

Exploring the Role of Affordable and Inclusive Housing on the Health of LGBTQ Older Adults

Amy Rosenwohl-Mack, RN, MSc¹; Darin Smith, MPH, MSW¹; Meredith Greene, MD²; Karyn Skultety, PhD³; Leslie Dubbin, PhD, RN⁴; & Jason D. Flatt, PhD, MPH¹



¹Institute for Health & Aging, School of Nursing, University of California, San Francisco; ²Division of Geriatrics, Department of Medicine, School of Medicine, University of California, San Francisco; ³Openhouse, San Francisco, CA; ⁴Department of Social & Behavioral Sciences, School of Nursing, University of California, San Francisco, San Francisco, CA

Background

- 2+ million older adults aged 60+ in the U.S. self-identify as lesbian, gay, bisexual, transgender and queer (LGBTQ)¹
- LGBTQ older adults living in urban settings face significant challenges in obtaining housing due to a lack of affordable housing, discrimination, isolation, and socioeconomic and health challenges²
- Difficulties are exacerbated by higher burdens of physical and mental health problems (e.g., disability, HIV, poor mental health, limited access and less inclusive healthcare)
- Housing improvements may be associated with benefits for health and well-being³

Study Objective: To explore the lived experiences of older adults currently residing in LGBTQ-welcoming affordable senior housing with on-site services in San Francisco

Methods

- 3 focus groups (n = 21) lasting 75-92 minutes (July-August 2018)
- Convenience sample of older adults living in newly developed LGBTQ-welcoming affordable senior housing in San Francisco, CA, with on-site services provided by a nonprofit specializing in serving the LGBTQ community
- Recruitment: flyers and staff outreach
- Incentives: \$25 gift card and meal
- Focus group guide: health and social service needs, quality of life, and experiences of living in LGBTQ-welcoming affordable senior housing
- Data analysis: "Flexible qualitative coding" adapted from Deterding and Waters (2018)



Demographics

CHARACTERISTIC	PERCENT
Age mean (sd)	61 (5.6)
Born in the US	100%
Latinx	14%
Race/ethnicity	
American Indian/Alaska Native	14%
Black/African American	38%
Mexican	5%
Mixed heritage	5%
White	48%
Another	5%
Highest education completed	
≤High school	29%
Some college/technical training	24%
2-year college degree	5%
4-year college degree	19%
Masters/Professional degree	24%
Sex assigned at birth	
Female	24%
Male	76%
Gender identity	
Female	33%
Male	57%
Trans woman	14%
Sexual orientation	
Asexual	10%
Bisexual	10%
Gay/homosexual	34%
Heterosexual/straight	40%
Queer	14%
Another identity	5%

Acknowledgements: This research is supported by the California Health Care Foundation, the UCSF National Center of Excellence in Women's Health, and the UCSF Academic Senate Committee on Research

Results

Housing stability reduces stress and enables self-care

- Participants described previously living in unstable and stressful housing situations, including homelessness, eviction, and low quality housing
- For some, this mirrored life-long experiences of instability such as growing up on the street, in the projects, or hotels: "A different school every semester"
- After moving in, participants reported improved mental health and reduced stress due to no longer having to worry about housing:

"My mood has gotten much better and my health has improved [...] I'm just taking much better care of myself."



Appealing physical environment promotes well-being and self-esteem

- Many participants had known the building in its previous incarnations and appreciated the historical features and striking décor
- Residents felt valued, welcome, and proud to live in this unique and attractive space:

"My palace, it's my castle, it's my sanctuary. It's my home."

- Residents reported exercising by walking around the building and appreciated provision of elevators, grab rails, and stoves
- A resident with recent hip surgery described health benefits of his new home:

"I think I can heal faster because I'm in this building."

Community and social support are protective for health

- Residents experienced a strong sense of community and solidarity and felt this was something they had actively created
- Being surrounded by the community was seen as protective:

"If you're depressed, you come out here and one of us says, 'Hi how are you?' – we ain't gonna let you get too depressed."

- Seeing older and frailer residents doing well inspired others to stay active and healthy

In-house support facilitates access to healthcare

- Participants used a wide range of services and activities (lunches, language classes, housing services, case management, advocacy, financial services, exercise classes)
- Those who didn't need services still appreciated their presence
- Participants mentioned the benefits of having a housing services coordinator and transportation to help them access important medical care:

"To have somebody here who you can count on, in a situation like that, just makes life so much easier."

Mixed feelings on aging in place in LGBTQ-welcoming senior housing

- Some participants hoped to stay forever, whereas others expected to move elsewhere if their needs increased
- The LGBTQ-welcoming label made some feel uncomfortable: "I don't want to be identified as what the building stands for, this is my home"
- Others felt it was vital to have LGBTQ-welcoming housing, because they did not have children to look after them and had lost many friends during the AIDS crisis:

"There is a lack of empathy sometimes for elder gay people, and I think that's the most fantastic thing about this, that it is addressing [that]."

- Reactions to the senior-friendly nature of the housing also varied

Discussion

- LGBTQ older adults face unique challenges in obtaining affordable and stable housing
- Affordable, supportive, and inclusive housing for LGBTQ older adults may benefit physical, mental, and social health
- Next steps include a longitudinal study of the effects of affordable and inclusive housing on longer-term health and healthcare costs