



MAY 2021

# LGBTQI2S+ HOUSING & SENIOR CARE FINAL REPORT

QUADRANGLE NL

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A scenic landscape background featuring a gravel path leading up a grassy hillside towards a white lighthouse. The ocean is visible in the distance under a blue sky with scattered white clouds. Red rectangular bars are positioned at the top and bottom of the page.

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RESEARCH  
TEAM**



## **ACKNOWLEDGEMENTS**

We wish to thank the research participants for their time and contributions to the study. We acknowledge the generous support of local LGBTQI2S+ groups and organizations who promoted the study on their websites and social media platforms. Finally, this research was supported with funding from the City of St. John's Non-Profit Housing Catalyst Fund, without which the study would not have been possible.

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# INTRODUCTION

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In recent years, research on the experiences and needs of lesbian, gay, bisexual, transgender, queer, intersex, two-spirit and plus older adults, seniors, and elders (hereinafter referred to as LGBTQI2S+ older adults) has begun to increase (de Vries et al., 2019). LGBTQI2S+ older adults are less represented than their heterosexual counterparts in academic research (Fredriksen-Goldsen & Kim, 2017), as well as being underrepresented in favour of youth and younger members of the LGBTQI2S+ community in popular culture, literature, advocacy, and politics (Bagby, 2014; Yeung, 2016). A simple Google search replacing “LGBT Youth” with “LGBT Seniors” demonstrates the discrepancy in representation with “LGBT Seniors” (22,100,000 results) pulling 159,900,000 fewer hits than “LGBT Youth” (182,000,000 results). Leyerzapf, Visse, De Beer, and Abma (2016) have provided insight into the invisibility of LGBT seniors as an effect of heteronormativity. This lesser representation of LGBTQI2S+ older adults in research may also be related to a reluctance of LGBTQI2S+ older adults to identify themselves as members of this community (Leyerzapf et. al. 2016).

Recently, researchers based at Dalhousie University in Nova Scotia have brought forward a significant amount of analysis on the experiences of LGBTQI2S+ older adults in their province and across most of Canada (Colpitts & Gahagan, 2016; Gahagan, Redden, & National LGBT Housing Matters Research Team, 2020). However, Nova Scotia’s neighbour, Newfoundland and Labrador (NL), is one province where research on LGBTQI2S+ older adults has been lacking (Chaze, Giwa, Groenenberg, & Burns, 2019). Indeed, research into this subject in Canada has largely looked outside of NL for population samples. On occasions where NL residents have been included, such as in Gahagan et al. (2020), their representation has been minimal (fewer than 19 NL survey respondents from a sample of 711).

As in other areas of research, conclusions drawn from mainland data collection cannot be assumed to apply to people in NL. The province's capital city, St. John's, is the only city in NL with a population large enough to be categorized as a large urban centre, and even so, it barely passes the mark with a metro population of 108,860 residents as of 2016 (Statistics Canada, 2017a). Nonetheless, St. John's is a capital city, with many of the markers of larger urban centres. There are, for example, few cities of under 150,000 that host their own symphony, theatre companies, museums, galleries and multiple festivals, including two annual Pride festivals.

Nonetheless, the entire provincial population is less than half that of many mainland urban centres like Ottawa, Toronto, and Montreal. In their seminal study of gender and class history in Newfoundland, Cullum and Porter (2014) write that the story of this province offers "a core, and often neglected" element to the broader composition of Canada's regional, social and political realities. A comprehensive understanding of contemporary realities in this country, they argue, is rooted in a recognition of these regional differences. "Newfoundland, often ignored, is an essential part of this complex whole" (p. 24), they write. This is the case not just historically, but also in the contemporary realities faced by the population of NL, and particularly by groups like our LGBTQI2S+ older adults.

In NL, steps have been taken towards modernizing legislation and policy in the areas of education, human rights and healthcare, as it relates to the broader LGBTQI2S+ community. In 2012, for example, the provincial government designated \$90,000 to promote the development and expansion of gender and sexuality alliances (GSAs) in the province's K-12 education system (Government of Newfoundland and Labrador, 2012). In 2013, the provincial Human Rights Act was amended to include gender identity and gender expression as prohibited grounds of discrimination (Government of Newfoundland and Labrador, 2013). In 2019, the provincial Medical Care Plan (MCP) was overhauled to provide greater access to transition-related surgeries for transgender people including surgical assessments here in the province (Government of Newfoundland and Labrador, 2019). Many of these initiatives have centered around the needs and challenges of younger members of the population. For people who are in, and entering, later-life, priorities and concerns may differ from their younger counterparts. Adults over the age of 65 make up approximately 18 percent of Canada's population (Statistics Canada, 2019).

In NL that number is much higher, with seniors making up 22.5 percent of the province's total population (Statistics Canada, 2019). There is a considerable lack of demographic data on the country's LGBTQI2S+ older adult population (Employment and Social Development Canada, 2018); however, the 2018 Survey of Safety in Public and Private Spaces (SSPPS) estimates 4 percent of the nation's population, or about 1 million people, identify as sexual minorities (Jaffray, 2020). The Canadian Community Health Survey for 2015-16 reports 1.4 percent of Canadians identify as homosexual and 1.5 percent as bisexual, while Rainbow Health Ontario (RHO) estimates that 7.3 percent of Ontarians identify as lesbian, gay, or bisexual.

The RHO also estimates the proportion of Ontarians who identify as transgender at 0.6 percent (House of Commons Canada, 2019). With the lessened visibility of older adults among the LGBTQI2S+ community, it is crucial that research be done to understand the unique experiences and needs of this population, and that our NL policies and initiatives are responsive to research findings that include consideration of any possible regional differences or NL specific data and experiences alongside the larger research themes found on this topic through research performed in other parts of the country.



# LITERATURE REVIEW

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Although there are commonalities between the concerns of LGBTQI2S+ older adults and the general aging adult population, such as worries of losing self-autonomy, losing independence, and social isolation, LGBTQI2S+ older adults have unique community-specific concerns (Kortes-Miller et al., 2018). Current literature findings on the concerns of LGBTQI2S+ older adults can be categorized into three central themes:

1. concerns about access to safe and affordable housing (including the fear of facing discrimination in assisted living);
2. inclusion of LGBTQI2S+ perspectives and experiences in planning and policy connected to later life supports and services;
3. social isolation--which, while a common issue and concern for the general population of older adults, can also be connected to community-specific factors within LGBTQI2S+ populations.

## **Concerns about Safe and Affordable Housing**

Concerns about safety and affordability of housing can be deeply connected for LGBTQI2S+ older adults. This is due to the fact that single-occupancy rooms in long-term care homes are more costly, and safety can be threatened by financial inability to avoid shared-living spaces. Worries about facing discrimination when accessing care are confirmed by the experience recounted by Lezlie, in a 2018 interview by CBC on LGBTQI2S+ older adults in long-term care facilities (Purdon & Palleja, 2018). Lezlie, an older woman who had been in hospital care and experienced mistreatment and homophobic remarks from a nurse told a reporter:

We are worried about the care we are gonna get. We are worried about being treated badly. We worry about actual physical harm happening to us. Not only from staff, but from other residents, because remember, those straight people who were harassing us and beating us back then are now our ages too, right? Now we are the same age in long-term facilities together. That kind of hatred doesn't just disappear.

Similar concerns are further documented through data collected on older adults and health in Nova Scotia. Through focus group discussions, Gahagan et al. (2020) found that LGBTQI2S+ older adults feared discrimination when it came to finding housing and that finding safe and affordable housing was an area of worry. Indeed, when asked if housing facilities were inclusive for LGBTQI2S+ people, many respondents reported that they perceived these facilities as “somewhat” or “very non-inclusive” (Gahagan et al., 2020).

Likewise, Brotman and Ryan (2008) found housing to be a particular concern, with respondents in their study expressing uncertainty about what would happen after losing or leaving their homes: “the omnipresence of homophobia in their past lives, the absence of advocacy within seniors’ organizations and the fears of how they will be treated once in residential services” (p. 14) were all found to be central concerns for this older adult population. Brotman and Ryan’s research highlights that efforts must be made to tackle homophobia within mainstream older adults services and that alongside this work, the development of specific services and programs serving gay and lesbian older adults is paramount.

### **Inclusion of LGBTQI2S+ Perspectives and Experiences in Planning and Policy**

The notion that LGBTQI2S+ specific programming and services must occur in tandem with efforts to address homophobia and transphobia (which may be experienced from medical and support staff as well as fellow residents) is key to the second major theme found in research on the needs of LGBTQI2S+ older adults. This theme centers around the necessity of inclusive spaces and supports created through policy and programming attuned to the needs of the LGBTQI2S+ population, not just to addressing the negative experiences of homophobia. Research by Colpitts and Gahagan (2016) found LGBTQI2S+ community members unsurprisingly recommended consulting, in addition to various health professionals, members of the LGBTQI2S+ community and non-profits which provide services to members of the LGBTQI2S+ community when doing research on the health of LGBTQI2S+ populations. In more recent research, Pang, Gutman, and de Vries (2019) found that steps were being taken to support planning for later life care of older adults as a population but their study underscored the importance of ensuring trans perspectives and experiences were integrated into policy making.

### **Social Isolation**

Given concerns regarding discrimination and the needs identified for policy that recognizes and includes LGBTQI2S+ populations, it is not surprising that social isolation emerges as an important area of concern in the literature on LGBTQI2S+ older adults. Available evidence suggests that social isolation negatively impacts healthy aging (Gilmour & Ramage-Morin, 2020). In one Montreal-based study, social isolation and loneliness were consistently found to be the major challenges for lesbian and gay older adults, which exacerbated other health concerns such as smoking, alcohol and drug use, and cervical and breast cancers (Brotman & Ryan, 2008).



Furthermore, there are social isolation risk factors specific to LGBTQI2S+ older adults such as not being in a conjugal relationship (which applies to 50 percent of LGBTQI2S+ older adults), having no children or fewer children than their heterosexual counterparts, hiding one's sexual orientation and gender identity, fear of and past experience of discrimination, unsupportive or unwelcoming environments for older adults in the broader LGBTQI2S+ community, and social environments which disapprove of one's gender or sexual identity (Employment and Social Development Canada, 2018).

There is hope, however, in the form of a small but growing body of research on solutions to combat social isolation among LGBTQI2S+ older adults. Being part of a community, having a social support network, being able to talk openly about one's sexual orientation and gender identity, and having access to services and residences which aim to be LGBTQI2S+-friendly all work as protection against social isolation (Employment and Social Development Canada, 2018).

Although there is a growing body of research in Canada on LGBTQI2S+ older adults, researchers have called for increased study into the needs and experiences of LGBTQI2S+ older adults (Gahagan et al., 2020). The work of Gahagan et al. (2020) provides a solid foundation of data on this marginalized population to ground further research. However, it is notable that respondents from NL made up only 2 percent of the sample who were surveyed in the research of Gahagan et al., and there were no focus groups held in NL, as was done for other parts of the country.

Clearly a gap remains in research into the needs of LGBTQI2S+ older adults in NL, in order to explore the ways that our population of LGBTQI2S+ older adults have experiences similar to, or differing from, what has been found in other parts of the country. With only 2 percent of the Gahagan et al. study (2020) sample being from NL, it is difficult for any provincially specific information to come to the foreground, a possibility that our more targeted sample and qualitative analysis allows.



# THEORETICAL & CONCEPTUAL FRAMEWORK

This research adopted life course and intersectionality perspectives to provide a needs assessment regarding housing and senior care for LGBTQI2S+ older adults in NL. Originating from the 1960s across several disciplines, life course theory calls for a holistic understanding of human experiences throughout different stages of life (Hutchison, 2008). As a developmental theory, the life course perspective allows for an examination of the impacts of both adverse and positive life events and experiences, which influence health and wellbeing over the life span (Fredriksen-Goldsen & Kim, 2017). Historical, social, and individual events, as well as environmental factors (see Figure 1), are incorporated into the life course perspective to understand how health and wellbeing are influenced in an individual's life course trajectory (Fredriksen-Goldsen & Kim, 2017). The current cohort of LGBTQI2S+ older adults in NL are unique in their historic experiences of being the first generation that were liberated in the LGBTQI2S+ rights movement of the 1960s and 1970s. The life course perspective brings with it the ability to examine how the historic social climate of changing cultural norms and stigma around sexual orientation and gender identity shape health and wellbeing across the life span (Stinchcombe, Kortess-Miller, & Wilson, 2016).

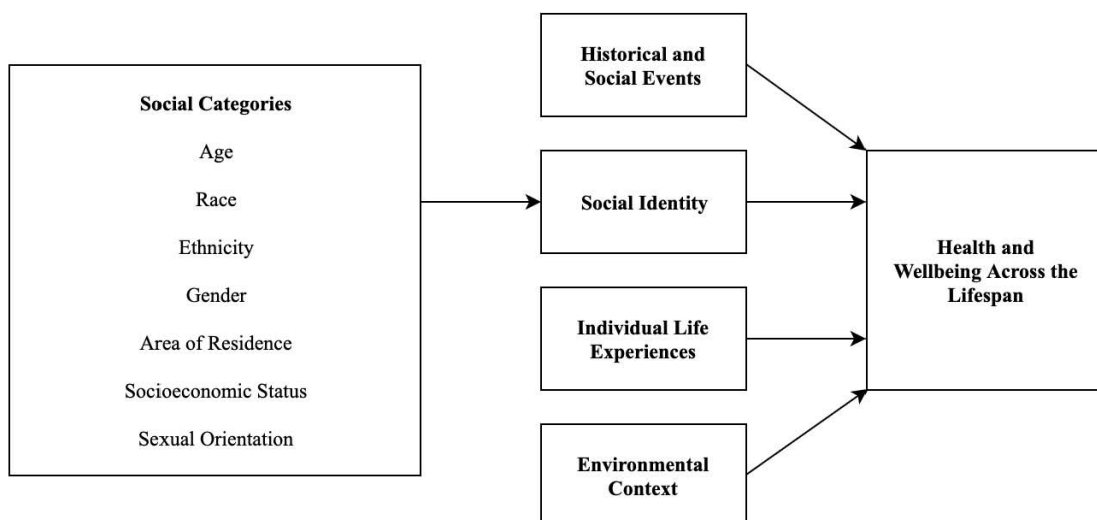


Figure 1. Intersectional Life Course Model

Kimberlé Crenshaw first coined the term intersectionality in 1989, creating space for a multidimensional understanding of social categories as shaping human experience (Bowleg, 2012). A main tenet of an intersectional perspective is that these social categories act interdependently to form social identities, which inevitably impact how people interact with institutions, and how institutions interact with individuals. Intersectionality allows for the incorporation of individual social positioning when examining the current experiences of LGBTQI2S+ older adults. Personal experiences related to age, race, ethnicity, socioeconomic status, areas of residence (e.g., urban or rural), gender, and sexual orientation can be better appreciated by incorporating intersectionality into the life course perspective (Holman & Walker, 2020).

Social dynamics related to intersecting identities structure life events and experiences across the life span affecting various life stages, and thus require attention when examining the current needs of an aging population. Subgroups within the LGBTQI2S+ community, such as Indigenous two-spirit and racialized minorities, are at risk of facing increased stigmatization and social exclusion. Intersecting identities are associated with varying advantages and disadvantages in health and wellbeing (Fredriksen-Goldsen & Kim, 2017). Employing an intersectional life course model (as shown in Figure 1) allows for a comprehension of health and wellbeing that is multidimensional in its ability to incorporate the influence of social identities.





# METHODS

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The current study was conducted between January and March 2021. It adopted both survey and interview research methods, with data collected subjected to qualitative analysis. In this study, we explored social care and housing needs from the perspective of LGBTQI2S+ older adults and long-term care home (LTCH) service providers in NL. Learning about the aspects of social care and housing from the perspective of LGBTQI2S+ older adults and service providers can inform awareness about their aging-related needs, toward evidence-based intervention policy and practice. An online survey method was used to capture demographic information and trends in experience of those who participated, and in-depth interviews were conducted with a smaller sample of participants to more fully ‘flesh out’ the dynamics captured through the survey data. The study was guided by the following research question: What are the specific challenges faced by LGBTQI2S+ older adults in accessing and planning for senior care and housing in NL?

## **LGBTQI2S+ Older Adult Participants**

The sample included 29 LGBTQI2S+ older adults from across NL. Twenty-seven participants completed the survey and 3 participated in the in-depth interviews. One of the participants who completed an interview also completed the survey. Although the majority of participants lived in the St. John’s area, four (14 percent) lived in rural or remote areas of the province. Most participants (16 or 55 percent) were between 60-79 years of age. The commonly stated sexual orientation and gender identity was gay man, with 13 or 45 percent of participants identifying in this way. The remaining participants identified as follows: lesbian woman (8 or 28 percent), bisexual man and woman (3 or 10 percent), transgender woman (1 or 3 percent), queer woman (3 or 10 percent), and other sexual orientation and gender identity (4 or 14 percent). Of the participants who disclosed their race and ethnicity, 27 or 93 percent identified as White, and thus comprised the largest group in the study. A smaller minority was composed of Indigenous and ethnoracial minority groups (5 or 17 percent). With regard to level of education, 14 or 48 percent of participants reported that they had attained a bachelor’s degree or higher, representing the largest number of people in the study. A substantial portion of participants indicated that they were retired (15 or 52 percent), with 13 or 45 percent reportedly living with disability. Although three participants’ confirmed an average annual income of over \$100,000, the largest number of LGBTQI2S+ older adults stated an average annual income between \$20,000-34,999. Only 9 or 31 percent of participants said they were in a committed or long-term relationship, and 12 or 41 percent reported having biological or adopted children.

## **Long-Term Care Home Participants**

The study included a consideration of LTCH service providers. Of the 37 LTCHs in NL, only four providers or LTCHs completed the online survey during the recruitment period, with an overall response rate of 11 percent. The majority of participants (3 or 75 percent) identified that they were located within the Eastern Health Authority and housed between 117 and 210 residents. The participating LTCHs were either a public institution (3 or 75 percent) or a private institution that was funded publicly (1 or 25 percent).

## **Procedure**

Survey and interview participants were recruited through a research recruitment flyer (see Appendix A). The flyer was shared with and distributed by local LGBTQI2S+ groups and organizations (e.g., St. John's Pride Inc., Gay Grays NL, Quadrangle NL) to members, which helped to facilitate recruitment in a timely manner. These groups and organizations distributed the recruitment flyer via available online platforms, such as the organization's website and social media platforms (e.g., Facebook and Twitter). A link to the survey was included on the flyer for potential participants to access and complete at their convenience. In addition to the efforts of LGBTQI2S+ groups and organizations, participants were able to refer others who met eligibility criteria to the study. To participate in the study, participants had to: a) be 50 years and older; b) identify as LGBTQI2S+ older adult, senior, or elder; c) live in and/or plan to retire in NL; and d) be able to read, write, and speak in English. To identify LTCH participants, an email script containing the content of the study plus a link to an anonymous online survey was sent to all 37 LTCHs in NL, which are organized under four different regional health authorities: Eastern, Western, Central, and Labrador-Grenfell (Chaze et al., 2019). Three reminder emails were sent after the invitation email, to remind potential participants to complete the survey. In both cases, informed consent was obtained prior to study participation, with ethics approval provided by the Interdisciplinary Committee on Ethics in Human Research (ICEHR) at Memorial University. No compensation was offered for participation.

## **Data Collection**

An anonymous, self-administered, online qualitative survey was used to collect demographic information (e.g., location of residence, age, sexual orientation, gender identity, etc.), to solicit feedback on predetermined response options, and to elicit typed responses to open-ended questions (Braun et al., 2020). The 30-minute LGBTQI2S+ older adults survey and the 15-minute LTCH participants survey were hosted on the SurveyMonkey from March 5 to 26, 2021. They were pilot tested among the research team to troubleshoot potential glitches and ensure optimal performance under normal conditions (Cox, 2020). To prevent participants from completing the survey multiple times, the collector option to track IP addresses was enabled, and unique computer-generated random numbers were issued to participants. Additional data were collected by way of semistructured in-depth interviews, thus enriching the dynamics and processes found in the survey data.



# FINDINGS AND ANALYSIS

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Five themes emerged from the data gathered from both the survey and semi-structured interviews with LGBTQI2S+ older adults.

1. Desire for Community
2. Loneliness and Isolation
3. Bias-Free Housing and Care
4. Fear of Discrimination
5. Financial Concerns and Insecurity

Themes one and two (Desire for Community, Loneliness and isolation) are clearly two different sides of the same coin, as are themes three and four (Bias-Free Housing and Care, Fear of Discrimination). While the themes have clear connection to one another, a more nuanced sense of participant responses, particularly related to research that focuses on other parts of Canada is maintained by discussing them as separate emergent themes in the data. Indeed, while the themes found resonate with those reported in our review of the literature, it is through this refinement of emergent themes that our analysis points to the particularities and specificities of the NL context that can helpfully inform recommendations that are appropriately attentive to how the context of living in NL intersects with experiences of being LGBTQI2S+ and aging.

## **Desire for Community**

*I have a fantasy of being able to have some kind of multigenerational co-op housing kind of situation where I could have my own house or my own living space, not necessarily a full house, but my own living space and access to a kitchen but be surrounded by people of other generations who are intentional about maintaining a sense of community within that environment and supporting people when they reach the point that they need it and for that environment to be very queer friendly you know that would be a lovely fantasy that I would like to see happen. (Interview #2, cisgender lesbian, 58)*

Desire for community is a theme that emerged strongly from our data. This theme refers to the hope for a future with positive connection, and an emphasis on connecting with other LGBTQI2S+ community members in particular. While the literature review does reveal a theme about the need for positive spaces created for the LGBTQI2S+ community, respondents, in both the survey and interviews, connected access to community to countering both homophobia and discrimination (as the literature review suggests) and also connected it explicitly with combating isolation. As one interview respondent put it succinctly: "I have friends that come over but they're straight--and that's fine, you know, we have a good time--but it would be really nice to have, to feel more connected."

In the survey, when given the opportunity to further report their thoughts on aging as an LGBTQI2S+ community member in NL, 14 participants responded, with community being a central theme in their comments, and most respondents indicating a desire for more social connection. More specifically, of the 14 survey respondents who answered this question, 6 provided hopeful or visionary responses about access to LGBTQI2S+ community.

Akin to the theme of isolation, which we discuss below, several of our respondents made explicit connections between feeling lonely or isolated and the desire to be part of, or more connected with the LGBTQI2S+ community. What's more, they envisioned various ways that community could be made possible, thereby expressing their hopes and desires in this area. For example, one interview respondent said: "I would like to see supported housing [...] similar to what they have for, let's say, low-income people, where there's a block of homes put aside for people who identify as part of the queer community." And as two survey respondents noted in making connections with their experiences of aging and desire for community, one gay man in his 60s said: "[I have] no older gay friends. [It would] be nice to have a retirement home [with other gay people]." A second gay man, in his 50s, remarked: "[I] would love to have housing specific to our community."

This specific desire may be heightened for LGBTQI2S+ older adults in NL compared to LGBTQI2S+ older adults researched in other parts of Canada that have larger populations and urban centres. Higher populations and larger urban centres can increase the likelihood of their being 'gayborhoods' (see Bitterman and Hess, 2021, for recent discussion of the role of gay neighbourhoods from the 60s to the present; Chauncey, 1994, for a more historical account of gay male culture and identity in major urban centres; and Weston, 1995, on the pull of large urban centres for LGBT people). The number of LGBTQI2S+ community members present in larger urban centres is due both to the draw cities have in the 'gay imaginary' (Weston, 1995) and to the fact that the larger a population is overall, the greater number of LGBTQI2S+ people are likely to be present. This also often means that there are more businesses, clubs, or organizations that exist specifically to serve LGBTQI2S+ people. As one survey respondent lamented: "We need more social groups and/or support."

Another respondent noted risks and connected them to a lack of community support in the province: “Loneliness and lack of community support advances bad sexual relationships and mental health issues.” Indeed, NL is one of the few provinces that does not have a brick-and-mortar community centre focused on LGBTQI2S+ community members and organizations, and most LGBTQI2S+ social spaces are found through events or occasions (both public and private), and therefore don’t provide consistent social space specific to the LGBTQI2S+ community. As one queer female in her 50s shared “It seems the community is invisible. There needs to be something to bring people together.”

## **Loneliness and Isolation**

*Interviewer: Are you living alone right now?*

*Participant: Unless you count my cat.*

*Interviewer: You should always count the cat.*

*Participant: Yes, but he’s not very good at helping me out, if I should, you know, have a fall and break my pelvis, I don’t think he’s going to do me much good (laughter). (Interview #2, cisgender lesbian, 58)*

The theme of Loneliness and Isolation refers both to current experiences of loneliness, and to fears of encountering loneliness and isolation as part of aging, particularly as aging intersects with being LGBTQI2S+. Survey respondents were quite vocal in articulating their experience of loneliness. One respondent, a gay man in his 50s, said on behalf of himself and his partner “We are not all connected to what is available for community members. I also find it hard to find a friend when you quit drinking in this province. [It’s] hard to socialize.” When asked to reflect on their experience as a LGBTQI2S+ community member in NL another respondent, a gay man in his 60s, shared very simply: “It can be lonely.”

Discussion of loneliness also revealed components specific to NL as seen in comments from one survey respondent who noted “I am a come-from-away and have lived here for many decades but I still feel like an outsider to the dominant population” (Survey Participant #11, cisgender lesbian, 60-69). That sense of being an outsider in NL can intersect with the isolation that is connected more specifically to LGBTQI2S+ older adults, both generally, and in NL with it’s smaller population and fewer LGBTQI2S+ community spaces:

*I’m not sure how much of a community there is here of people that are getting older, you know. [As] LGBTQI2S+ you know we say it’s a community but what does ‘community’ mean you know? For me, it means people checking up on one another, calling each other when you can, going to visit once in a while, inviting you places but I don’t see that happening a lot. So yeah, it is isolating. (Interview #3, cisgender lesbian, 60)*



Not only did respondents express a feeling of disconnection from their local communities and the LGBTQ|2S+ community but data also revealed a lack of certainty in how family might be available to help. Out of all survey participants only 11 reported having children. As shown in Figure 2, of those who have children very few (2) felt certain they could rely on their children to assist them with their care as they aged. Four thought there was a possibility their children could assist them as they aged but were not sure, five responded that they could not rely on their children to assist them with care as they aged, and one respondent was unsure.

### On whether or not participants can rely on their children for care as they age.

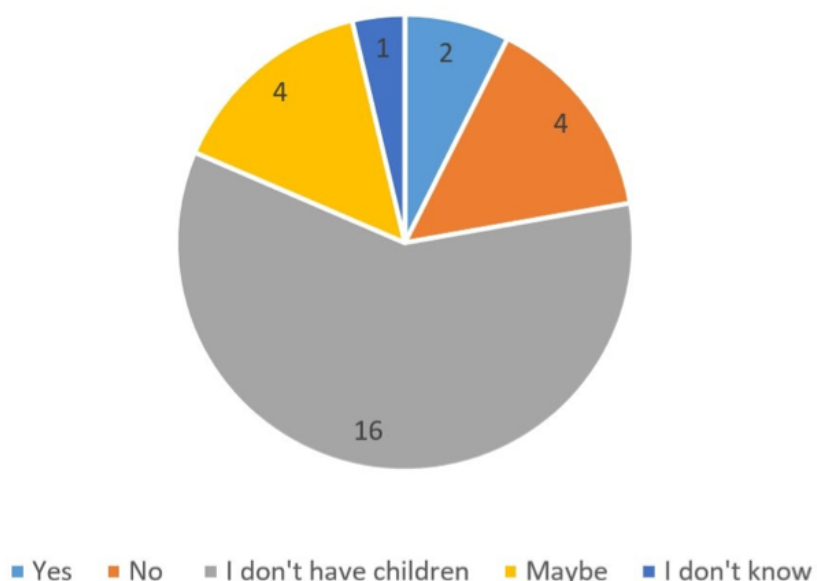


Figure 2: On whether or not participants can rely on their children for care as they age.

Further supporting these findings in the survey, two of the interview respondents also have children and both indicated that they were uncertain of their children's ability to assist them as they aged. Notably, they connected their uncertainty to the realities of living in NL, which often see young people moving away to find better paying work. As one respondent explained:

*No [I can't rely on my child to assist]. If he's here, he would but I don't expect he'll stay in Newfoundland once he gets an education and figures out what he wants to do in life. He's already said, he said mom there's nothing here for me, there's no work, right? He said: 'I could struggle, or I can go away and try to make some real money.' I said, 'Yeah, those are your options', right? So when he gets his accreditation he's gone, right. So in my old age unless I have a life partner or partners because I'm polyamorous but, ah you know, it's just going to be little old me. It's been like that most of my life anyways. (Interview #1, queer trans woman, 54)*

In relation to the number of respondents (16) who reported not having children, it is important to note that having fewer or no children is defined as a key risk factor for LGBTQI2S+ older adults to experience social isolation (Employment and Social Development Canada, 2018). That same report indicates that access to services and residences that are LGBTQI2S+ friendly as well as being able to openly discuss one's sexual orientation and gender identity can mitigate isolation and loneliness. However, highlighted by the data collected for the current study is the role romantic partnership can play in combating isolation, and the difficulties older LGBTQI2S+ adults can face in finding appropriate romantic partnership.

Indeed, while 50 percent of LGBTQI2S+ older adults were single in 2018 (Employment and Social Development Canada, 2018), our survey sample had 70 percent of respondents indicating that they are not in a relationship, along with all three of the interview respondents being single. While other studies note the relationship of singlehood to feelings of isolation, this may be another area where the intersection of sexual orientation, aging, and the context of living in NL exacerbate these difficulties.

To illustrate this point, one interviewee noted the intersection of sexual orientation with aging as presenting difficulty with finding partnership: "It's hard getting older and dating anyway and just finding partners, and especially when you come out late like me or later in life. But it's like I said it's hard dating anyway but when you're trying to date in a community that has such an emphasis on youth and it's the queer community..." We would note that adding the intersection of being in NL, a province without a larger urban centre, and with a lower population from which eligible partners may be drawn, may further exacerbate this difficulty.

### **Bias-Free Housing and Care**

*I am hopeful that the general culture around gender and sexuality will continue to become more accepting as I age and that, by the time I have a need for long-term care, my sexuality will not be an impediment and I will not need to sacrifice my visibility as a lesbian. Given recent political events and climate in the larger world I am worried. (Survey Participant #19, woman, lesbian, 50-59)*

This theme is characterized by responses that indicate plans or desire for elder care and housing that is free of homophobia and transphobia, including visions of hypothetical ways that this could be accomplished to meet expressed needs experienced by respondents.

In the survey, participants were asked about their level of concern with their sexual orientation or gender identity presenting difficulties for housing, care, or wellbeing as they age. Nine participants indicated no concern at all and 12 indicated they were at least a little bit concerned about their gender or sexuality presenting difficulties.

We can see in the yellow section of Figure 3 below that 7 respondents indicated they felt moderately concerned; 1, shown in the orange section, indicated they were a little bit concerned; and 4 were very concerned. The grey portion represents 6 respondents who didn't consider themselves to be concerned nor unconcerned, but somewhere between. Nine participants went on to elaborate on their concerns, all of whom had categorized themselves as either moderately or very concerned.

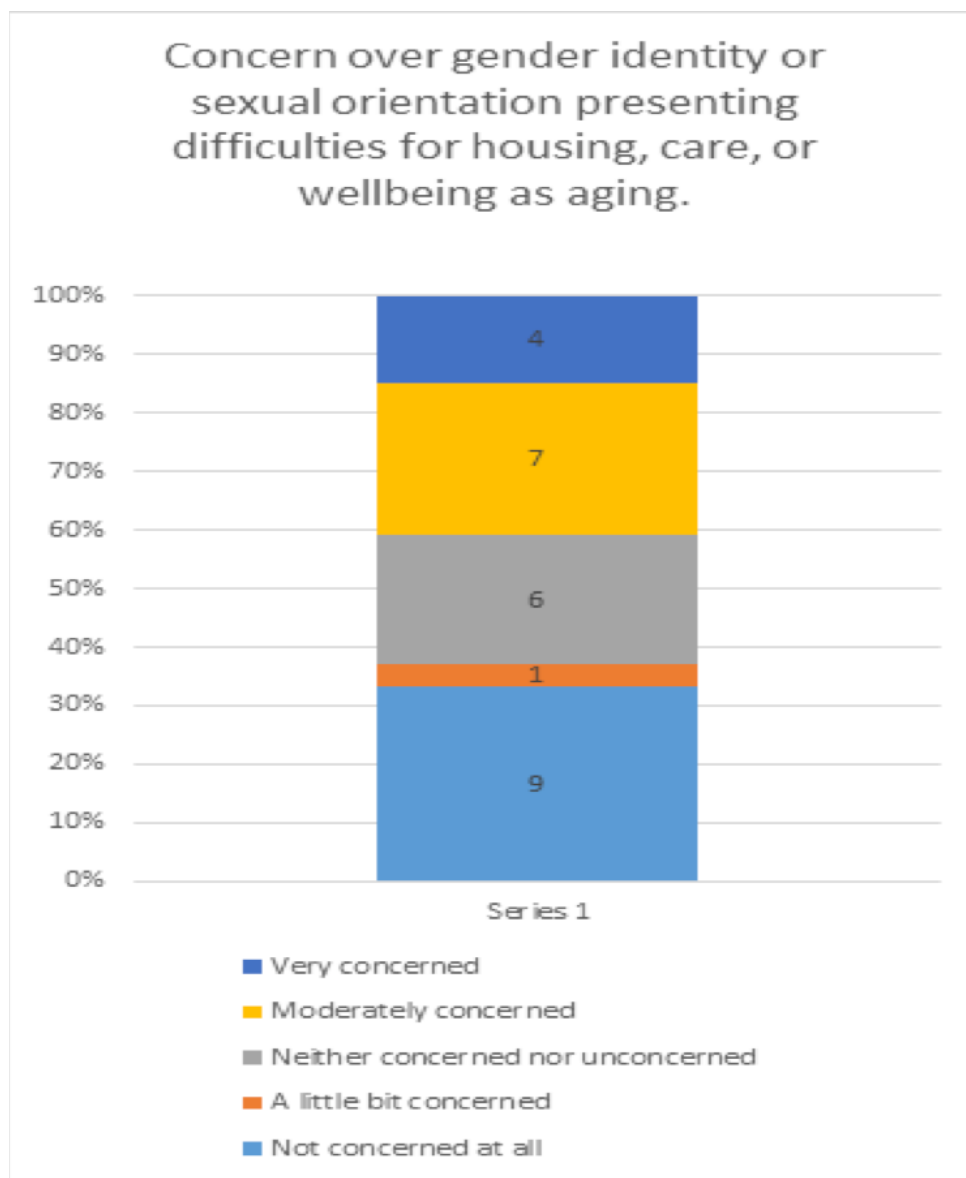


Figure 3: Concern over gender identity or sexual orientation presenting difficulties for housing, care, or wellbeing as aging.

While survey responses seemed to share more concern for bias-free care and its availability, which fits better in the next theme- fear of discrimination, in the interview there were several more optimistic outlooks with the following quote demonstrating just one:

*I can imagine a queer specific long-term care facility or something but what's probably even more important is to work towards visibility and inclusion in all long-term care facilities. Not everybody is going to want to move to St. John's if they're gay because that's only place where it's okay to be gay you know you'd want to be okay to be gay anywhere else too. (Interview #2, cisgender lesbian, 58)*

Newfoundland and Labrador is a large province with many small communities and only one urban centre (that is comparatively small in comparison to cities across the country). This participant points out that LGBTQI2S+ older adults should not need to leave their home communities and move to the province's capital in order to access safe long term housing and healthcare services. Although there were other respondents who imagined an LGBTQI2S+ specific long-term care facility, not all respondents shared enthusiasm for the idea.

One participant explained they did not want “ghettoized housing or services for LGBTQI2S+ seniors only” and expressed that they wanted housing and healthcare “service providers to be knowledgeable, trained, and responsive to needs” of LGBTQI2S+ older adults. A similar sentiment is echoed in the results of the Canadian LGBT older adults housing project (Gahagan et al., 2020) where some participants feared “ghettoized” treatment and care or targeting and mistreatment should there be legal and political shifts based in anti-LGBTQI2S+ ideologies (p. 13). As another interview participant noted:

*Much as I want to see dedicated spaces and I would want to participate extensively, I think in the bigger picture it's just as important for safe and affirming aging to be available – to be something that is not segregated from the rest of society. So to figure out what does that actually look like to be safe and affirming in the context of a long-term care place that's not specifically oriented for queer people but nevertheless is a safe and affirming place that a queer person could be just as safe there and affirmed there as a straight person. I don't know what that looks like in actual practice, but I would want for that to be the case (Interview #2, cisgender lesbian, 58)*

This participant's remark echoes and supports findings of Lof and Olaison (2020) whose Swedish study found that their respondents emphasized the need for acceptance of their gender and sexual orientation in elder care services, but held divergent views on if LGBTQ specific services and housing, or increased inclusivity of existing services would be preferable.

## **Fear of Discrimination**

*"I don't feel I would be treated well if the homecare person knew I was gay."  
(Survey Participant #38, cisgender lesbian, 60-69)*

Fear of discrimination due to sexual or gender identity informed both responses about current experience and discussions of the future for respondents. Participants in both the survey and interview recognized homophobia and transphobia continue to exist and that they lived with an understanding that discrimination on the basis of their gender identity or sexual orientation is a possibility. As we've seen, Figure 3 illustrates that some respondents had concerns about their gender identity or sexual orientation impacting their quality of life or access to adequate healthcare. For other respondents discrimination or fear of discrimination was impacting their ability to live visibly in their local communities. While one respondent was happily out within their household and to family, friends, and medical service providers they were nervous being out in their neighbourhood due to unspecified incidents which communicated it was unsafe to be open about their gender identity or sexual orientation. Another survey respondent had dealt with homophobic-based harassment in their local community causing them to experience a lot of loneliness in a small town, while one interviewee needed to react differently to harassment by leaving their hometown altogether.

A similar theme is common in the literature where LGBTQI2S+ older adults are fearful of experiencing abuse and discrimination in housing and healthcare based on their sexual orientation, gender presentation, and/or their gender identity (de Vries et al., 2019 ; Cahagan et al., 2020; Purdon & Palleja, 2018). Likewise, many participants in the current study, while acknowledging the progressive changes in the mainstream culture for LGBTQI2S+ community members, also recognize that political climates can shift to being more hostile towards LGBTQI2S+ community members and that not all people, and therefore the systems those individuals work in, are positive toward community members. According to one respondent: "There will always be people who would not accept my orientation and possibly make my last years very difficult" (Survey Participant #15, gay female, 70s). Another participant was less concerned about individual opinions but expressed "People's attitudes are changing [but] systems lag far behind" (Survey Participant #20, lesbian female, 70s). The fears of discrimination relate to possible discrimination from support and medical staff both in assisted living and in people's own homes. One interviewee noted:

*I could stay here [her current home] you know, and then we're looking at if I need support, where would that come from? And there lies some of the issues around home support, you know. And I'm sort of thinking it goes along with housing that we also need to build something in to help each other as we age, right? So I don't necessarily want to have a stranger coming into my home to do whatever I need. I would much rather have someone from the community do that. (Interview #3, cisgender lesbian, 60)*

The fear of discrimination is not, however, only related to possible biases of healthcare and support workers as these respondents expressed, but also connects with navigating the complexities of shared community with a range of others in assisted living facilities. As one respondent noted, fellow residents can also be a possible source of issue: “The majority of residents here are older adults and I find they are not always open-minded about gay people so I have learned to try and keep that I am a lesbian a secret.” (Survey Participant #38, lesbian female, 60-69)

### Financial Concerns and Insecurity

The majority of respondents to the survey are no longer participating in the workforce with 52 percent reporting they are retired and 11 percent unable to work. The next largest group in our sample, 26 percent, are those who are employed full-time. The remaining 11 percent of respondents indicated they were self-employed or employed part-time.

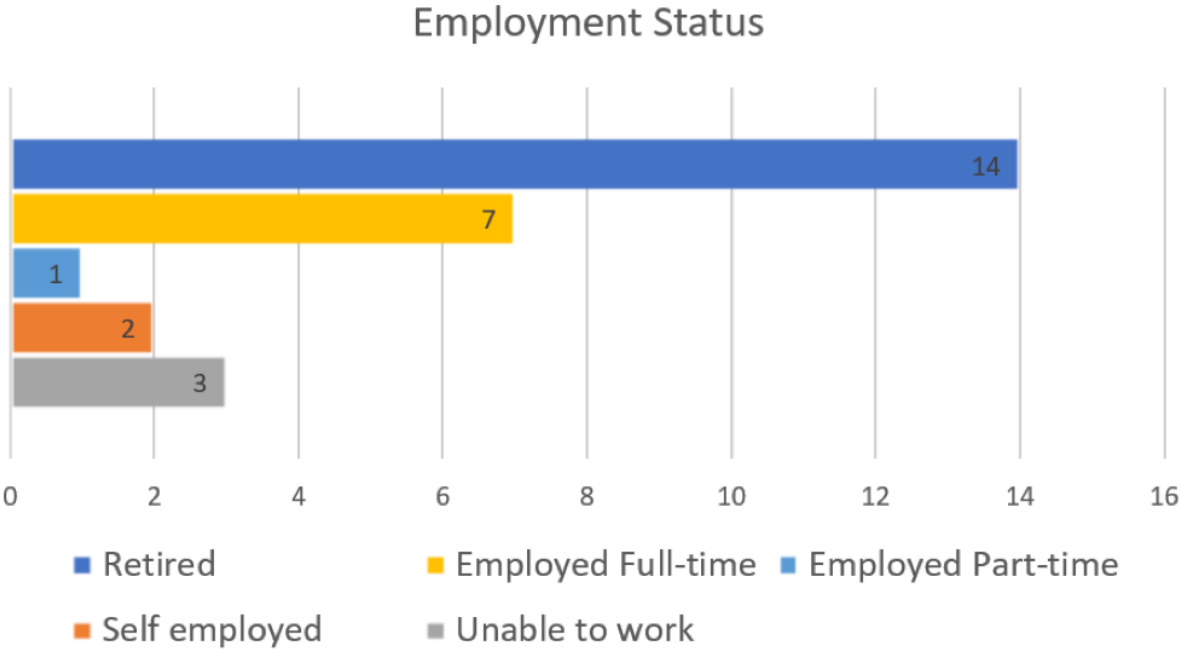


Figure 4: Employment status.

From those participants currently working, we inquired about current plans for retirement. Three participants responded they expected to retire within 5 years, 3 within 10 years, 4 within 15 years and 1 respondent indicated no current plans regarding retirement.

Survey participants were also asked about average annual household income. Half of respondents, 50 percent, indicated their household income fell below \$35,000 annually, which is roughly double the percentage of the rest of the province at 26 percent (Statistics Canada, 2017b).

The annual household income data set can be further broken down into six respective categories, with 19 percent of respondents making less than \$20,000 annually; 31 percent of respondents making between \$20,000- \$34, 999 annually; 15 percent of respondents making between \$35,000- \$49,999; 15 percent of respondents making between \$50,000- \$74,999 annually; 8 percent of respondents making between \$75,000- \$99,999 annually; and 12 percent of respondents making over \$100,000 annually.

Given this breakdown of employment status and income, it is not surprising that financial concerns or financial insecurity was an emergent theme in our data, a theme also reflected in the three individual interviews, in which one participant said:

*There's always uncertainty, because you never know what level of needs you're going to encounter and how long you're going to have maybe more in needs that, you know, require more financial supports. There's always a fear that you're going to run out of money before you run out of life and you just have to, you know, you save what you can. (Interview #2, cisgender lesbian, 58)*

Similar to their heterosexual aging counterparts, LGBTQI2S+ community members often have concerns about or experience insecurity related to their financial wellbeing. How this theme is experienced or expressed can be influenced by factors related to sexual and gender diversity. High rates of being single, as discussed above, do not only relate to isolation and loneliness for LGBTQI2S+ older adults, it can also have effect on financial concerns and possibilities:

*You need to make do with what you have if you're on your own, right? If you add in a partner and they have income or whatever then things change, right, the vision changes. But you know right now I don't know if I'm going to have a life partner, I hope I will, but you know it's like I got to look at planning for me and just be me you know so that's it, right. And like I said, if I get a life partner and someone who manages to stick around, you know, it's-- I'll re-examine the plan, right? Plans change. (Interview #1, queer trans woman, 54)*

When asked about their confidence or uncertainty in their financial capacity to access safe, affordable **healthcare and/or homecare** as they age (Figure 5), only 2 respondents shared they felt fully confident in that ability. There were 6 respondents who felt somewhat confident, 12 were somewhat uncertain and 4 felt very uncertain. Three respondents indicated that they fell somewhere in the middle.

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Confidence or uncertainty in one's financial capacity to access safe, affordable healthcare and/or homecare.

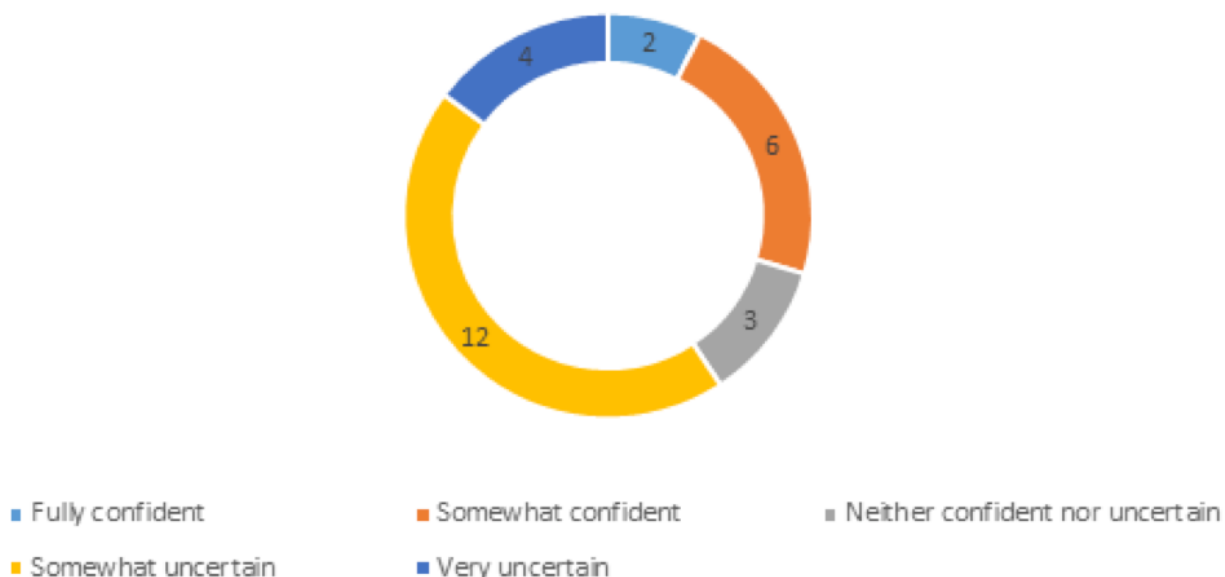


Figure 5: Confidence or uncertainty in one's financial capacity to access safe, affordable healthcare and/or homecare.

When asked the same question in regards to the individual's capacity to access safe, affordable **housing** as they age (Figure 6), once again, only 2 felt fully confident in their financial ability to do so. Seven respondents were somewhat confident, 8 were somewhat uncertain, 5 felt very uncertain and 5 indicated they fell somewhere in the middle.

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Confidence or uncertainty in one's financial capacity to access safe, affordable housing as they age.

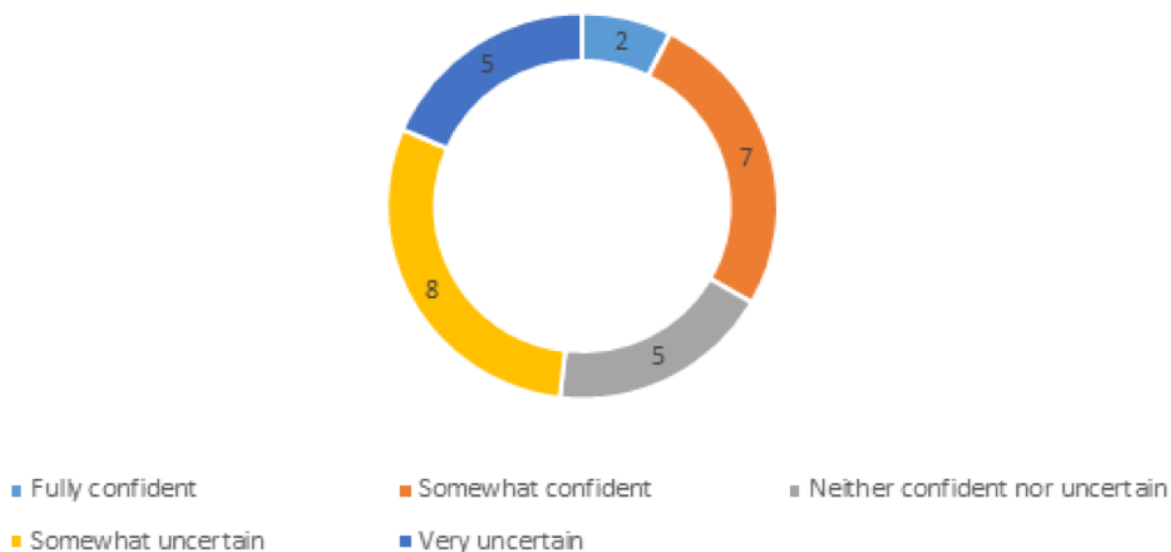


Figure 6: Confidence or uncertainty in one's financial capacity to access safe, affordable housing as they age.



In this section of the report, we present findings from the LTCH survey. Each LTCH representative completing the survey identified that they and their staff were somewhat knowledgeable about LGBTQI2S+ issues. Yet, 75 percent of respondents answered that they did not know (1 or 25 percent) or did not believe (2 or 50 percent) that LGBTQI2S+ older adults have different needs than their heterosexual counterparts (Figure 7).

### 6. Do you think LGBTQI2S+ older adults have different needs than their heterosexual counterparts?

Answered: 4 Skipped: 0

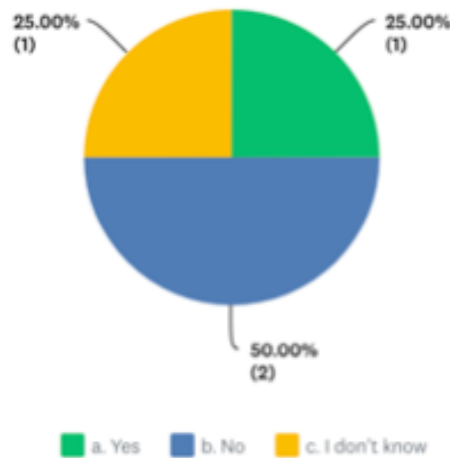


Figure 7: Perceptions of LGBTQI2S+ older adults as having different needs than heterosexuals.

None of the LTCHs surveyed had any programs or services in place at their facility to address the unique needs of LGBTQI2S+ older adults, and the majority of respondents (3 or 75 percent) did not identify any formal policies aimed at supporting this population. None of the respondents reported having professional development trainings arranged for their staff in the past around the issues faced by the LGBTQI2S+ community (Figure 8).

### 9. Have your staff received any professional development training connected to working with LGBTQI2S+ community members?

Answered: 3 Skipped: 1

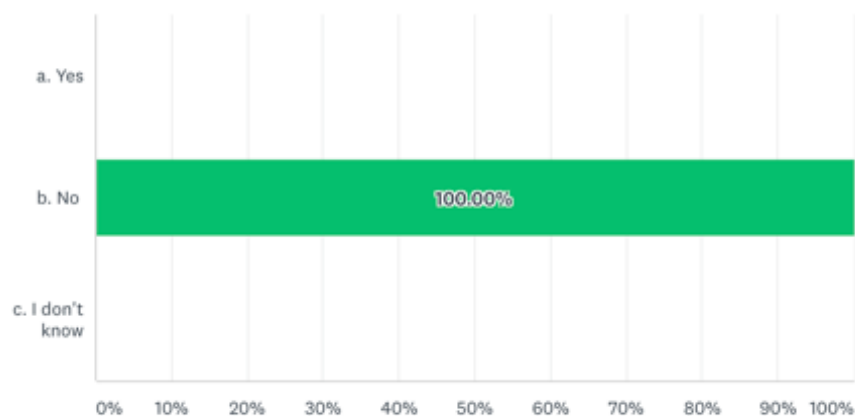


Figure 8: Reported number of LTCH providers with professional development training to work with LGBTQI2S+ community members.

Long-term care homes that identified heterosexual partners are able to cohabit maintain this policy for LGBTQI2S+ residents. The majority of respondents (3 or 75 percent) were not, however, aware of any LGBTQI2S+ residents in their care (Figure 9). A concern identified for LGBTQI2S+ community members entering LTCHs was a possible lack of acceptance (2 or 50 percent). While 1 LTCH said they encourage inclusivity (25 percent), another identified transgender residents as a potential challenge for the facility (25 percent). Three or 75 percent of survey respondents identified that their facilities would benefit from a training around LGBTQI2S+ older adults.

### 13. Are you aware of any LGBTQI2S+ residents in your care?

Answered: 4 Skipped: 0

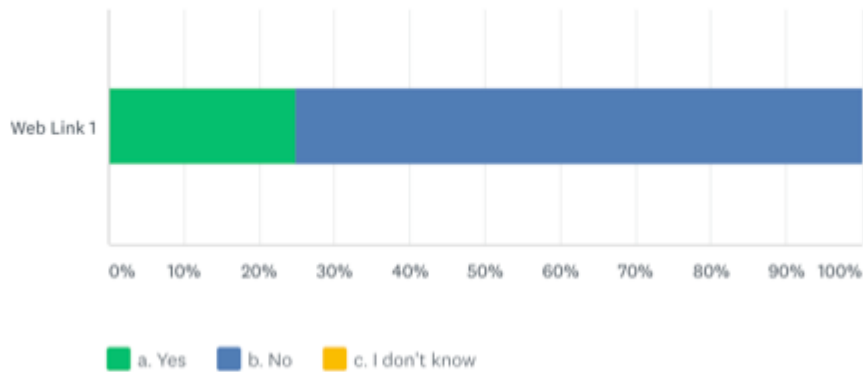


Figure 9: Knowledge of LGBTQI2S+ older adults in the LTCH's care.

None of the respondents have undergone a diversity review in the past (4 or 100 percent). When asked about the readiness of residences to serve LGBTQI2S+ community members, 1 facility identified having a number of LGBTQI2S+-identifying residents as well as employees, which has been a positive factor to the environment. However, issues of knowledge, acceptance and understanding were areas of concern for both staff and other residents at the facility.





# RECOMMENDATIONS & CONCLUSION

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The findings of this study point to a range of recommendations connected with 1) addressing isolation and supporting community connection and 2) availability and provision of non-discriminatory affirmative care and housing. These are made in connection both with the existing research and the specific needs highlighted by the NL older adults surveyed and interviewed in this research study.

Simpson, Almack and Wathery (2018) point to the importance of a variety of supports, services, and solutions available for LGBTQI2S+ older adults. Indeed, considering and enacting a range of solutions is key to addressing the needs of this diverse population who will have experienced their sexual and gender identities in variable ways and through a range of historical context (Wilson & Stinchcombe, 2019). As such, individuals have a range of views on appropriate aging supports—be that inclusion in existing services, or development of specialized services (Löf & Olaison, 2020).

Our recommendations include support, services or opportunities for those living in the larger community (i.e., ageing in place), and within the built communities of long-term care homes.

## **Addressing Isolation and Supporting Community Connection**

1. *Create/support LGBTQI2S+ social events, gatherings, and meeting spaces that focus on bringing older adults together.* Responses received in this research highlight that spaces and events explicitly for older adults to meet and socialize would help to alleviate isolation from LGBTQI2S+ communities.
2. *Create/support LGBTQI2S+ community built infrastructures for cross-generational care and companionship (e.g., circles of care).* This research study highlighted the positive possibilities of building intentional cross-generational queer community opportunities for mutual benefit and companionship.
3. *Increase employment opportunities for LGBTQI2S+ community members in long-term care facilities.* This research study highlights that fear of discrimination, isolation and stigma impact LGBTQI2S+ older adults when planning for long-term care in NL. Having LGBTQI2S+ community members on staff has been identified as a factor that can increase positive experiences of LGBTQI2S+ older adults around inclusion and acceptance. LTCHs should demonstrate equitable hiring practices to reduce barriers to employment for this community and increase diversity among staff.

4. *In collaboration with the LGBTQI2S+ community, implement services and programs in long-term care facilities to meet the needs of LGBTQI2S+ older adults.* Every long-term care home in NL should have services and programs in place for LGBTQI2S+ older adults, regardless of whether they have knowledge of LGBTQI2S+ older adults being in their care. LGBTQI2S+ older adults should not have to request this being implemented upon admittance to the long-term care facility.
5. *LGBTQI2S+ older adults living in long-term care homes should have increased access to support from the LGBTQI2S+ community.* To decrease social isolation, LGBTQI2S+ older adults need to be able to access support from others in safe LGBTQI2S+ community spaces. If this is not possible due to COVID-19 and related pandemic restrictions, or an inability to access a safe space due to medical concerns, a safe space should be provided virtually.
6. *Ensure same-sex partners have access to shared rooms in assisted living facilities.*

## **Availability and Provision of Non-discriminatory Affirmative Care and Housing**

According to Simpson et al. (2018), providing the same care for all residents regardless of sexual orientation or gender identity can reinforce heterocentric norms that deny sexual and identity difference. This can affirm the fears of LGBTQI2S+ older adults that their lives and identities will be erased with a transition into long term care homes (Simpson et al., 2018). The suggestions below include recommendations that make existing care and housing safer and/or more welcoming and aware, as well as care and housing that is targeted for LGBTQI2S+ people.

1. *Mandatory LGBTQI2S+ community training for all doctors, nurses, and home-healthcare support workers.* LGBTQI2S+ older adults should feel confident that healthcare and home-support workers have received professional training and are knowledgeable about providing bias-free support and care to LGBTQI2S+ residents or clients.
2. *Government funding and/or subsidy for homecare, housing, and long-term care that is attentive to and targeted at LGBTQI2S+ older adults.* This can include targeted supportive housing for this population, support for intentional LGBTQI2S+ community housing initiatives, as well as policy awareness that gender and sexual minority older adults have, on average, fewer family members to assist in care as they age.
3. *Community supports for affirmative housing.* This includes supports for cross-generational supportive living arrangements among LGBTQI2S+ community members, and for creating shared living arrangements among LGBTQI2S+ older adults.

4. *Mandatory LGBTQI2S+ community training for all staff at long-term care facilities province-wide.* LGBTQI2S+ older adults should be able to stay in their local communities and still receive adequate bias-free care. This training must be developed by LGBTQI2S+ community members. It should be delivered as a self-managed online training to accommodate varying schedules, in-person to encourage dialogue between trainers and participants, or a mixed approach design.
5. *Annual diversity/inclusivity reviews of all long-term care facilities in NL.* Long-term care homes fall under the jurisdiction of their respective health authority and must abide by a set of standards set out within their region, whether they are classified as private or public. Health authorities need to prioritize the unique health needs of the aging LGBTQI2S+ community by implementing mandatory diversity/inclusivity reviews in collaboration with the LGBTQI2S+ community.

## **Conclusion**

To our knowledge, this is the first study to explore the social care and housing needs of LGBTQI2S+ older adults in NL, and to consider the perspectives of LTCH providers on the matter. Thus, the study makes an important but preliminary contribution to our understanding of the research topic. A couple of limitations is worth noting, however. First, the length of time for ethics approval was an unavoidable challenge, with implications for data collection. The short timeline (March 5 to 26), combined with the tight end-of-grant final report deadline, did not allow for the collection of a larger sample or more interviews. Second, as only 29 participants chose to participate in the study, the findings cannot be generalized beyond this particular group. Despite these limitations, our research shows that aging for LGBTQI2S+ individuals in NL has some similarities to those identified in other studies throughout the country, with a few area-specific concerns regarding community, social isolation, and discrimination. Our study highlights how sexual orientation and gender identity intersect with aging and the cultural and sociodemographic specificities of NL. This research has also identified some of the experiences and opinions of staff from LTCHs, deepening our insight into potential supports for LTCH staff to better serve their LGBTQI2S+ clients. The results of our data, in conversation with previously generated research within Canada, have informed our recommendations, which we believe will go towards improving the quality of life and care for the aging LGBTQI2S+ population of NL.



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# APPENDIX A

## Senior Care & Housing In NL

- Are you age 50 and older?
- Do you currently live in or plan to retire in NL?
- Do you identify as a member of the LGBTQI2S+ community in NL?

**We want to hear about your plan for senior care and housing!**

**You can participate in the study in two ways.**

To complete the 30-minute survey, please refer to the link below:

**<https://www.surveymonkey.com/r/HC6H6XR>**

To complete the 60-minute phone or Zoom interview, please contact the researchers:

**Dr. Sulaimon Giwa ([sgiwa@mun.ca](mailto:sgiwa@mun.ca) or 819-319-9832) or  
Dr. Ailsa Craig ([acraig@mun.ca](mailto:acraig@mun.ca) or 709-746-3058)**

**All contact will be confidential and participation is voluntary.**

Demographic/personal information will be collected to determine representative sample of research participants.

Participation is not a requirement of any organizations or groups that may distribute the study and recruitment documents on behalf of the research team. Your decision to participate, or not, will not impact membership and/or any services and/or programs that you may access, and will not be reported to anyone

The proposal for this research has been reviewed by the Interdisciplinary Committee on Ethics in Human Research (ICEHR) and found to be in compliance with Memorial University's ethics policy. If you have ethical concerns about the research, such as the way you have been treated or your rights as a participant, you may contact the Chairperson of the ICEHR at [icehr@mun.ca](mailto:icehr@mun.ca) or by telephone at (709) 864-2861.



# LGBTQI2S+ HOUSING & SENIOR CARE FINAL REPORT

QUADRANGLE NL