COLLABORATIONS
A Journal of Community-Based Research and Practice

Aging in the Community: Utilizing Community Based Participatory Research to Identify and Address the Housing Needs of LGBTQ2S+ Seniors

ACTION-RESEARCH

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ABSTRACT

This paper reports on the findings from a participatory research project exploring the housing needs and experiences of Lesbian, Gay, Bisexual, Transgender, Queer, Two-Spirit, and Non-Binary (LGBTQ2S+) individuals. The aim of this project was to better understand the perspectives of LGBTQ2S+ Seniors in Calgary and to present recommendations for housing and service providers. This community based participatory research project engaged peer researchers to conduct a community survey with LGBTQ2S+ seniors and interview various stakeholders working in or representing the intersection of housing, seniors, and LGBTQ2S+ people. Study findings from both the qualitative and quantitative phases of the research have been organized conceptually around three main themes identified by survey respondents and key stakeholders: 1). housing experiences of LGBTQ2S+ seniors; 2). experiences of discrimination and marginalization; and 3). inclusive housing for LGBTQ2S+ seniors. Housing policy and strategies for LGBTQ2S+ populations are identified and discussed.

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KEYWORDS:
Community Based Participatory Research; LGBTQ2S+ people; Seniors; Housing; Diversity and Inclusion

TO CITE THIS ARTICLE:
Oliver, B., Visser, F., Hoehn, N., Wallbaum, R., Thorsten, D., & Berezowski, K. (2022). Aging in the Community: Utilizing Community Based Participatory Research to Identify and Address the Housing Needs of LGBTQ2S+ Seniors. *Collaborations: A Journal of Community-Based Research and Practice,* 5(1): 6, pp. 1–9. *https://doi.org/10.33596/coll.84*

INTRODUCTION

Lesbian, Gay, Bisexual, Transgender, Queer, Two-Spirit, and Non-Binary (LGBTQ2S+) seniors experience critical housing challenges in Canada and elsewhere. These issues may be related to stigma toward LGBTQ2S+ communities, heteronormative housing approaches, and low social support among LGBTQ2S+ community members (Addis et al., 2009). Much of the research on long-term care for LGBTQ2S+ seniors identify concerns that many Canadian social and housing care providers are ill equipped to meet the needs of sexual and gender diverse seniors (Sussman et al., 2018).

There are currently no data available regarding the number of LGBTQ2S+ seniors in Canada. However, current estimates suggest that as many as 10% or 780,000 Canadians over 65 years of age identify as LGBTQ2S+ (Employment and Social Development Canada, 2020). A continuum of housing options is generally available for seniors in Canada including those with low incomes and specific healthcare requirements. However, there is concern about the overall availability of diverse housing and healthcare options available for an aging population as increased demand for continuing care is expected (Hermus et al., 2015).

Addressing the unique housing needs of sexual and gender diverse seniors within this context will prove challenging for social care and housing providers. Many individuals from the LGBTQ2S+ senior population lived during an era when non-mainstream sexual and gender expressions were stigmatized, condemned, and criminalized. Basic legal protections for LGBTQ2S+ individuals have only recently been in place in Canada (Canadian Human Rights Act, 1985). As a result, the service needs of LGBTQ2S+ seniors are influenced by historic discrimination which creates barriers to accessing appropriate housing services (Addis et al., 2009).

The impact of stigma and discrimination is a common factor identified within the limited research addressing housing needs and services for this population. For example, LGBTQ2S+ seniors fear discrimination in senior housing services and prejudice from care staff and residents of long-term care facilities (Neville, Adams, Bellamy, Boyd, & George, 2015). Issues relating to discrimination, invisibility, barriers to care, and poor quality of service options are frequently identified (Furlotte et al., 2016; Rivera et al., 2011). Unfortunately, these fears can often lead to isolation and poor mental health outcomes (Furlotte et. al., 2016; Putney et al., 2018). Consequently LGBTQ2S+ seniors are more likely than their heterosexual peers to age with limited support and are often poorly served by mainstream social services (de Vries et a.l, 2019).

Fearing prejudice from care providers, many LGBTQ2S+ seniors have expressed preference for personal care by friends and family and residence in a gay friendly environment (Rivera et al., 2011). Unfortunately, research on LGBTQ2S+ older adults' experiences with long-term care homes suggests that there are critical improvements required to ensure that these environments are sensitive to the needs of LGBTQ2S+ older adults (Neville et al., 2015). Compounding these issues, LGBTQ2S+ seniors often lack the traditional social support networks enjoyed by their straight counterparts and are twice as likely to age alone (DeVries et al., 2019).

Considering these significant challenges, the goal of this project was to better understand the housing needs of LGBTQ2S+ seniors as they age in the community and to co-create knowledge and evidence that would catalyze action within the housing, healthcare, and social services sectors. Two broad research questions were generated by community members and representatives from community-based organizations to guide our inquiry: 1) What are the primary housing-related issues, concerns, and needs of LGBTQ2S+ seniors, and 2) How can housing services be improved to address the unique issues, concerns, and needs of LGBTQ2S+ seniors? We employed a mixed methods design including an online survey and qualitative interviews to address these questions.

METHODS

This study utilized a community-based participatory research (CBPR) approach, a form of participatory inquiry commonly employed in the community-based health and social services sector. Community-based participatory research is a collaborative approach to research that equitably involves all partners in the research process and is effective in combining knowledge with action to eliminate health and social disparities (Wallerstein et al., 2017). Much work has been published regarding the values and assumptions of CBPR. Some key principles that differentiate CBPR and guided our project include the recognition of community, collaborative partnerships, promotion of co-learning, and the dissemination of knowledge to all partners (Wallerstein et al., 2017).

Members of the research team were closely situated to the LGBTQ2S+ communities in our city, with many belonging to, living in, and working professionally within these communities for many years. For instance, three authors are members of the LGBTQ2S+ seniors community, two authors are LGBTQ2S+ community members from younger generations, and one is a long-standing community ally. A project advisory committee including LGBTQ2S+ seniors, health and social service providers, community–based organizations, government policy makers, and community leaders played an integral role in this project, ensuring that the research produced useful knowledge of benefit to the community. The research built upon earlier collaborative projects between the main partners including a scoping literature review

and a community training initiative. These cooperative projects allowed for the creation of respectful and trusting relationships between researchers, service providers, and community members. Within this collaborative structure, LGBTQ2S+ seniors provided guidance and feedback into all stages of the research process, including identification of the research questions, recruitment, data collection, data analysis, and knowledge translation. Several LGBTQ2S+ seniors further contributed to the study by working as peer researchers, conducting participant recruitment, qualitative data collection, and knowledge translation activities.

A mixed-methods design was employed to address these research questions including survey methods and semi-structured qualitative interviews with diverse seniors. The research was approved by the Human Research Ethics Board (HREB) at our University and funding was provided by the Calgary Homelessness Foundation.

ONLINE SURVEY

In the first phase of the research, we conducted an online survey with LGBTQ2S+ seniors living in Calgary, Alberta. The project advisory committee and peer researchers guided development of an online survey tool to assess the housing experiences, needs, challenges, and preferences of LGBTQ2S+ seniors. The anonymous, confidential survey included 32 questions organized in a variety of relevant domains including demographics, health status, current housing status, and best practices to address housing for LGBTQ2S+ seniors. The survey was piloted with a small number of LGBTQ2S+ seniors affiliated with a partner organization and revised accordingly prior to recruitment.

Snowball sampling was utilized to recruit participants to complete the online cross-sectional questionnaire featuring both open- and closed-ended questions. To participate in the online survey, participants were required to identify as LGBTQ2S+, be 50 years or older, and reside in the city or a close surrounding community. The project advisory committee chose to allow individuals as young as 50 to participate in order to capture the perspectives of those who were anticipating their housing options as they age.

Recruitment was led by the project advisory committee and peer researchers who conducted outreach and shared information about the survey across personal and professional networks. We reached out to local community groups, non-profit agencies, housing providers, and local media to ensure a broad sample. In-person recruitment was conducted in several of these spaces and support to complete the survey was offered in order to better reach seniors who may not frequent online networks. Special effort was made to connect with LGBTQ2S+ seniors from other minority groups such as new Canadians and people from diverse cultural communities. As an incentive for participation, all participants who provided their name and contact information were eligible to win one of eight $50.00 gift cards. The survey remained open for a period of three months within which 123 LGBTQ2S+ seniors from our community responded.

QUALITATIVE INTERVIEWS

In the second phase of the research, we conducted in-depth qualitative interviews with key stakeholders who had specific knowledge or experience regarding housing and LGBTQ2S+ seniors. We monitored and discussed preliminary results from the online survey in order to learn about participant responses, identify gaps in the data, and inform the qualitative interviews. Based on these ongoing discussions, the advisory committee and peer researchers collaborated in developing a semi-structured interview guide for use in the qualitative phase of the project. We used purposeful sampling to identify individuals who could contribute their knowledge to the project. The advisory committee and peer researchers brainstormed a list of potential participants from among their community networks and who might provide insight into the area of focus. Fifteen participants were interviewed including LGBTQ2S+ seniors from diverse communities and LGBTQ2S+ advocates. Due to budget restrictions, we were unable to provide an incentive for participation in the qualitative interviews.

Community capacity building was a central focus in this phase of the research. Training in qualitative research methods, interviewing, facilitation, research ethics, and informed consent was provided to interested team members including three LGBTQ2S+ seniors who served as peer researchers on this phase of the study. Peer researchers also received training in self-care techniques to navigate potentially triggering situations that could arise from the interviews. Peer researchers that participated in training, recruitment, and interviewing were compensated with an honorarium in recognition of their contributions to the study.

Face to face interviews with 15 key stakeholders were conducted by the project research coordinator and three peer researchers. Interviews were audio recorded and detailed notes were taken of the conversations. Peer researchers participated in regularly scheduled debriefings with the research coordinator.

ANALYSIS

The data was analyzed in two iterative stages. For the online survey, data from demographic and closed questions was analyzed using SPSS data analysis software. Descriptive statistics were produced for all closed questions. Survey participants were provided the freedom of not answering questions they were

uncomfortable with; consequently not all survey questions were answered by the full sample.

Qualitative data from the surveys and stakeholder interviews were coded using thematic analysis (Nowell et al., 2017). Qualitative data were uploaded to NVivo software and coded for themes by two members of the research team who both reviewed all transcripts. These two members met frequently to discuss themes, share decision making, and reach consensus regarding the emerging analysis. Patterns in the data were identified and presented to the advisory committee and the peer researchers who helped to contextualize the data and identify gaps. Upon finalization of the study results, a community report was developed, printed, and shared online with members of the LGBTQ2S+ community, housing service providers, policy makers, media, and other interested stakeholders.

SAMPLE DEMOGRAPHICS

The LGBTQ2S+ Seniors Housing Survey generated a total of 123 completed surveys from across the city of Calgary, an urban area with a population of approximately 1.2 million people in the province of Alberta. The survey received a diverse geographic response with 32 of a possible 35 postal code prefixes represented. Respondent demographics are detailed in ***Table 1***. Overall, the sample was well educated and had history of strong engagement in the labour force. 43% of the sample was employed full time at the time of survey completion and 33% were retired.

Overall, the sample showed diversity across age, gender, sexuality, and family situation. Survey respondents were 50 years or older with the majority between the ages of 55 and 70 and the eldest respondent being older than 85.

Diverse gender identities and sexual orientations were represented within the survey sample. In describing their gender identity, 56 respondents self-identified as women and 56 respondents self-identified as male (46% respectively). Seven respondents self-identified as Trans Women (6%), two as Two Spirit (2%), and two as Genderqueer/Non-Binary (2%). When describing their sexual orientation, 54 survey respondent's self-identified as a Gay Male (44%), 42 self-identified as Lesbian (34%), and five individuals identified as Bisexual (4%). The majority of respondents reported being open about their gender identity and sexual orientation. 82% reported being out to immediate family members and 75% being out to friends.

For this population, spending part of their adult life in relationships that do not align with their sexual identity or living under an assigned gender identity is not uncommon. For many, "coming out" or "transitioning" may happen later in life or is an ongoing process. This sense of fluidity was reflected within the survey sample with 10 respondents identifying as Heterosexual (5%) and one respondent indicating that they were currently questioning their sexual orientation.

CHARACTERISTIC		N (%)
Gender[a]		
	Man	56 (45.5)
	Woman	56 (45.5)
	Trans Woman / MTF	7 (5.7)
	Genderqueer / non-binary / trans person	2 (1.6)
	Two-Spirit	2 (1.6)
	Prefer not to answer	1 (0.8)
	Other	3 (2.4)
Age		
	Under 55 Years	17 (13.8)
	55–64 years	68 (55.3)
	65–74 years	30 (24.4)
	75–84 years	4 (3.3)
	85+years	1 (0.8)
Race/Ethnicity[b]		
	Caucasian	104 (84.6)
	Indigenous	5 (4.1)
	Latin	2 (1.6)
	Asian	1 (0.8)
	Caribbean	1 (0.8)
	Diverse	1 (0.8)
	Outside Scope	7 (5.7)

Table 1 Demographics of Respondents (N = 123).

Note: Prefer not to respond answers were removed for clarity.

[a] Participants were able to choose as many answers as applied when asked about their gender. The total responses collected for gender is 124 (N = 123) as one respondent identified as both Woman and Trans woman / MTF. [b]Race/Ethnicity was collected in an open-ended question to honor self-identification of participants. Responses were coded into the categories listed; those that did not align with a clear category were determined outside of scope.

Survey respondents described a broad range of relational and family situations. 49 respondents identified as single (40%) and 51 identified as being married or in a common-law or otherwise long-term relationship (39%). 16 respondents were divorced (13%) and six reported being widowed (5%). A minority of respondents (33%) reported having children. Race and Ethnicity was collected in an open-ended question to honour self-identification of participants. The majority of respondents were Caucasian (84.6%), with small numbers identifying as from Indigenous, Latin, Asian, and Caribbean communities.

15 stakeholders participated in semi-structured interviews with many of them serving in multiple

roles. Of the participants, nine identified as LGBTQ2S+ seniors, eight were non-profit housing providers or other professionals working with LGBTQ2S+ seniors, five were community advocates, and two were government policy makers.

FINDINGS

Study findings from both the qualitative and quantitative phases of the research have been organized conceptually around three main themes identified by survey respondents and key stakeholders: 1) housing experiences of LGBTQ2S+ seniors 2) experiences of discrimination and marginalization and 3) inclusive housing for LGBTQ2S+ seniors.

1. HOUSING EXPERIENCES OF LGBTQ2S+ SENIORS

In the online survey, participants were asked about their current housing status. Overall, participants reported stable housing environments and a high level of satisfaction with both their current housing and the communities they were living in. For instance, the majority of respondents (52%) reported having the financial stability to live in a house which they owned. Of these, 28% had no remaining mortgage to pay. When asked if they consider their current housing to be affordable, 92% of respondent indicated yes or somewhat.

Among respondents there was a high level of satisfaction with their current housing situation. When asked how satisfied they were with their housing overall, 76% indicated that they were satisfied or very satisfied. Only 9% of LGBTQ2S+ seniors in the study reported being dissatisfied or very dissatisfied. Also notable was a high level of satisfaction with the community in which they lived. Here, 83% reported feeling satisfied or very satisfied with their current neighbourhood or community and only 7% felt dissatisfied or very dissatisfied. Correspondingly, 80% of LGBTQ2S+ seniors in this study rated their emotional health as good, very good, or excellent and 73% indicated that they felt connected to other people in their communities (family, friends, and neighbors).

Thus, although there was variation, the majority of the LGBTQ2S+ seniors in the study had created stable and inclusive living situations for themselves where they enjoyed close connections to their community and neighbours. Nevertheless, many also expressed concern and fear as they contemplated their advancing age and potential housing options. Study participants spoke about the importance of many factors impacting their current housing including privacy, accessibility, independence, quality of care, and access to transportation—concerns that might be shared by any senior anticipating their future housing needs. Two particular concerns were highlighted by a majority of seniors in this study and discussed in depth. Notably, a sense of declining physical health and concerns related to affordability of housing as they age.

Many participants identified declining health as a critical challenge. For example, while only 14% rated their physical health as poor or fair, almost half (45%) reported living with one or more long-term or chronic mental or physical health conditions, a number which rose to 53% among those who are 65 or older. When asked, 28% of participants reported that their current health negatively impacts their housing needs in some way. These respondents identified a range of supports they required including physical accessibility accommodations, in-home health care, transportation to health services, and harm reduction programming.

Another such area of concern was housing affordability. In Canada, to be considered affordable, housing costs should account for less than 30% of a household's disposable income (Khatoon, 2018). While most survey respondents felt that their current housing was affordable (54%) or somewhat affordable (38%), most housing costs did not meet this threshold. For instance, 56% of survey respondents reported spending more than 30% of their income on housing costs. This was more of an issue for those who were 65 or older, 62% of whom reported spending 30% or more of their income on housing.

Despite most reporting a general sense of financial stability, LGBTQ2S+ seniors in our study were clear that affordable housing is an important priority and had concerns for this as they looked ahead. When asked to list their top housing concerns, most survey participants listed cost and affordability first. This sense of vulnerability to housing costs was reinforced by other study findings. For instance, while most participants weren't currently planning to move from their current housing, 64% reported that they would move if there was a change in their financial situation. Adding to this sense of financial risk, an additional 32% of participants indicated that they would have to move if their current housing costs increased.

A common theme from the qualitative interviews was that affordability and housing concerns are further amplified for low-income earners. One participant noted, "There is a definite need for LGBTQ2S+ housing for seniors in most all communities. Affordability and availability is a priority." Underlining this was the notion that income also dictates choice of neighborhood and access to community life. One survey participant commented that they lived in a 55+ apartment building that, while affordable, forced them to be far from their chosen community, reporting, "I'm comfortable here. But would like to be closer to others like myself. I would not be able to afford the rents in the Calgary gayborhood. Every day

I travel to the west side of Centre Street to be with my people." Gender was also raised as an intersectional concern, with some participants suggesting that Lesbians may be more vulnerable to housing insecurity. This was captured by one interview participant who observed, "Many women spent their lives raising the next generation…and did not have extra resources to save for their own needs once they can no longer work. Supports such as affordable housing and long-term care needs to be a priority."

2. EXPERIENCES OF DISCRIMINATION AND MARGINALIZATION

While many study participants spoke of common concerns related to aging such as housing costs, accessibility, independence and privacy, these concerns were secondary to other factors which perhaps distinguish this population. LGBTQ2S+ seniors participating in this study described high levels of uncertainty and fear related to their diverse social identities as they consider their housing options in old age. This concern is further amplified by more general fears related to isolation, lack of safety, ageism, and racism.

A high number of survey respondents (48%) said their experiences as an LGBTQ2S+ person in the context of housing has mainly been positive. Many respondents (31%) classified their treatment as neutral, commenting that their gender or sexuality has "never come up." 12% of respondents described having negative or very negative experiences including being denied housing or being explicitly harassed by a landlord, other residents, or neighbors. Among the 12% of respondents who had a negative or very negative experience, there is greater representation of living in a co-housing environment such as an apartment or retirement residence.

Despite reporting very few negative housing experiences, LGBTQ2S+ seniors participating in the study were concerned about future discrimination in the housing and support sector. This fear is shaped by generational experiences of stigma, discrimination, and uncertainty about housing providers' readiness to include and accept members from LGBTQ2S+ communities. When asked to list their top concerns in the qualitative section of the survey, homophobia and transphobia were frequently identified by respondents. Fear of anti-gay residents, perceived disrespect in the system for diverse forms of gender and sexuality, and a lack of services geared to LGBTQ2S+ individuals were common concerns. This uncertainty was discussed in depth during the interviews with one participant remarking, "I am very concerned for the future, as my partner and I age, about what our long-term care options will be with respect to gay-friendly housing and care."

When considering future housing options, interactions with professionals and caregivers was an area of significant concern for LGBTQ2S+ seniors. In particular, many survey participants were fearful of judgemental, uninformed, and hostile care providers. Here the language was powerful and provided evidence of how deeply seated many of these fears were. For instance, one survey respondent described the judgement of care providers as an important concern, commenting, "My experience is that many are religious or from cultures that make judgement of LGBTQ2S+ people acceptable." Others voiced concern for having to face "ignorance, discrimination or violence" from staff. Some participants discussed the impact of witnessing others in care facilities, reporting that they were "scared to move in[to] a common facility. My current experience with seniors' facilities is one of the LGBTQ2S+ community ignored or [encountering] actively hostile residents and caregivers."

Connected to these perceptions and experiences of stigma was a widespread fear among these LGBTQ2S+ seniors that they would not feel safe being open about their gender identity or sexual orientation in future housing environments. Generally, participants in this study were very open about their sexual orientation and gender identity with 82% reporting that they were "out" to immediate family members and 75% reporting they were "out" to all of their friends. This reflects a strong sense of identity and openness among participants, which many were worried they would have to sacrifice as they aged. Being open about their gender identity and sexual orientation in seniors housing environments was ranked as important by 80% of survey respondents. Unfortunately, for many, social service providers and health care professionals were amongst the least trusted individuals. Respondents were far less likely to be out to these two professional groups with 61% indicating they were currently out to healthcare professionals and only 46% disclosing to social service providers.

As one interviewee stated, "There is a general lore in the LGBTQ2S+ community about people having to return to the closet." A majority of study participants reported feeling concerned that they would be in housing situations where they would be isolated from other LGBTQ2S+ people and would not feel safe being out. One survey participant expressed worry about "having to always re-evaluate who and who doesn't accept my orientation" while another tired of having to "come out again, over and over." For some this fear was validated as they witnessed the treatment of other community members in seniors care, commenting, "We are aware some older LGBTQ members are residing in senior facilities and are feeling they are heading or are back in the 'closet.'"

Many LGBTQ2S+ seniors in this study also expressed concern that their relationships would be not be respected within systems of care. Generationally, this group of LGBTQ2S+ people advocated for and ultimately

benefited from the legalization of same-sex marriage in Canada. 41% of survey respondents were married or in common-law and long-term relationships. Respect for their relationships and their familial rights as spouse or partner was extremely important to them and not taken for granted. When asked how important these factors were in housing situations, 75% of survey respondents indicated that sharing a suite or room with their partner was very important, and 74% indicated that having their partner respected as their caregiver was very important.

Nevertheless, many participants feared that their relationships would not be accepted and they would be separated from their partner or spouse in senior housing. This fear was summarized by one participant who commented, "I am very concerned for the future as my partner and I age about what our housing or long-term care options will be with respect to gay friendly housing/ care."

3. INCLUSIVE HOUSING FOR LGBTQ2S+ SENIORS

When asked to identify and describe their housing preferences as they age, a majority of survey participants (85%) reported a preference for staying within their own private residence. Other options such as community housing or senior care facilities were least preferred, indicating a strong desire among LGBTQ2S+ seniors in the study for aging in their existing community. Participants were also questioned about the types of senior housing they would prefer should it become necessary. Here, most participants did not report a preference for exclusive housing options dedicated to LGBTQ2S+ persons; instead, 85% of survey participants identified a preference for diverse housing environments that welcomed seniors of all gender expressions and sexual orientations. One participant summarized their hopes for housing options that were inclusive by explaining, "It is not important to be with age peers, just people like me: single, interested in conversations, music. LGBTQ2S+ is not necessary but probably most comfortable."

Although there was very little support for an exclusive community for LGBTQ2S+ seniors, most participants were hopeful that inclusive on-site amenities would address their needs. For example, a majority of survey respondents (62%) indicated that on-site social activities that include LGBTQ2S+ residents were important. LGBTQ2S+-specific supports and events were also seen as helpful (23%) as was proximity to the LGBTQ2S+ community where possible (16%). As discussed earlier, being allowed to share a room with their partner and having their relationship respected were of utmost importance to LGBTQ2S+ seniors as they contemplated needing supportive housing.

In addition to providing their thoughts and feelings related to fear, discrimination, and vulnerability, participant responses provide insight into what inclusive housing environments look like for LGBTQ2S+ seniors. As offered by one interview participant, "The golden years should bring freedom to be oneself, to be comfortable in one's skin, and secure in one's surroundings." In that spirit, LGBTQ2S+ seniors in this study described several factors that contribute to creating safe and respectful spaces. For them, inclusive senior housing involved diversity, acceptance, privacy, and physical and emotional safety.

For LGBTQ2S+ seniors in this study, diversity within housing and care services was foundational to creating an inclusive environment. As reported by one survey participant, "It would be boring to live in a community where we were all the same age and sexuality." For many, the preference for diverse housing environments was balanced by a need for acceptance of all gender identities and sexual orientations by both staff and residents. Many participants conveyed a need to express themselves authentically without having to continually re-evaluate who is accepting of their social identity. This was described by one survey participant who commented, "Every time I enter a new space, I have to ask myself, 'Is it safe?' Coming out is a continuous process." Going back in the closet in their final years was non-negotiable for these study participants, many of whom confronted generational obstacles in order to live openly as LGBTQ2S+ people.

Connected to the need for acceptance and respect was a commensurate wish for privacy. Privacy was raised as a frequent concern for LGBTQ2S+ seniors in this study and was of particular importance for trans participants who shared fears related to privacy of their physical bodies particularly in relation to support for dressing and toileting. Many survey participants associated senior housing with a necessary loss of privacy. Having private personal spaces was seen as an important measure in protecting independence, maintaining a sense of control over their surroundings, and as a means to reduce vulnerability to stigma and discrimination.

LGBTQ2S+ seniors in the study expressed fear for their physical and emotional safety should they require senior housing supports. Most survey participants perceived mainstream senior housing facilities as unsafe environments. In their own words, respondents gave voice to a multitude of concerns including "fear of physical or psychological abuse," "being vulnerable in my living space to those who would bully," "violence and discrimination from residents," and "insults and threats of violence." Put simply, LGBTQ2S+ seniors just want to feel safe as they age into supportive housing. While they are open to diverse housing environments, much work needs to be done to change this perspective and provide for the safety of LGBTQ2S+ seniors within existing seniors' homes or other mainstream housing and care environments.

DISCUSSION

LGBTQ2S+ seniors in this study face uncertainty and fear as they increasingly access housing and social supports. This fear is shaped by generational experiences of stigma and discrimination and concerns about staff and resident readiness to include and accept members of the LGBTQ2S+ community. LGBTQ2S+ seniors worry about having to hide their gender or sexuality in order to avoid stigma and discrimination. Issues related to social and physical isolation, safety, a loss of independence, and affordability of housing options were also identified by participants. There is a strong desire within the community for housing that allows LGBTQ2S+ seniors to fully express their personal identify within an environment of respect, safety, and inclusion.

Steps towards meaningful inclusion of LGBTQ2S+ seniors in the housing sector are required to alleviate this fear and uncertainty. Creating responsive and inclusive housing environments demands raising awareness, education, and respectful dialogue that includes management, front-line staff, healthcare providers, and residents. In partnership with community members and advocates, housing providers should implement meaningful practices and activities to ensure the safety of LGBTQ2S+ residents. Changes in policy and practice should be shared broadly in order to raise awareness within the LGBTQ2S+ community and address general fears related to safety, isolation, stigma, and discrimination.

This research project has been a catalyst for change in our community. Working collaboratively with the advisory committee and peer researchers, our team has utilized the research findings to inform knowledge translation strategies and additional community inquiry as part of the action research cycle. For instance, there was significant local media interest in the research findings and members from our team participated in numerous print and broadcast interviews to highlight the issues and advocate for systems change. As a first priority, project team members developed a community report that was printed, circulated within the community, and posted online for service providers and community members to access freely. We have also been successful in expanding our team and funding two additional projects. One is exploring the impact of COVID-19 on LGBTQ2S+ seniors in Alberta and the other is using the research results to guide curriculum and training for organizational leadership, front-line staff, healthcare providers, and residents. The project has increased social connections amongst LGBTQ2S+ seniors in our community. We anticipate that these and other opportunities to share the story of this research will contribute to systems change and improved housing options for LGBTQ2S+ seniors in our community and more broadly.

Housing is an important determinant of health and widely acknowledged in the literature as precarious for many older LGBTQ2S+ people in Canada (Redden et al., 2021). Our work contributes to an emerging body of housing research that identifies the need for additional supports for LGBTQ2S+ people across the lifespan. Additional research from an intersectional lens is required to broaden our understanding of the social and structural factors that shape housing experiences for diverse populations. This research further joins a call for action for service providers to address discrimination in the housing sector by including anti-oppressive approaches; equity, diversity and inclusion (EDI) training; and appropriate policy in the housing sector in Canada.

COMPETING INTERESTS

The authors have no competing interests to declare.

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TO CITE THIS ARTICLE:
Oliver, B., Visser, F., Hoehn, N., Wallbaum, R., Thorsten, D., & Berezowski, K. (2022). Aging in the Community: Utilizing Community Based Participatory Research to Identify and Address the Housing Needs of LGBTQ2S+ Seniors. *Collaborations: A Journal of Community-Based Research and Practice*, 5(1): 6, pp. 1–9. *https://doi.org/10.33596/coll.84*

Published: 17 February 2022