Public Health Management Corporation

Annual Progress Report: 2010 Formula Grant

Reporting Period

July 1, 2011 – June 30, 2012

Formula Grant Overview

The Public Health Management Corporation received $17,081 in formula funds for the grant award period January 1, 2011 through December 31, 2012. Accomplishments for the reporting period are described below.

Research Project 1: Project Title and Purpose

Assessment of Health Needs of LGBT Older Adults in Philadelphia - Sexual minority older adults face barriers to health care in addition to those faced by older adults who are not sexual minorities. These barriers may include homophobia, lack of appropriate places to receive care and difficulties because partner relationships are not legally recognized. However, there are no local research studies identifying and documenting these barriers. In addition, lesbian, gay, bisexual and transgender (LGBT) populations are at increased risk for chronic conditions due to high rates of tobacco and alcohol use, among other factors. The proposed project will explore the health needs and barriers faced by sexual minority older adults in the Philadelphia region and will present research findings to inform policy decisions and the delivery of services.

Anticipated Duration of Project

1/1/2011 – 12/31/2012

Project Overview

The project will explore the health needs and barriers faced by sexual minority older adults in the Philadelphia region. The specific aims of the project are to:

1. Examine health care services currently accessed by LGBT older adults in Philadelphia, including care for chronic illnesses, preventive care, screenings, and mental and behavioral health care. We will compare the services received by sexual minority older adults to those received by older adults in the general population.

2. Document barriers to care, including homophobia and racial discrimination, financial concerns, legal barriers and lack of appropriate health care providers.

3. Explore LGBT older adults’ concerns and plans for the future, including health care and long term care, housing, and end-of-life decisions.
4. Assess differences in these experiences and concerns by age (55 – 64 vs. 65 and over), race/ethnicity, and for women who have sex with women (WSW), men who have sex with men (MSM) and transgender individuals.

We will collect information from LGBT persons age 55 and older using focus groups and a structured survey. Although the usual definition of older adults is persons 65 and over, in this study we will include persons ages 55 to 64 as well, in order to compare the experience and concerns of those along the older adult age spectrum. In Phase I, we will collect qualitative data from LGBT older adults about their current access to health care and their concerns and plans for the future. During Phase II, we will develop a short survey instrument based on the focus group results. We will collect data from a sample of approximately 250 LGBT older adults recruited at a variety of agencies and organizations, as well as on the Internet.

Principal Investigator

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Other Participating Researchers

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Expected Research Outcomes and Benefits

The study will identify gaps in current health services provided to LGBT older adults, and will assess barriers to care that may prevent these older adults from accessing needed services. The project’s research questions and data collection strategies will be developed with input from a working group including members of the target population and service providers. This working group will also assist in the development of a policy brief based on the results of the research and will draft a plan for disseminating the policy brief and research results. The project’s research findings will be useful for planning by Philadelphia’s Department of Public Health and other public agencies as well as for improving services at community-based organizations that serve LGBT and older adult populations.

Summary of Research Completed

During this reporting period, project staff completed the collection of qualitative and quantitative data and has begun data analysis procedures. Data collection activities were completed by PHMC staff assisted by student interns.

Qualitative data collection and analysis

In depth qualitative interviews were completed with 18 individuals from the LGBT older adult community, 11 men and 7 women, including 3 transgender women. Interviews lasted 60 to 90
minutes and were audio recorded. Interviewers used a semi-structured guide to collect information about access to healthcare and other resources, and experiences of discrimination and barriers to care, in addition to questions about social support and isolation and concerns about getting older.

Staff conducted three focus groups that addressed similar questions. One group included 13 Caucasian men who have sex with men, the second group included 10 men of color who have sex with men, and the third group included 9 females who have sex with women. Audio recordings of focus groups were transcribed and summarized for the project report.

**Summary of qualitative analysis results**

Participants expressed a range of concerns about getting older, including:

*Physical concerns:* Physical mobility and diminishing physical capabilities were the most common concerns in this category. One participant spoke about her fear of being placed into a nursing home due to her physical deterioration. One female also feared the general loss of control over one’s body that accompanies aging.

*Social concerns:* Social concerns focused on diminishing social support as one gets older. Participants noted that as one gets older, due to deaths of friends and family, partners, and spouses, social support diminishes. Those who lived alone were worried about their outcome if something were to happen to them. Dealing with loneliness was also reported by several participants.

*Appearance related concerns:* Deterioration of physical appearance was a concern among participants. Many stated that as one gets older, one simply does not look as good as before. A specific concern of one of the transgender female participants was not being able to complete her transformation before her health was too deteriorated, and never being able to feel fulfilled and look fully female before she dies.

*Economic concerns:* Participants in the focus groups were primarily concerned with maintaining financial stability as they aged. They shared their concerns regarding their ability to pay for necessary medical care and medication. One female in the focus group noted that maintaining health becomes more financially straining with age, which can force many people into difficult situations.

Among interview participants, 10 out of 11 male participants and 7 out of 7 female participants say they have access to quality health care. 78% of males and 100% of females felt comfortable disclosing their sexuality to their doctors. However, many participants noted that it took time and effort to find a healthcare provider that they were comfortable with and who was knowledgeable about LGBT issues.

Participants listed qualities that makes a service provider LGBT friendly

- Treats everyone the same, regardless of sexual orientation
- Stays informed of infections prevalent in the LGBT community
- Listens intently and customizes the patient’s care plan
- Expresses genuine compassion
• Trained specifically in LGBT health needs

In general, interview and focus group participants were satisfied with their current access to healthcare services, but feared having to make changes as they aged, such as finding an appropriate and accepting place to live and healthcare providers that were comfortable discussing LGBT health needs. Several participants had faced discrimination and discomfort at senior centers and other agencies providing assistance to older adults. These types of barriers may exacerbate the feelings of social isolation felt by many in the senior population.

Survey data collection and results

To collect quantitative information from a larger sample of LGBT older adults, project staff created a survey instrument, with assistance from the project’s Community Advisory Board. The survey was available on the internet, using Survey Monkey, as well as in paper form. Potential participants could request the survey be mailed to them with a stamped return envelope, or could complete the survey at a number of community organizations. Those who completed the survey in person received compensation of $10 for their time. The data collection period was from September 2011 through May 2012.

The final sample included 213 LGBT older adults; 31% completed the survey online, 19% completed a mailed survey and the rest completed the survey at a community organization. The sample included 16 transgender persons, 46 females, 140 males. Fifteen participants did not answer the gender question. Over half (55%) of the sample identified as white, 28% as black or African American, and 7% as Latino.

Persons 55 years of age or older were eligible to participate. One third (32%) of the sample was 55 to 59 years of age, 25% was 60 to 64, 18% was 65 to 69, and 15% was 70 or older.

Access to healthcare and health insurance was dependent on age and employment status: 44% of participants had Medicare or Medicaid coverage, 22% had insurance through an employer, 8% had insurance through a partner, 6% purchased their own insurance, 5% had no insurance at the time of the survey. However, 38 persons, or 18% of the sample stated that they were without health insurance at some point during the previous year. Only 55% of the sample had dental insurance.

Social isolation was a concern of many in our study, including worries about who would care for them if they became disabled. Almost half (46%) of participants lived alone, 26% lived with a spouse or partner, 7% lived with a family member, 10% lived with friends and 3% lived in an institutional setting.

Analysis of survey data is still ongoing. Some preliminary results concerning health status and healthcare access are presented in the charts on the following pages. In general, transgender individuals expressed the most health care needs. However, over a quarter of the whole sample described instances when they did not seek or receive care they needed due to cost.
Inaccessibility of health care due to cost, past year

Most common health conditions by self-reported sex/gender
Routine health checks completed as recommended (n=215)
All of these are recommended at least annually for adults 50+

Mental and emotional health

Positive on depression screening (score of 4+) (n=187)

Ever diagnosed with mental health condition (n=202)

Mental health services may have helped, but did not get, past year (n=196)

Dental visit*

Blood pressure

Cholesterol test*

Routine health checks completed as recommended (n=215)
All of these are recommended at least annually for adults 50+

Mental and emotional health

Positive on depression screening (score of 4+) (n=187)

Ever diagnosed with mental health condition (n=202)

Mental health services may have helped, but did not get, past year (n=196)

Dental visit*