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Article · July 2017
DOI: 10.1093/geroni/igx004.2203

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PREPARATIONS FOR END OF LIFE AMONG LGBT OLDER CANADIANS

Research over the last decade has documented the unique historical experiences and demographic characteristics of lesbian, gay, bisexual and transgender (LGBT) older adults. To explore the influence of these and other variables on end-of-life planning, focus groups were held in five Canadian cities (Vancouver, Edmonton, Montreal, Toronto, and Halifax) with lesbians and bisexual women (n=29), gay and bisexual men (n=39) and transgender individuals (n=23) age 55+.

All groups described difficulty identifying potential caregivers and engaging others in discussion of end-of-life issues. Lesbians and bisexual women highlighted the need for community intervention, gay and bisexual men issues of trust and the legacy of HIV, transgender persons the insensitivity of health care settings. The findings show both similarities and differences between LGBT groups and while focused on the experiences of stigmatized sexual minority groups, have broad implications for others challenging traditional family norms. Service provider data (n=26) complement the LGBT data.

IS EVERYONE EQUAL IN OLD AGE? END-OF-LIFE CARE FOR OLDER LESBIAN, GAY, BISEXUAL AND TRANS PEOPLE
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The heterogeneous care needs of older people are often neglected. This paper examines older LGBT people’s experiences and perceptions of care towards the end of life as a ‘critical case’ in addressing diversity within the delivery of end of life care services in the UK. In doing so, the paper discusses findings from the qualitative strand (60 in-depth interviews with LGBT people aged 60+) of The Last Outing - a large mixed methods UK project. Findings revealed that despite legislation providing equality and protection for LGBT people, a significant number of barriers and stressors still exist in accessing services and support. It is clear that older LGBT people’s histories and pathways have profound influences on well-being and access to support towards and at the end of life. These are issues that need to be addressed to ensure equitable access to end of life care services for all in old age.

PREDICTORS OF INFORMAL AND FORMAL LONG-TERM CARE USE AMONG SEXUAL AND GENDER MINORITY OLDER ADULTS

Few studies have examined long-term care (LTC) use among sexual and gender minority (SGM) older adults. Guided by Andersen’s Healthcare Utilization Model, we identified predisposing, enabling, and need factors associated with informal (caregiving) and formal (homecare, long-term/continuing care, hospice care) LTC use in a community-based sample of SGM older adults (n=210), mean age 59.6. Nearly 20% used informal or formal care in the past year and 10% used both. Informal LTC use was associated with identifying as female (OR:8.8; 95%CI:2.2–35.2), HIV positive (OR:8.5; 95%CI:2.0–35.1), having one or more instrumental activities of daily living (ADL) impairments (OR:5.2; 95% CI:2.0–13.2), and having greater service needs (OR:1.4; 95% CI:1.2–1.7). Formal LTC use was associated with access to Medicare (OR:4.2; 95% CI:1.7–10.9) and comorbidities (OR:1.3; 95% CI:1.1–1.6). A greater understanding of LTC needs of SGM older adults is necessary for developing policies and services aimed at improving care and quality of life for this population.

DEVELOPING INCLUSIVE CARE HOME ENVIRONMENTS FOR OLDER LGBT PEOPLE: A PILOT SCHEME IN ENGLAND
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We present findings from an evaluation of a pilot scheme in England aimed at enhancing the inclusion of older LGBT residents in care home environments. Implemented in 2016, six LGBT community members were recruited and trained to undertake community audits of current care home practices. The scheme was implemented in one locality across six homes, which belonged to a national provider of housing for older people. Based on their findings, Community Advisors (CAs) advised home managers on ways of developing LGBT-inclusive environments. As an external team we conducted a qualitative evaluation, which included pre- and post-intervention interviews (N=39) with CAs (n=8), home managers (n=6) and other management staff (n=3). Based on the findings, we discuss how the scheme took a ‘co-production’ turn and identify ways in which CAs can be a valuable resource in bridging the gap between hetero-centric cultures of homes and the lived realities of older LGBT people.

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