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Setting the Balance of Care for Sexually Diverse Seniors

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Why LGBT Seniors?

- The Balance of Care research delivers a clear message to Ontario policy makers; home and community care constitutes a safe and cost effective alternative to long-term care for significant portions of the population.
- Less clear however is how home and community care initiatives should be operationalized, and for whom. The population of seniors is not homogenous; sub-populations of seniors vary in terms of health needs and in terms of demand for and access to health care services.
- In the context of home and community services, questions arise about the appropriateness of services for different sub-populations of seniors.

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Why LGBT Seniors?

- This research will focus on seniors (over age 65) who identify as lesbian, gay, bisexual, or transgender (LGBT) and who have experiences receiving home and community care.
- According to the Canadian Community Health Survey (2003) 1.7% of Canadians self identify as LGBT. Census results from 2006 identified 9,620 same sex couples living in Toronto (21.2% of all same sex couples in Canada).
- Demographers and researchers acknowledge that census results likely underestimate the actual amount of same sex partnerships in Canada.

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Why LGBT Seniors?

- The current cohort of seniors have experienced profound discrimination both socially and in the health care system
- In Canada homosexuality was decriminalized 40 years ago, in 1969 with the passage of Bill C-150
- In 1973 homosexuality was removed from the DSM-III as a mental disorder

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Why LGBT Seniors?

- In 1977 the Canadian Immigration Act was amended to remove the ban on homosexual men as immigrants
- In 1995 the Supreme Court of Canada ruled that sexual orientation be included in the Canadian Charter of Rights and Freedoms
- In 2005 bill C-38 was passed making gay marriage legal nationwide

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Why LGBT Seniors?

- Research in Canada and internationally suggests that LGBT seniors avoid accessing health care services and 'fall though the cracks', meaning when they ultimately are admitted to hospitals and long-term care they are in a worse state then their heterosexual peers (Brotman Ryan & Cormier, 2003; Cornelson, 1998; Heaphy, Yip and Thompson,2003).
- LGBT seniors are more likely to experience financial difficulties, access less social services and have higher levels of chronic conditions than their heterosexual peers (DeVries, 2005).

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Why LGBT Seniors?

- LGBT seniors are less likely to have support from their "family of origin" because they are less likely to have children and tend to have closer relationships with partners, friends and neighbours (Cantor, Brennan, & Shippy, 2004).
- LGBT seniors appear to be more likely to lack adequate social support, in particular emotional support. Survey research conducted in the US indicates that LGBT seniors report inadequate social support at double the rate of their heterosexual peers (Cantor et al., 2004).

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Why LGBT Seniors?

- Studies indicate that anywhere from 55 to 78% of LGBT seniors are concerned about residential care in relation to their sexual orientation (Heaphy, Yip, & Thompson, 2003; Hostetler & Bertram, 1997)
- Research indicates that among LGBT seniors long-term care facilities are still seen as "illiterate about sexuality" (River, 2006, p. 23) and based on heterosexist assumptions and norms, ill-equipped to address their particular needs and desires (Butler & Hope, 1999; McFarland & Sanders, 2003)

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Why LGBT Seniors?

- Brotman, Ryan and colleagues (2003, 2006) at the University of McGill were the first researchers in Canada to look at the experiences of gay and lesbian seniors in terms of health care in the community.
- Their key findings suggest that gay and lesbian seniors are:
  - profoundly marginalised in social and political life
  - invisible in long-term care
  - fearful and mistrusting of health care providers

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Home and Community Care

- Care in home and community settings has many differences from care in institutional settings such as hospitals.
- Hospital care is highly medical and for the most part brief.
- Care in the home and community however is more often of long duration, and the goal of care is focused on maintaining the independence of the individual.

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Current Research

- Research suggests that in Canada lesbian and gay seniors do not currently receive adequate health and social care in the community, in large part due to profound marginalisation and resulting fear and mistrust of service providers.

- This research will explore the ways in which care in the home and community should be provided to LGBT seniors, and how these changes might impact the provision of home and community care (in terms of cost, design etc.) from the perspective of care providers.

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Current Research

1. How do LGBT seniors and home and community care providers define what constitutes culturally appropriate home and community care for sexually diverse seniors?

2. How do LGBT seniors and home and community care providers perceive ways in which sexual diversity impacts on access and use of home and community care by seniors?

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Current Research

3. How do home and community care providers perceive ways in which the provision of culturally appropriate care for LGBT seniors impacts the health care system?

Specifically,

- What do they consider to be the broader resource implications for health care system design?
- What do they believe to be the resulting cost implications for the health care system?

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Methods: Key Informant Interviews

- In-depth interviews will be conducted with a total of 30 individuals equally distributed between two groups:
  - Group 1: seniors (over age 65) who identify as lesbian, gay, bisexual or transgender and who have experiences receiving home and community care or acting as an informal caregiver to someone receiving home and community care.
  - Group 2: front line care managers who represent home and community support service agencies

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Conclusion

- This research will fill a gap in the literature in regards to the meaning of culturally appropriate care for LGBT seniors, and will suggest how care in the health system should be balanced in order that LGBT seniors have access to appropriate care in the home and community setting, while moderating pressures on the Ontario health care system.

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