily include the topics listed in the Massachusetts Assisted Living Regulations, under General Orientation set forth in 651 CMR 12.07 (1)(a) through (m), and under section Ongoing In-Service Education and Training set forth in 651 CMR 12.07 (3)(a) through (o) of the Massachusetts Assisted Living Regulations.

In addition, the assisted living communities in this study reported any additional training topics outside of the required topics would be determined as a post-event reaction. An example included, a community experiencing many residents becoming dehydrated, the community would then implement a training program to educate residents on proper hydration. Participants of this study did not indicate preventative training on topics as being routine practice.

Due to concern that many LGBT aging adults may be invisible to assisted living communities, meaning they are not openly identifying, this concern becomes of greater significance. Assisted living communities may not consider the topic of LGBT aging to be a
needed topic when they may assume there are no LGBT aging adults living in their community. However, there is the likelihood of LGBT aging adults residing in the assisted living community who may not feel safe to openly identify out of fear the staff and other residents may be prejudiced.

Therefore, it is recommended the Executive Office of Elder Affairs add to the training requirements, the topic of LGBT aging. This should be included in the list of topics during initial orientation as well as annual in-services.

1. In addition to the requirements relative to General Orientation set forth in 651 CMR 12.07 (1)(a) through (m), all staff shall receive training on the topic “LGBT aging challenges faced and best practices to create inclusiveness.”

2. In addition to the requirements relative to Ongoing In-Service Education and Training set forth in 651 CMR 12.07 (3)(a) through (o), all staff shall receive training on the topic “LGBT aging challenges faced and best practices to create inclusiveness.”

Relationship to Previous Research

One of the main concepts from earlier work applied to this study is the socioemotional selectivity theory. Theoretical models help explain how a person-environment can assist or hinder successful aging. Socioemotional selectivity theory is based on the principle that a person’s social network provides a great deal of support to that person. A main principle of this theory involves how the perception of time affects how people control their social environment. Aging adults may tend to feel that due to their age, time is limited and therefore will choose to focus on relationships that are most fulfilling (Carstensen et al., 1999).

This theory suggests LGBT aging adults may not access senior living services because they do not trust the social environment in which services are delivered or do not perceive
potential relationships in these contexts to be emotionally supporting or fulfilling. Sullivan (2011) found an LGBT-accepting social environment played a significant role in an LGBT aging adult’s decision to enter the senior housing and the sense of safety to increase their social networks. The need for assisted living service providers to be openly supportive of LGBT aging adults and for services to strengthen and expand supportive social networks is evident.

For LGBT aging adults to live openly, they need to feel accepted and safe within the environment and social network of the assisted living community. The research literature indicates LGBT aging adults want to live in an environment that is open and affirming of LGBT orientation and provides a social support system affirming their identity (Jihanian, 2013). To achieve inclusiveness, assisted living organizations need to understand factors that will create inclusiveness among the LGBT population. Due to the lack of knowledge, it is not likely that assisted living organizations are creating inclusive communities and therefore are not prepared to care for LGBT aging adults (Jihanian, 2013).

Regarding the research questions, which looked at best practices to increase inclusiveness, the findings seem to build on the work reviewed in the research literature. In their research, Croghan et al. (2015) sought to provide evidence-based recommendations through a study exploring what LGBT individuals define as the elements of a culturally competent or welcoming service environment. The researchers identified several factors that must be included in an assisted living community to be inclusive of LGBT aging adults. The first is awareness of the past challenges LGBT aging adults have encountered and an understanding of the challenges they face in accessing senior living. The second factor focuses on knowledge to increase awareness and understanding among staff. A third factor is the need for protections specifically focused on LGBT aging adults to make them feel safe. Lastly, the assisted living communities
must understand ways that increase inclusiveness. The findings in my study indicated no training or education programs on the topic of LGBT aging existed in the communities. Research has indicated cultural competency training among organizations to be an efficient method of providing LGBT aging adults with safe and friendly communities (Porter & Krinsky, 2014). The overall purpose of the cultural competency-training curriculum is to improve service provider knowledge, skills, and attitudes regarding the cultural norms and needs of the LGBT aging population (Fredriksen-Goldsen et al., 2014). Cultural competency training is considered to increase the knowledge of LGBT fears and challenges when it comes to accessing aging services (Porter & Krinsky, 2014). This study revealed the LGBT-specific community to claim cultural competency without training or education due to the fact they were an LGBT focused community and their understanding came from lived experience. This is at odds with the literature.

**Limitation of Findings**

A limitation of this study, as with most studies of LGBT aging adults, is the small sample size limits conclusions and does not allow for generalizability of findings. However, the triangulation of results from three distinct assisted living communities provides some indication as to what some best practices may be needed to create LGBT-inclusive communities. However, I cannot state these factors will indeed make an LGBT aging adult feel inclusive due to a lack of best practices implementation and measurement of effectiveness.

I tried to interview a particular group of individuals whose feedback was presumed to give a broad range of thoughts and opinions on their community. The information represents the perspective of the individual staff members who were interviewed. There may be distinct differences between participants and those who were eligible to participate in this study but
chose not to, and there may be significant differences between assisted living communities that chose not to participate. I was only able to identify one LGBT-specific community out of the three entire communities interviewed. Furthermore, due to the small size of the LGBT-specific community, I was only able to interview three staff members.

A further limitation of this study is the fact the participating assisted living communities were mainly in large urban areas. Thus, individuals in other settings such as rural locations may have different responses, requiring further investigation. In considering the various types and levels of senior living available, I am unable to extend my findings beyond the assisted living level of care.

**Implications**

The recommended best practices outlined here cover a range of issues and challenges in developing inclusive communities, yet they are by no means exhaustive. Future work will undoubtedly address the need for additional competencies and require the refinement of what has been presented here. The assisted living communities, specifically the LGBT-specific community identified several best practices supported by the literature to help create inclusiveness of LGBT aging adults in assisted living communities. Overall, there are several recommendations for creating inclusiveness that can serve as a guide for the creation of culturally competent services. In addition, there are identified state regulation recommendations that would increase the ability of assisted living communities to become LGBT inclusive.

This study revealed the LGBT-specific community had a higher understanding of LGBT aging concerns and fears. It is evident the LGBT-specific community offered a high level of inclusiveness among the LGBT aging adults living within the community. The reality is all assisted living communities will not become LGBT-specific in the population they serve. This
study suggests other ways assisted living communities can increase inclusiveness among LGBT aging adults.

**Future Research**

We do not fully understand what the needs are of LGBT aging adults living in Massachusetts. As of yet there is a lack of knowledge about their concerns around aging and seeking out assisted living services in Massachusetts. This understanding could be achieved with future research to conduct a comprehensive needs assessment of LGBT aging adults living in Massachusetts. This particular approach would allow the further development of training and education curricula that would better inform aging service providers to understand the unique needs of LGBT aging adults.

Related to data collection and sample size is the need to study subgroups within the population of LGBT aging adults. Future studies should include greater diversity of race and ethnicity, geography, gender, socioeconomic status, and religious affiliation. There are important differences among intersectional subgroups that are lacking in the current literature, such as the challenges and needs of aging African American bisexual men or Asian lesbians. This can lead to misconceptions about a significant part of the LGBT aging population as researchers assume sample is representative of all subgroups of LGBT aging adults.

Bisexual and transgender aging adults have been absent in many research studies. Even when studies include bisexual and transgender aging adults in the acronym LGBT, their results are often included with results for lesbians and gays. Little is known about the needs of transgender and bisexual aging adults. There is a severe lack of knowledge of the physical, psychological, and emotional process and effect of transitioning, and integral concepts within the transgender community.
Another area of future research is the particular age cohort of LGBT aging adults. There are different subgroups of age within the LGBT aging population that are likely to have experienced different experiences in their lifespan. These factors are likely to have different impacts on the aging adult, which might change the needs of LGBT aging adults by age group. An example is that of LGBT aging adults, who lived during the time of greatest oppression and were more impacted, are compared to those aging in a time of greater social acceptance. A better understanding of different age cohorts could help aging service providers create targeted interventions.

**Conclusion**

LGBT aging adults, as is true of all aging adults, deserve high quality, culturally competent care free from prejudice. This study concludes assisted living communities can offer a welcoming and accepting environment where LGBT aging adults feel inclusive. Training and education can be the method through which communities become knowledgeable and competent in caring for LGBT aging adults. However, training is not likely to be implemented without the state regulations recognizing it to be a formal topic of training. This change to the regulations will ensure Massachusetts is a leader in the care of the LGBT aging population.
References


http://www.npr.org/2016/06/16/482322488/orlando-shooting-what-happened-update
Appendix A

Notification of IRB Action and Supporting Documents

Northeastern

Notification of IRB Action

Date: December 20, 2016
IRB #: CPS16-11-06

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Title of Project:
Policy Recommendations to Increase LGBT Inclusiveness among Massachusetts Assisted Living Communities

Participating Sites: Permission letters forthcoming

Informed Consent:
One (1) unsigned consent

As per CFR 45.46.117(c)(2) signed consent is being waived as the research presents no more than minimal risk of harm to subjects and involves no procedures for which written consent is normally required.

DHHS Review Category: Expedited #6, #7
Monitoring Interval: 12 months

Approval Expiration Date: DECEMBER 19, 2017

Investigator’s Responsibilities:
1. Informed consent form bearing the IRB approval stamp must be used when recruiting participants into the study.
2. The investigator must notify IRB immediately of unexpected adverse reactions, or new information that may alter our perception of the benefit-risk ratio.
3. Study procedures and files are subject to audit any time.
4. Any modifications of the protocol or the informed consent as the study progresses must be reviewed and approved by this committee prior to being instituted.
5. Continuing Review Approval for the proposal should be requested at least one month prior to the expiration date above.
6. This approval applies to the protection of human subjects only. It does not apply to any other university approvals that may be necessary.

C. Randall Colvin, Ph.D., Chair
Northeastern University Institutional Review Board

Nahid Regina, Director
Human Subject Research Protection

Northeastern University FWA #4630
Email Script

Dear Assisted Living Staff Member

I hope this email is reaching you well. My name is Jake Quigley and I am currently a student at Northeastern University pursuing a Doctor of Law and Policy from Northeastern University. I am reaching out in hopes that you will participate in my research study. In addition to being a doctoral student, I am currently an Executive Director of an Assisted Living Community in Chestnut Hill, Massachusetts. I am seeking your participation as a staff member of an assisted living community in my research study where I will examine three assisted living communities and their knowledge and experience in caring for lesbian, gay, bisexual, and transgender aging adults. I have identified you as a staff member of a community that provides a high standard in care and has a positive reputation in the marketplace.

In 2015, the Massachusetts LGBT Aging Commission published a report with specific recommendations to the Massachusetts Executive Office of Elder Affairs (EOEA) to develop best practice standards for LGBT inclusive senior housing programs. This research project aims to do just that, and to understand and identify best practices in creating LGBT inclusive assisted living communities. I will develop policy recommendations to the Massachusetts EOEA, all with the aim of encouraging the EOEA to regulate assisted living communities across the state in caring for LGBT aging adults.

If you volunteer to participate, I would like to interview you. Interviews will take place at any location you choose to ensure confidentiality. If you choose to participate in my research study, all information would be kept confidential and the name of you and your organization will not be used in my final doctoral thesis. I assure you that participation is voluntary.

If you are willing to participate in my research study, please email me at quigley.j@husky.neu.edu to set up a time.

Warm regards, Jake Quigley

IRB# CPS16-11-06

Approved: 12/20/16 Expiration Date: 12/19/17
Email Script

Dear Executive Director

I hope this email is reaching you well. My name is Jake Quigley and I am currently a student at Northeastern University pursuing a Doctor of Law and Policy from Northeastern University. I am reaching out in hopes that you will participate in my research study. In addition to being a doctoral student, I am currently an Executive Director of an Assisted Living Community in Chestnut Hill, Massachusetts. I am seeking your participation in my research study where I will examine three assisted living communities and their knowledge and experience in caring for lesbian, gay, bisexual, and transgender aging adults. I have identified your community as being a community that provides a high standard in care and has a positive reputation in the marketplace.

In 2015, the Massachusetts LGBT Aging Commission published a report with specific recommendations to the Massachusetts Executive Office of Elder Affairs (EOEA) to develop best practice standards for LGBT inclusive senior housing programs. This research project aims to do just that, and to understand and identify best practices in creating LGBT inclusive assisted living communities. I will develop policy recommendations to the Massachusetts EOEA, all with the aim of encouraging the EOEA to regulate assisted living communities across the state in caring for LGBT aging adults.

If you volunteer to participate, I would like to interview you, and have you assist me in recruiting 2-3 managers and 3-4 front line/direct care staff members. Interviews will take place at any location you and any other participant chooses to ensure confidentiality. If you choose to participate in my research study, all information would be kept confidential and the name of your organization and the name of your staff will not be used in my final doctoral thesis. You and every potential participant will be assured that participation is voluntary.

If you are willing to participate in my research study, please email me at quigley.j@husky.neu.edu to set up a time. I will then forward a letter for you to share with your staff.

Warm regards, Jake Quigley

IRB# CPS16-11-06

Approved: 12/20/16 Expiration Date: 12/19/17
UNSIGNED CONSENT DOCUMENT Northeastern University, College of Professional Studies Name of Investigator(s): Dan Urman (Principal Investigator) and Jake Quigley (Student researcher) Title of Project: Policy Recommendations to Increase LGBT Inclusiveness Among Massachusetts Assisted Living Communities.

We would like to invite you to take part in a research project. The purpose of this research is to improve the care of LGBT aging adults when accessing assisted living communities. You must be at least 18 years old to be in this research project.

The study will take place at any location you choose. If you decide to take part in this study, you will be asked to answer a series of questions and discuss your opinions about your assisted living community in relation to the LGBT aging population.

The possible risks or discomforts of the study are minimal. You may feel a little uncomfortable answering sensitive questions. There are no direct benefits to you for participating in the study. However, your answers may help us to learn more about creating LGBT inclusiveness in Massachusetts Assisted Living Communities.

Your part in this study will be handled in a confidential manner. Only the researchers will know that you participated in this study. Any reports or publications based on this research will use only group data and will not identify you or any individual as being of this project.

The decision to participate in this research project is up to you. You do not have to participate and you can refuse to answer any question. Even if you begin the study, you may withdraw at any time. You will not be paid for your participation in this study.

If you have any questions about this study, please feel free to contact Jake Quigley by email at quigley.j@husky.neu.edu, the person mainly responsible for the research. You can also contact Dan Urman by email d.urman@neu.edu or by phone at 617-373-6145 the Principal Investigator.

**If you have any questions about your rights in this research**, you may contact Nan C. Regina, Director, Human Subject Research Protection, 490 Renaissance Park, Northeastern University, Boston, MA 02115. Tel: 617.373.4588, Email: n.regina@neu.edu. You may call anonymously if you wish.

You may keep this form for yourself.

Thank you.

Jake Quigley

IRB# CPS16-11-06
Approved: 12/20/16 Expiration Date: 12/19/17
### Appendix B

## Code Book

<table>
<thead>
<tr>
<th>Codes</th>
<th>Description</th>
<th>Examples of participants words</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme: Awareness of LGBT Challenges</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge of LGBT population</td>
<td>An understanding of the LGBT aging population to include past social issues and the LGBT movement.</td>
<td>Awareness, lesbian, gay, bisexual, transgender.</td>
</tr>
<tr>
<td>Understanding of LGBT challenges</td>
<td>Descriptions of or references to coming to understand the LGBT population and challenges.</td>
<td>Fears, discrimination, shame, avoid, abuse, neglect, OUT, closeted.</td>
</tr>
<tr>
<td>Differences in needs of LGBT compared to heterosexual aging adults</td>
<td>Articulate the differences in needs of LGBT aging adults compared to heterosexual aging adults.</td>
<td>Unique, specific, different, individual.</td>
</tr>
<tr>
<td>Problem is significant</td>
<td>Knowledge the problem for LGBT aging adults is significant and needs attention.</td>
<td>Significant, big, major, need to do something, concerning.</td>
</tr>
<tr>
<td>Knowing of aging adults sexual orientation</td>
<td>The community feels it necessary to know a residents sexual orientation.</td>
<td>Better care, openness, genuine, trust, whole person.</td>
</tr>
<tr>
<td>LGBT culture</td>
<td>A knowledge of the LGBT culture and its importance.</td>
<td>Culture, significant, background, influence, important.</td>
</tr>
<tr>
<td>LGBT Specific</td>
<td>A view that there should be LGBT specific senior living communities.</td>
<td>LGBT, specific, certain, mainstream.</td>
</tr>
<tr>
<td><strong>Theme: Increase Understanding of LGBT Cultural Competency</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education programs for staff</td>
<td>Staff is provided with education on LGBT specific topics.</td>
<td>Training, programs, in-service, discussion, round table, class.</td>
</tr>
<tr>
<td>Education programs to residents</td>
<td>Residents are provided with education on LGBT specific topics.</td>
<td>Training, programs, education, seminar, presentation.</td>
</tr>
<tr>
<td>Employee orientation with LGBT topics</td>
<td>The orientation for new employee includes training on LGBT topic.</td>
<td>Orientation, LGBT, topic, training, needs.</td>
</tr>
<tr>
<td>LGBT annual in-service topics</td>
<td>Annual in-services that are given to the employee has an LGBT topic.</td>
<td>Annual in-service, training, topic, LGBT.</td>
</tr>
<tr>
<td>Received cultural competency training</td>
<td>Received official cultural competency training among all staff.</td>
<td>Cultural, competency, training, all staff.</td>
</tr>
<tr>
<td>Empathy</td>
<td>Understanding with or of the needs, motives, or entitlements of other actor. Identification with the other; identification with the position of the other.</td>
<td>Needs for aging adults to feel safe, need to feel secure, need to feel comfortable, feel accepted.</td>
</tr>
<tr>
<td>Factors to increase</td>
<td>Articulate the factors that will increase understanding of LGBT aging adults.</td>
<td>Knowledge, education, training, learning, exposure.</td>
</tr>
<tr>
<td><strong>Theme: Protections of LGBT Aging Adults</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policies specific to LGBT</td>
<td>Policies that provide clear expectations and goals of how communities will address LGBT aging concerns.</td>
<td>Policy, internal, external, best practice, rules.</td>
</tr>
<tr>
<td>Procedures specific to LGBT</td>
<td>Procedures that give clear guidance on how a community will handle operations.</td>
<td>Procedure, method to handle, process, rules.</td>
</tr>
<tr>
<td>Anti-discrimination</td>
<td>A community’s anti-discrimination</td>
<td>Abuse, neglect, mistreatment,</td>
</tr>
<tr>
<td><strong>Policy mentions sexual orientation</strong></td>
<td><strong>Policy that specifically addresses sexual orientation.</strong></td>
<td><strong>Anti-discrimination, LGBT.</strong></td>
</tr>
<tr>
<td>--------------------------------------</td>
<td>--------------------------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td><strong>State protections</strong></td>
<td>Articulated specific federal protections for LGBT aging adults.</td>
<td>State, laws, rules, statutes.</td>
</tr>
<tr>
<td><strong>Federal protections</strong></td>
<td>Articulate specific federal protections for LGBT aging adults.</td>
<td>Federal, laws, rules, statutes.</td>
</tr>
<tr>
<td><strong>State regulations</strong></td>
<td>State regulations mention the LGBT population.</td>
<td>State, regulation, EOEA, rules.</td>
</tr>
<tr>
<td><strong>Factors to Increase</strong></td>
<td>Articulate what factors are needed to increase protections.</td>
<td>More, safety, protection, secure.</td>
</tr>
<tr>
<td><strong>Support</strong></td>
<td>Descriptions of or references to supporting LGBT population.</td>
<td>Support, need to act, competency, training, worthwhile.</td>
</tr>
<tr>
<td><strong>Pro-active training</strong></td>
<td>Training on a topic is done as a preventive measure.</td>
<td>Training before, anticipated, prepared.</td>
</tr>
<tr>
<td><strong>Re-active training</strong></td>
<td>Training on a topic is done after an incident occurs.</td>
<td>Training after, then trained staff, response to.</td>
</tr>
</tbody>
</table>

**Theme: Inclusiveness Factors**

| **Open residents** | Residents within the community who openly identify. | Open, out of the closet, LGBT, proud. |
| **Open staff** | Staff within the community who openly identify. | Open, out of the closet, LGBT, proud. |
| **Inclusive language** | Any forms used within the community are inclusive of LGBT. | Gender neutral, sexual orientation, gender identity. |
| **Inclusive marketing** | Marketing efforts are made to target the specific LGBT aging population. | LGBT, friendly, welcoming, specific. |
| **Recognition events and traditions** | Recognition and celebration of LGBT events and traditions. | Pride, parade, march, stonewall, |
| **Symbols** | There are visible symbols in the community that convey inclusiveness. | Rainbow, human rights campaign, flag. |
| **Mission Statement** | The communities mission statement and goal support LGBT community. | Values, mission, fairness, respect, treatment. |
| **Environment of support** | The community creates an environment where an aging adult who is not openly identifying would feel safe to come out. | Support, openness, safe, secure, welcome. |
| **Preparedness** | The community verbalizes that they are prepared to care for the community. | We are prepared, yes, we care for everyone, it wouldn’t be a problem |
| **Acceptance** | Descriptions of or references to accepting LGBT fears and challenges to be real. | I agree, this is a problem, I know. |
| **Inclusive** | Descriptions of our reference to social inclusion of LGBT aging adults. | Included feel welcome, appreciated, sought after, valued. |
Appendix C
Interview Guide

ASSISTED LIVING COMMUNITY PARTICIPANT INTERVIEW GUIDE

Awareness- LGBT Aging Adults and Challenges

• Can you describe the acronym, LGBT?

• How would you describe LGBT culture?

• In caring for the aging population do you feel that a person’s sexual orientation has any impact on your organization?

• In caring for the aging population do you feel that a person’s sexual orientation would have any impact on how you care for a person?

• Do you think that the LGBT culture matters when thinking about LGBT aging adults seeking assisted living services?

• Do you feel there is a difference in caring for LGBT aging adults and heterosexual aging adults?

• Do you think that assisted living communities should be different for LGBT aging adults and heterosexual aging adults?

• What has been your experience when asking aging adults about their sexual orientation and gender identity?

• Do you feel it is important for you as an aging service professional working with aging adults to know their sexual orientation and gender identity?
  o Please explain.

• Do you feel it is important for your assisted living organization as an aging service provider to know their sexual orientation and gender identity of those you serve?
o Please explain.

- What is your knowledge of the LGBT population? Can you describe specific challenges the LGBT population faces?
- What is your knowledge of the LGBT population’s perceptions around accessing assisted living options? Do you think they have any concerns in accessing senior living options?
- Do you think that LGBT aging adults fear using assisted living services?
  o If yes, what specifically do you think LGBT aging adults are fearful of?
  o What do you think happens when LGBT aging adults have negative experiences with assisted living services?
- Do you think that LGBT aging adults would avoid using assisted living services?
  o If yes, why do you think they avoid using assisted living services?
- Do you think that LGBT aging adults would make efforts to hide their sexual identity from assisted living providers and other residents?
- Are there differences in how care should be provided to LGBT aging adults? Please explain.
- What do you think happens when LGBT aging adults have positive experiences with assisted living organizations?

**Increasing Understanding in Cultural Competency**

- Do you feel training and education would be important in how staff cares for LGBT aging adults?
- What type of training or education around LGBT issues or cultural competency do you have in place?
- Do you offer education and training to staff at time of orientation and annual in-services on
LGBT topics?

• What factors would you consider important to increase residents feeling safe within your community?

• How is training decided among your organization?

• Are training topics decided to be preventative or would you describe a reaction to an event causes the creation of training?

• What factors would describe that would increase understanding of LGBT aging issues and concerns by staff?

• Do you offer any training or education to residents about LGBT aging issues and concerns?

**Protections of LGBT Aging Adults**

• How do you think residents in your community would treat an open LGBT aging adult within your community? How do you know?

• What if any current protections do you have in place that protects LGBT aging adults from abuse and neglect while living in your community?

• Are you aware of any state laws that protect LGBT aging adults?

• Are you aware of any federal laws that protect LGBT aging adults?

• Are you aware of any assisted living regulations that address LGBT aging issues?

• What would happen in your organization if a staff member were opposed to caring for an LGBT aging adult?

• What would happen in your organization if a resident were rude or mean to another resident who identified as LGBT?

• What current policies do you have that support LGBT aging adults within your
community?

- Does your organization have specific policies or procedures that would provide clear expectation on how to address LGBT aging concerns?

**Inclusive Factors**

- Have you ever worked with anyone who identifies as LGBT professionally or personally?
  
  If yes, please describe.

- Have you ever cared for an aging adult who identifies as LGBT?
  
  - If yes, please describe.

- What are ways that you may identify someone as being LGBT?
  
  - Please explain

- Do you think there is anything that an assisted living organization can do to make LGBT aging adults feel comfortable and open about their sexual orientation?

- Do you think there is anything that you can do to make LGBT aging adults feel comfortable and open about their sexual orientation?

- What sort of factors do you think are important when care is provided to an LGBT aging adult?

- In considering a person who is gay, lesbian, transgender or bisexual, do you feel that any one of these sexual orientation or gender identity labels would be more difficult or easy compared to each other?

- What assisted living services do you think are most important to LGBT aging adults?
  
  Example such as nursing care, social program, care coordination, etc.

- Do you currently have any LGBT aging adults within your community and how do you know?
• What components of your operation do you feel would be impacted in caring for aging adults of the LGBT population? I.e. dining, marketing, business forms, etc.?

• Do you feel your organization is prepared to care for the LGBT aging population? Please provide examples.

• How would your staff care for an open LGBT aging adult within your community? How do you know?

• Can you suggest ways in which LGBT aging adults could be made to feel more comfortable when looking to access assisted living services?

• Do you feel your community creates an environment where an aging adult who is not openly identifying as LGBT would be willing to come out? Provide examples of what factors would influence him/her.

• Can you suggest ways in which organizations could do differently to make assisted living communities more inviting of LGBT aging adults?

• How LGBT friendly do you feel your organization is towards the LGBT population and provide examples?

• Do you think assisted living organizations currently do enough to provide care that is culturally appropriate for LGBT aging adults?

• Are there broader changes necessary to the assisted living industry in order for organizations to improve services for LGBT aging adults?
  
  o If yes, what types of changes are necessary? Human resources, funding, legislation changes, etc.?

• What approach would you use in order to implement factors to increase your community’s preparedness in serving LGBT aging adults?
• What do you feel your role is in providing a community where an aging adult would feel comfortable in “coming out”?

• What do you feel your role as the ________________ is in caring for LGBT aging adults within your community?

• Do you feel that your organization’s mission or values supports or conflicts with providing care and services to the LGBT population?

• What factors to you feel contribute to LGBT inclusiveness within your community?

• What symbols identify your community as being LGBT friendly to the outside community?

• What symbols identify your community as being LGBT friendly within your community?

• Do you current market or advertise specifically to the LGBT community? If yes, please explain.

• Do you feel that your community’s operation would be impacted if you specifically marketed to the LGBT community?
  o Do you feel there would be any negative outcomes such as other prospective residents avoiding your community?
  o Do you feel there would be any positive outcomes such attracting other prospective residents to your community?

• Do you feel that LGBT aging adults would feel more comfortable seeking out an LGBT specific assisted living community?

• If you received an inquiry from a perspective resident about whether your organization is LGBT friendly, how would you respond?