Public Health Management Corporation

Annual Progress Report: 2010 Formula Grant

Reporting Period

July 1, 2012 – December 31, 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.

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

Jennifer L. Lauby, MA, PhD
Senior Research Scientist
Public Health Management Corporation
260 S. Broad Street, 18th floor
Philadelphia, PA 19102

Other Participating Researchers

Lee Carson, Heather Batson – employed by Public Health Management Corporation

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 the final six months of the project, the research team completed analysis of the survey data, developed a list of recommendations for medical and service providers, and held a town hall meeting to present the findings and recommendation to the community.

Completion of survey data analysis
As previously reported, the project’s health needs survey was completed by 213 participants. During this period, the research team analyzed the results for each measure included in the
survey and compared health needs by race, gender, age group and income group. The results, summarized below, were shared with the project’s Community Advisory Board and at the project’s town hall meeting.

Development of a list of recommendations
One of the main goals of this project was to make healthcare and service providers aware of the particular needs of LGBT older adults. To aid in this effort, the team developed a set of recommendations for improved service access, provision of information and cultural competency training, based on the research findings. The Community Advisory Board assisted with suggestions for topic areas and the recommendations were refined with suggestions from the town hall meeting. One suggestion which we adopted was the inclusion of resources for providers and agencies wishing to learn more about serving LGBT older adults. The recommendations were grouped into three sections. The first has to do with health care access. Specific recommendations for serving transgender persons are included in this section. The second section deals with access to social services and housing. The final section includes recommendations for increasing cultural competence and includes issues that are important for health care and social service providers.

This list, along with the research findings, will be distributed to local and state health departments, to the Philadelphia Corporation for Aging and other service providers for older adults and to organizations providing healthcare and services to the LGBT community.

Town Hall meeting
Saturday, October 20, 2012, the project sponsored a town hall meeting to present the project’s research results and recommendations. The audience of approximately 70 people included members of the LGBT community and service providers from both LGBT-serving organizations and organizations that serve older adults. Organizations were given tables and time before the formal presentation to share information about their programs. Comments from the audience focused on the need for more research like this and suggested some specific details to be added to the recommendations, such as addressing the needs of persons with disabilities.

Summary of research results
Access to health care: For some LGBT older adults, paying for health care is a financial stretch, and for many who are currently able to pay, it is a future worry. Although most older adults had health insurance (83%) and prescription coverage (83%), dental insurance was less common (55%). Furthermore, more than 1 in 5 of the older adults in the 55-64 range is lacking health insurance and prescription coverage. Many of the interview and focus group participants felt that Philadelphia’s health care was excellent, but these participants often described the difficulty of finding the right health care providers, concern about needing to see specialists in the future, and fears that their provider might retire. Although most (92%) of the survey participants said they had a “regular place” for health care, only 85% had visited a “regular place” in the past 12 months. About 1 out of 5 participants in the survey reported delaying medical care (19%) or prescriptions (22%) because of the cost of this care.

Discrimination in health care settings: About 4 in 10 (39%) of the survey participants reported at least one of a series of lifetime discriminatory experiences at a health care provider, including
being denied care (13%), needing to “hide” who they were from the provider (22%), and abusive language (11%), among others. Many of these were reports of relatively recent (within the past 5 years) experiences. About 1 in 10 reported 4 or more of these types of experiences. Most participants (64%) attributed this treatment to LGBT related discrimination. Similarly, many of the focus group and interview participants reported at least one negative experience, and often expressed fears that they would experience these (or worse) if/when they needed help beyond outpatient doctor’s visits.

Older LGBT adults and health screenings: Rates of receipt of preventive health screenings varied dramatically based upon many factors such as gender, age and nature of the exam. Overall however, on average more than half our participant pool is receiving the appropriate screening exams for their age group in the appropriate time period. Respondents reported receiving blood pressure screenings on an annual basis at the highest rate (87%). Screening exams with the lowest rates of receipt in the past year were tuberculosis tests (23%) and screening exams for sexually active participants to test for sexually transmitted diseases (29%). Lower rates of preventive health screenings indicate a need for increased dissemination of information concerning the importance of preventive health care and screening for older adults 55+. This is especially true as there were individuals who for every screening exam believed that they “did not need” that particular screening test. In addition, these data indicate a need for increased access to health care for older LGBT adults, and increased effort on the part of health care providers to communicate the importance of receiving regular preventive health screening exams.

Emotional and social well-being: Although many of the focus group and interview participants reported excellent emotional well-being and a high level of social involvement, many of these had concerns about what would happen later, if their health challenges increased, they lost friends to illness, or they became less mobile. Similarly, most of the survey participants were satisfied with their social involvement and time spent with friends and in the community, but a substantial minority (about 1 in 3) were not. Furthermore, about 1 in 3 participants in the survey have experienced recent symptoms of depression (29%). Finally, some older adults who wanted to receive emotional health care were not able to obtain these services (about 17% of the survey participants). Together these findings suggest that there are unmet social and emotional needs among LGBT older adults that social services and community organizing may be able to improve. These forms of well-being are extremely important to health outcomes, particularly among older adults.

Social services and challenges of daily living: Many of the older adults who participated in the survey were regularly involved in the care of another older adult: about one in 3 (32%) reported providing care to a family member or friend. A minority of participants reported that they themselves had challenges with daily living, including walking and climbing stairs (23%); cognitive tasks, like remembering or making decisions (15%) or doing errands alone (8%). About 1 in 20 survey participants reported that they needed, but did not receive, senior-specific services.

Living situation and housing: Although most participants reported owning a home or having an apartment of their own, about 1 in 8 (13%) of the survey participants reported that they lived in a
less stable type of environment, like a rented room, shelter, or lived with a partner or family member but were not on the lease/deed. Furthermore, some of the interview and focus group participants expressed concerns about their housing, including issues such as repair status or rent increases, and almost half (48%) of the survey participants reported that it was at least “somewhat difficult” to pay for their housing. A majority (56%) of the participants reported that they lived alone, with an additional 35% living with a partner (and sometimes additional individuals). Given this information, a housing crisis for a subgroup of older LGBT adults may emerge as this population gets older and retires, making LGBT friendly senior housing an important issue going forward, even when considering the current construction of the John C. Anderson apartments.