

Setting the Balance of Care for Sexually Diverse Seniors

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Context

- In Ontario, as in many other jurisdictions, we are faced with struggles related to sustaining our health system in the face of rising costs due to technology, health human resources and concerns about our aging population.

Context

- Recent reports which examine the state of our health system in Ontario have emphasized the need for investments in home and community care in order to achieve system improvements:
 - Drummond (2012) and Walker (2011) recommend investing in integration efforts through home and community care

Context

- In recent years the Ontario government has implemented a number of initiatives in an effort to achieve system sustainability.
 - Aging at Home Strategy (2007) – goal to help seniors age successfully at home
 - ER/ALC Strategy (2009) – goal to move people out of hospitals sooner
- Focus on the ER/ALC strategy has led to resources shifting towards efforts to move seniors out of hospitals as opposed to efforts to prevent seniors from entering hospitals

Context

- What does this mean for H&CC today?
 - Re-framing of H&CC – goal of H&CC no longer to support and prevent, now focus is on reducing ALC levels
 - Resources stretched - focus on individuals with “heavy” needs
 - Does this pose further barriers for LGBT seniors and their caregivers?

Why focus on H&CC for LGBT seniors

- H&CC can reduce avoidable hospitalization and unnecessary admissions to LTC, but evidence suggests that this is true only where targeted, appropriate H&CC is provided
- However, the “home” setting also exposes the individuals and leaves them vulnerable
- Research suggests that LGBT seniors avoid accessing H&CC due to histories of negative experiences in health settings and fears of welcoming strangers into their homes
- Lack of clarity around what constitutes appropriate H&CC for LGBT seniors

Key questions

- We asked LGBT seniors:
 - About their personal experiences with H&CC services in Toronto, Ontario
 - How they think H&CC should be provided to LGBT seniors
 - How they think sexual orientation impacts on access and use of H&CC among LGBT seniors

Key questions

- We asked H&CC providers:
 - What they consider culturally appropriate H&CC for LGBT seniors
 - How H&CC organisations and the broader H&CC sector can begin to implement culturally appropriate care for LGBT seniors (outreach, provision)
 - About the resource implications of providing LGBT friendly H&CC

Findings: Emerging themes

Emerging theme

- Impact of negative historical experiences
 - Almost all seniors interviewed have experienced some level of discrimination in the health system
 - Many are therefore reluctant to access care, and fearful of being dependent, whether in home or in LTC

Personal stories: Mark

- Mark is a 72 year old gay man, he is single and lives alone. Mark is HIV +. Mark is estranged from his family and has no close friends. Mark receives H&CC for medication management and support around the home.
- Mark acquired HIV in the early 1980's, he was refused care at the local hospital in Toronto and switched GPs multiple times due to discrimination.
- Mark is afraid of LTC and never wants to move.

Emerging theme

- Need for self-advocacy
 - Seniors who actively sought out LGBT friendly care more likely to express a sense of participation and belonging in care experience
 - Seniors who are “out” and have been for years, were not reluctant to have a stranger come into their home (if they are in need of care), however seniors state they are observant, and ready to ask the carer to leave if necessary
 - Seniors suggest that empowering and educating seniors is the way to help outreach to isolated seniors who are afraid of accessing care
 - LGBT Seniors actively seek out ways to ensure care received in non-discriminatory

Personal Stories: Susan

- Susan is a 66 year old lesbian. Her wife died two years ago. Susan acted as a caregiver while her wife received palliative care.
- When Susan and her wife lived in rural Ontario, Susan was refused permission to visit her partner when she was in the hospital. They moved to Toronto to find a supportive community. They came out to all their care providers and asked for workers who were supportive. Susan found the experience of palliative care to be as positive as possible.

Emerging theme

- Lack of LGBT friendly H&CC
 - Lack of visible/obvious LGBT friendly CSS organizations leads to feelings of isolation and exclusion even before care is received
 - Need for more social programs for LGBT seniors across the city – day programs may not be appropriate – other seniors may discriminate, or LGBT seniors may not connect due to different shared experiences.
 - Sense that organizations fear that overt programming for LGBT seniors may alienate “mainstream” seniors.

Personal stories: James

- James is an 86 year old bisexual man. He is dating but lives alone. He was a caregiver to his partner who passed away 3 years ago.
- James thought most of the personal support workers who supported his partner were excellent, except for the woman who gave him religious pamphlets and prayers. He requested a change of workers and didn't have further problems.

Emerging theme: Culturally appropriate home and community care

- LGBT seniors stated that the most important aspect of care is that it is received free of prejudice and discrimination.
- Seniors stressed that ideally this includes the potential to develop personal relationships with the individuals coming into their home.

In summary

- Population of seniors is increasing, so too is the population of LGBT seniors
- Lack of infrastructure to support aging population, complicated by historical marginalization of LGBT seniors
- Current political context may be adding to further marginalization of LGBT seniors