The Development of Evidence-Based Practices: Expanding the Reach to Lesbian, Gay, Bisexual and Transgender (LGBT) Older Adults

Wednesday, November 16, 2016
Sheraton New Orleans • Grand Ballroom D (5th Floor)
New Orleans, Louisiana

A workshop in conjunction with
The Gerontological Society of America
Annual Scientific Meeting

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SPEAKER BIOS

The Development of Evidence-Based Practices: Expanding the Reach to Lesbian, Gay, Bisexual and Transgender (LGBT) Older Adults
A Preconference Workshop of The Gerontological Society of America 2016 Annual Scientific Meeting
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Karen Fredriksen-Goldsen, PhD, is Professor and Director of Healthy Generations Hartford Center of Excellence at the University of Washington. Specializing in innovations in health equity and aging research across marginalized communities, she is leading Aging with Pride: National Health, Aging, Sexuality and Gender Study, the first longitudinal study to address the emerging needs of LGBT midlife and older adults, funded by the National Institute on Aging of the National Institutes of Health. She is the author of more than 90 peer-reviewed publications in leading journals and three books, including Families and Work: New Directions in the Twenty-First Century (Oxford University Press). She is Editor of the upcoming supplement of The Gerontologist, Aging with Pride: National Health, Aging, Sexuality and Gender Study, and Guest Editor of LGBT Aging in Generations (Summer 2016). Dr. Fredriksen-Goldsen has presented her research findings at the Institute of Medicine, United Nations, White House conferences, and U.S. Congressional briefings. She has received numerous awards for her pioneering scholarship, teaching, and community engagement addressing the health, well-being, and service needs of historically disadvantaged midlife and older adults and their families, including Top 50 Influencer in Aging from PBS’s Next Avenue and the University of Washington Distinguished Teaching Award. Dr. Fredriksen-Goldsen is Founder of Generations with Pride and GSA Rainbow Research Group and she is Co-founder of Shanti/Seattle. She is the previous Associate Dean for Academic Affairs at the University of Washington School of Social Work and received her PhD in social welfare from the University of California at Berkeley.

Charles A. Emlet, MSW, PhD, is Professor of Social Work at the University of Washington–Tacoma and Adjunct Professor at the University of Washington School of Social Work. He is affiliate faculty at the University of Washington with both the Institute for Multigenerational Health, Development, and Equality and the Center for AIDS Research. In 2013, Dr. Emlet was a Fulbright Scholar (Visiting Research Chair) at McMaster University in Hamilton, Ontario, and Visiting Professor at the Factor-Inwentash Faculty of Social Work at the University of Toronto. Prior to 1999, he held social work positions in direct practice and administration with Solano County Health and Social Services Department in California. He was a Hartford Geriatric Social Work Faculty Scholar from 2001 to

**Shilpen Patel, MD,** is a board-certified radiation oncologist, Associate Professor in Radiation Oncology, and Adjunct Associate Professor in Global Health at the University of Washington. He recently completed his term as Chair of the National LGBTQ Task Force, the oldest and largest LGBTQ activist organization in the country. In addition, he served as Chair of Equal Rights Washington from 2009 to 2011; during his term, Equal Rights Washington successfully campaigned to become the first state where the voters upheld domestic partnership. In 2012, he served as Chair of the American Medical Association (AMA) Young Physician Section. He also works with a number of organizations to improve health care, including the Gay and Lesbian Medical Association and Washington State Medical Association. He earned his MD from the University of Texas, has published extensively in the medical field, and is a Fellow of the American College of Radiation Oncology. Dr. Patel has been named one of Seattle’s Top Doctors in *Seattle* magazine and *Seattle Metropolitan* and received the AMA Foundation Leadership Award.

**Hyun-Jun Kim, MSW, PhD,** is Director and Co-investigator of Aging with Pride: National Health, Aging, Sexuality and Gender Study at the School of Social Work, University of Washington. He has been significantly involved in designing and conducting studies of behavioral, psychological, social, and cognitive change in the hard-to-reach LGBT older adult population across all U.S. census divisions. His major research area is the intersectionality of aging, sexual orientation, and race/ethnicity and the interplay of social relations, social participation, and adverse life experiences with health and quality of life.

**Anna Muraco, PhD,** is Associate Professor at Loyola Marymount University in Los Angeles. She is the author of *Odd Couples: Friendship at the Intersection of Gender and Sexual Orientation* (Duke University Press, 2012) and Co-investigator on the Caring and Aging with Pride Over Time project. Her book, *Odd Couples,* examines friendships between gay men and straight women as well as between lesbians and straight men, and shows how these intersectional friendships serve as a barometer for shifting social norms, particularly regarding gender and sexual orientation. She earned her PhD in sociology from the University of California, Davis, and was a postdoctoral fellow in the Applied Issues in Aging Program at the University of Michigan, funded by the National Institute on Aging. Dr. Muraco’s areas of expertise in research and teaching include social relationships (including friendship and fictive kin/chosen families), social gerontology, the Life Course, families, LGBT populations, gender, sexuality, and qualitative methodologies.
Amanda E. B. Bryan, PhD, is a research scientist with the National Health, Aging, Sexuality and Gender Study at the University of Washington School of Social Work, a national survey of health, well-being, and life experiences among LGBT older adults. Her research focuses on psychological and behavioral health, influences of social relationships on aging and well-being, and quantitative analytic methods. She earned her PhD in clinical psychology from the University of Arizona in 2013. She completed a postdoctoral fellowship at the University of Washington Alcohol and Drug Abuse Institute, studying alcohol’s effects on young women’s sexual decision making.

Charles P. Hoy-Ellis, MSW, PhD, LCSW, is Assistant Professor in Social Welfare at the University of Utah College of Social Work, where he teaches direct and reflexive social work practice classes. His scholarly focus is how the intersections of identity and aging in a heteronormative society influence the mental health and well-being of LGBT older adults and older adults living with HIV/AIDS. He has several years of practice experience providing direct clinical social work services in the LGBT community. Dr. Hoy-Ellis has been part of the research team for Aging with Pride: National Health, Aging, Sexuality and Gender Study, the first federally funded and now longitudinal national project to study health and aging among LGBT older adults. He is an author of numerous peer-reviewed articles and book chapters, has presented his research at many leading regional, national, and international conferences and scientific meetings, and has received multiple awards, honors, and recognitions throughout his academic career. He is a member of the University of Utah’s Center on Aging, and is serving on the Program Committee of the Salt Lake City affiliate of the national Services and Advocacy for GLBT Elders (SAGE) organization. Dr. Hoy-Ellis is currently consulting with the Social Research Institute at the University of Utah and the Utah AIDS Foundation on the first statewide needs assessment in 10 years for those affected by HIV/AIDS. He received his MSW and PhD in social welfare from the University of Washington, Seattle.

Nancy Giunta, MSW, PhD, is Associate Professor at the Silberman School of Social Work at Hunter College, where she directs Silberman Aging, a Hartford Center of Excellence in Diverse Aging. Her practice experience in the field of aging spans 20 years and includes direct service, advocacy, administration, and research focused on long-term services and supports for older adults and people with disabilities. She teaches aging policy, community organizing, and research classes and collaborates with social service agencies locally and nationally on a variety of evaluation and technical assistance projects. Her scholarship examines interventions to address service access inequities among older adults and the people who care for them. Dr. Giunta serves as evaluator for the National Resource Center on LGBT Aging, an initiative led by Services and Advocacy for GLBT Elders (SAGE). She was the Guest Co-editor, along with Noell Rowan, of the 2014 special triple issue of the Journal of Gerontological Social Work on LGBT Aging. She was Co-editor, with Halaevalu Vakalahi and Gaynell Simpson, of the recently published The Collective Spirit of Aging Across Cultures. She is a Fellow of The Gerontological Society of America and the New York Academy of Medicine as well as a John A. Hartford Faculty Scholar in Geriatric Social Work and an Advisory Board Member of the LGBT Social Science and Public Policy Center at Hunter College.
**Glenise McKenzie, PhD, RN**, is Associate Professor in the School of Nursing at the Oregon Health and Science University (OHSU) in Portland. She has been on faculty at OHSU since 2006. Dr. McKenzie has been an Associate Director of the OHSU Hartford Center for Gerontological Nursing Excellence since 2011. She earned her master’s degree and PhD in nursing from the University of Washington, Seattle. She is passionate about promoting and maintaining the physical and mental health of older adults. She teaches undergraduate and graduate nursing courses in the areas of mental health, gerontology, ethics, and evidence-based practice. Her clinical experience includes over 20 years of providing care for adults and older adults in acute and outpatient psychiatric care settings. Her research has focused on improving the care of individuals with dementia and on enhancing the successful translation of evidence-based dementia care practices in long-term care settings.

**Sean Cahill, PhD,** is Director of Health Policy Research at The Fenway Institute and Director of Curriculum and Policy at the National Center for Innovation in HIV Care. Dr. Cahill teaches courses on domestic and global LGBT policy issues and HIV policy at Northeastern University and Brandeis University. He serves on the Massachusetts Special Legislative Commission on Lesbian, Gay, Bisexual, and Transgender Aging, and he served on the Massachusetts LGBT Youth Commission from 2012 to 2015. Dr. Cahill has worked on LGBT aging issues since 2000, when he was lead author of *Outing Age: Public Policy Issues Affecting GLBT Elders,* published by the National Gay and Lesbian Task Force Policy Institute. At Gay Men’s Health Crisis, he led work on HIV and aging, helping organize a 2010 conference hosted by the White House Office of National AIDS Policy.

**Lisa Krinsky, MSW, LICSW,** is Director of the LGBT Aging Project, a program of The Fenway Institute at Fenway Health, in Boston. She is a social worker with 25 years of experience in community-based elder services. She has been an active member of the LGBT Aging Project since its inception in 2001 and became the organization’s director in 2004. She developed and leads the Aging Project’s Open Door Program, which enhances aging service providers’ capacity to be welcoming to LGBT older adults and caregivers; she frequently consults with mainstream aging service providers about cultural competency with LGBT older adults. She also presents nationally on policy and practice issues facing LGBT older adults and caregivers and is a training partner for the National Resource Center on LGBT Aging. She earned her BA at Vassar College, MSW in clinical social work from Simmons School of Social Work, and a certificate in Non-Profit Management and Leadership from Boston University’s School of Management. She was a 2012 Social Innovator in Healthy Aging in Root Cause’s Social Innovation Forum and received the 2012 Community Leader Award from Health Care For All. In 2013, she received the Beverly Ross Fliegel Social Policy Award from the Massachusetts Chapter of National Association of Social Workers.
JUNIOR INVESTIGATOR TRAVEL STIPEND Awardees and Semi-Finalists
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Maria Theresa Brown, PhD, LMSW
Assistant Research Professor
David B. Falk College of Sport and Human Dynamics
Syracuse University

David Camacho, MSW
Doctoral Student
School of Social Work
Columbia University

Vanessa Fabbre, PhD, LCSW
Assistant Professor
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Washington University in St. Louis

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Washington University in St. Louis
Jason Flatt, PhD, MPH
Assistant Professor
Institute for Health and Aging
Department of Social and Behavioral Sciences
University of California, San Francisco

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University of Washington

Alexandra Grace Kissling
Doctoral Student
Department of Sociology
The Ohio State University

Michael Pelts, MSW, PhD
Assistant Professor
School of Social Work
The University of Southern Mississippi

Arne John Stinchcombe, PhD
Adjunct Professor
School of Psychology
University of Ottawa
**Semi-Finalists**

*Katherine Kortes-Miller, PhD*
Assistant Professor  
School of Social Work  
Lakehead University

*Kimberley Wilson, MSW, PhD*
Assistant Professor, Adult Development and Aging  
College of Social and Applied Human Sciences  
University of Guelph
The Development of Evidence-Based Practices:  
Expanding the Reach to Lesbian, Gay, Bisexual and Transgender (LGBT) Older Adults

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In Healthy People 2020, LGBT people are for the first time identified in U.S. national health priorities. Aging with Pride: National Health, Aging, Sexuality and Gender Study documented key health, social and economic disparities among LGBT older adults, including higher rates of living alone and social isolation; elevated rates of discrimination; and higher levels of disability and mental distress. This workshop will illustrate how disparities, combined with aging and marginalization, increase the vulnerability of LGBT older adults in accessing culturally responsive and evidence-based practices (EBP). Both risk and protective factors influencing the cultural relevance of EBP will be considered in the development and implementation of EBP for this population. Best practices developed through community-based collaborations will be presented to assess agency and community capacity. The workshop will demonstrate how researchers and practitioners can promote policies and advocacy efforts for optimal aging in our increasingly diverse society.

Nancy Morrow-Howell, PhD  
GSA President  
Workshop R13 Co-PI

Patricia M. D’Antonio, RPh, MS, MBA, CGP  
GSA Senior Director, Professional Affairs and Membership  
Workshop R13 Co-PI

Karen I. Fredriksen-Goldsen, PhD  
Workshop R13 Chair
PROGRAM AGENDA  
Wednesday, November 16, 2016

8:00 AM–8:30 AM  
Breakfast

8:30 AM–9:00 AM  
Welcome  
Aging with Pride: National Health, Aging, Sexuality and Gender Study  
Karen Fredriksen-Goldsen, PhD  
Faculty Investigator and Workshop Chair  
University of Washington

Workshop Overview  
Charles A. Emlet, PhD  
Workshop Co-Chair  
University of Washington

9:00 AM–10:00 AM  
Session 1: Health, Social and Economic Disparities in LGBT Communities

Shilpen Patel, MD, FACRO  
Session Moderator and Discussant  
University of Washington School of Medicine/Foundation for Health Care Quality

An Interdisciplinary Approach to Promote LGBT Older Adult Health and Well-Being  
Shilpen Patel, MD, FACRO  
Associate Professor  
University of Washington School of Medicine/Foundation for Health Care Quality

Health, Social and Economic Disparities from a Health Equity Perspective  
Charles A. Emlet, PhD  
Professor  
University of Washington

Discussion

10:00 AM–10:45 AM  
Session 2: Best Practices for Data Collection with LGBT Older Adults

Hyun-Jun Kim, PhD  
Session Moderator and Discussant  
University of Washington

Principles for Effectively Collecting Data from LGBT Older Adults  
Hyun-Jun Kim, PhD  
Director, Aging with Pride: National Health, Aging, Sexuality and Gender Study  
University of Washington
Effective Interviewing with LGBT Older Adults: Qualitative Data Collection
Anna Muraco, PhD
Chair, Department of Sociology
Loyola Marymount University

Discussion

10:45 AM–11:00 AM  Break

11:00 AM–12:00 PM  Session 3: Community Engagement: Creating the Foundation for Change

Charles P. Hoy-Ellis, PhD
Session Moderator and Discussant
University of Utah

Community-Informed Program Evaluation
Nancy Giunta, MSW, PhD
Associate Professor
Hunter College CUNY

Principles of Behavioral Health: Application with LGBT Older Adults
Charles P. Hoy-Ellis, PhD
Assistant Professor
University of Utah

Amanda E. B. Bryan, PhD
Research Scientist, Aging with Pride: National Health, Aging, Sexuality and Gender Study
University of Washington

Discussion

12:00 PM–1:00 PM  Networking Lunch

1:00 PM–2:00 PM  Session 4: Application of EBP in LGBT Older Adult Communities

Glenise McKenzie, PhD, RN
Session Moderator and Discussant
Oregon Health & Science University

Principles for Development and Evaluation of EBP
Glenise McKenzie, PhD, RN
Associate Professor
Oregon Health & Science University

Best Practices for Developing and Tailoring EBP for LGBT Older Adults
Karen Fredriksen-Goldsen, PhD
Professor
University of Washington

Discussion
2:00 PM–3:00 PM  Session 5: Policy and Advocacy Supporting Evidence-Based Practice

Charles A. Emlet, PhD
Session Moderator and Discussant
University of Washington

State and Federal Policy Change to Promote Evidence-Based Practice for LGBT Elders
Sean Cahill, PhD
Director, Health Policy Research
The Fenway Institute

EBP Services and Programs for LGBT Older Adults & Caregivers
Lisa Krinsky, MSW, LICSW
Director, LGBT Aging Project
The Fenway Institute

Discussion

3:00 PM–3:15 PM  Break

3:15 PM–4:15 PM  Session 6: Consultation and Small Group Discussions

4:15 PM–4:30 PM  Session 7: Moving the Field Forward

Summary of Workshop Findings and Future Directions
Karen Fredriksen-Goldsen, PhD
Professor
University of Washington

4:30 PM–6:00 PM  Networking Reception and Junior Investigator Poster Session

4:30 PM–4:40 PM  Introductions to Junior Investigator Travel Awardees
Charles A. Emlet, PhD/Karen Fredriksen-Goldsen, PhD
University of Washington

4:40 PM–5:45 PM  Networking Reception

5:45 PM–6:00 PM  Closing Remarks and Adjournment
Charles A. Emlet, PhD

Funding for this conference was made possible in part by grant 1 R13 AG050451-01A1 from the National Institute on Aging. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute on Aging or the National Institutes of Health. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.
The Development of Evidence-Based Practices: Expanding the Reach to Lesbian, Gay, Bisexual and Transgender (LGBT) Older Adults

November 16, 2016

Karen Fredriksen-Goldsen, PhD | University of Washington

Welcome
Aging with Pride: National Health, Aging, Sexuality and Gender Study

DISCLOSURE

I have no relevant commercial relationships to disclose.
MAKING IT ALL POSSIBLE

The Gerontological Society of America (GSA)
National Institutes of Health (NIH)
National Institute on Aging (NIA)
Community collaborators
LGBT older adults

COLLABORATIONS: THE FOUNDATION FOR MOVING THE FIELD FORWARD

Aging with Pride: National Health, Aging, Sexuality and Gender Study, University of Washington, Schools of Social Work and Medicine
Oregon Health and Science University, School of Nursing
University of Utah, College of Social Work
Hunter College (CUNY), Silberman Aging, SAGE - National Resource Center on LGBT Aging
Loyola Marymount University, Sociology Department
The Fenway Institute: LGBT Aging Project, Health Policy Research
Generations with Pride

INTRODUCTIONS

Who’s in the room?

Table group introductions (~3 minutes):
  Name
  One reason for your interest in the workshop
DIVERSITY IN AGING

Global worldwide aging

By 2060, 170 million people 50 years and older (U.S. Census, 2014)

Over 40% people of color

Current estimate of 2.4%, 2.7 million LGBT, age 50 years and older

By 2060, more than 5 million

More than 20 million: Considering identity, behavior, relationships

Increasing number of diverse LGBT older adults

HISTORICAL CONTEXT

Social context – past and present

Structural location and cultural meaning

Invisible Generation

Silenced Generation

Pride Generation

RESEARCH GAPS

LGBT older adults at-risk and underserved

(Institute of Medicine, 2011)

Identified in Healthy People 2020

(Department of Health and Human Services, 2011)

Sexual orientation and gender identity not in most aging or health studies

Limited translational research with this community

Rare application of Evidence-Based Practices for this population
COMMUNITY COLLABORATORS

FRAMEWORK:
HEALTH EQUITY PROMOTION MODEL

WORKSHOP OBJECTIVES

Assess and clarify the state of translational research and identify the next logical steps “in translation,” whether that be treatment development, treatment adaptation, implementation or dissemination research

Identify opportunities and challenges for translational work from the perspective of community partners

Explore interdisciplinary and agency partnerships to move this work forward

Experts in dissemination and implementation science, gerontologists currently involved in translational studies on the topic, and representatives of the community-based perspective will present
DISCLOSURE

I have no relevant commercial relationships to disclose.

WORKSHOP OVERVIEW

Session 1: Health, Social and Economic Disparities in LGBT Communities
Session 2: Best Practices for Data Collection with LGBT Older Adults
Session 3: Community Engagement: Creating the Foundation for Change
Session 4: Application of EBP in LGBT Older Adult Communities
Session 5: Policy and Advocacy Supporting Evidence-Based Practice
Session 6: Consultation and Small Group Discussions
Session 7: Moving the Field Forward
Networking Reception and Junior Investigator Poster Session
WORKSHOP GROUND RULES

- Start and stop on time
- Respect diverse experiences and opinions
- Everyone is invited to participate
- One speaker at a time—allow others to finish
- Cell phones off
- No side conversations

WORKSHOP FORMAT

- Evaluation
- Breaks
- Networking reception
- Questions?
Session 1: Health, Social and Economic Disparities in LGBT Communities

Session Moderator and Discussant: Shilpen Patel, MD, FACRO

Shilpen Patel, MD, FACRO | University of Washington/Foundation for Health Care Quality
An Interdisciplinary Approach to Promote LGBT Older Adult Health and Well-Being

DISCLOSURE

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INTERDISCIPLINARITY ON A CONTINUUM

Related terms
- Multidisciplinary
- Interdisciplinary
- Transdisciplinary

GENERAL BENEFITS

Draws upon broadened scope of evidence
Facilitates intervention at multiple levels
Facilitates dissemination and adoption of EBP

FACILITATING FACTORS

Institutional support
Team selection
Training
Common goals
Multidirectional communication

POTENTIAL BARRIERS

- Institutional barriers
- Cultural/values differences between disciplines
- Organizational/hierarchical differences between disciplines
- Lack of role clarity
- Language differences between disciplines

ASSESSING EFFECTIVENESS

<table>
<thead>
<tr>
<th>Outcome evaluation</th>
<th>Process evaluation</th>
<th>Developmental evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are goals and timelines being achieved?</td>
<td>How is the team interesting and communicating?</td>
<td>How are task-related behaviors at each stage of</td>
</tr>
<tr>
<td>Are goals and outcomes (e.g., publications, patient outcomes) being addressed?</td>
<td>Are meetings regular, agenda based, and well attended?</td>
<td>development being performed?</td>
</tr>
<tr>
<td>Are interventions or breakthroughs that are translational in nature being achieved?</td>
<td>Are internal and external partners being engaged collaboratively?</td>
<td>How are roles we expect members to fulfill being performed?</td>
</tr>
</tbody>
</table>


EXAMPLE: TRANSDISCIPLINARY MODEL OF EBP

APPLIED TO HEALTH DISPARITIES

Accounting for multiple-cause health disparities
- Distal and proximal factors
- Interactions of factors spanning multiple disciplines

Sustainable research practices within disadvantaged communities

INTERDISCIPLINARITY IN AGING WITH PRIDE

Collaborators from social work, sociology, medicine, psychology, nursing, and others
- Measures spanning from intra-individual (e.g., stress biomarkers) to cultural/structural (e.g., state and federal marriage policies)
- Quantitative and qualitative analysis

INTERDISCIPLINARITY IN AGING WITH PRIDE (cont.)

Implementation alongside our community partners
- Access to hard-to-reach population
- Geographic diversity
- Expertise of those "on the ground"
COMMUNITY ENGAGEMENT

Anchor the interdisciplinary work and focus with work on the ground and directly in communities

 Leads to research development

 We currently collaborate with 17 community partners

 Community engaged!

REFERENCES


OBJECTIVES

Discuss health, social and economic disparities within LGBT older adults from a health equity perspective

Identify subgroup differences within LGBT older adults regarding inequity and disparity

Suggest evidence-based approaches to address these disparities

BACKGROUND

Disparate Population

The Institute of Medicine (2011) and Healthy People 2020 (2011) have identified LGBT adults as a national health priority and stated there is insufficient information to fully understand their health.

There is growing evidence that health disparities exist among LGBT older adults compared with the general population (Fredrikson-Goldsen, K.I., et al., 2013)

Within-Group Disparities

Findings from Aging with Pride: National Health, Aging, Sexuality and Gender study (Emlet, C.A., 2016) reveal important subgroup differences in health disparities among LGBT older adults:

- Bisexual older adults
- Transgender older adults
- LGBT older adults living with HIV
- Oldest-old LGBT adults
HEALTH EQUITY

Health Equity Promotion Model (Fredriksen-Goldsen, K.I., et al., 2014)

- Designed to conceptualize mechanisms of health equity among LGBT older adults
- Acknowledges psychological resources while understanding individual and structural level issues
- Takes into account health promoting and adverse pathways to health equity

SUBGROUP DISPARITY: TRANSGENDER AND CISGENDER OLDER ADULTS

<table>
<thead>
<tr>
<th>Variable</th>
<th>Transgender</th>
<th>Cisgender</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty (≤200% FPL)</td>
<td>47.5%</td>
<td>29.4%</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>78.0</td>
<td>87.0</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Financial Barriers to Health Care</td>
<td>23.8%</td>
<td>6.4%</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Disability</td>
<td>61.7%</td>
<td>45.7%</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Physical Health</td>
<td>62.0 (SD=21.4)</td>
<td>70.2 (SD=22.2)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Depressive Symptoms</td>
<td>10.3 (SD=7.28)</td>
<td>7.2 (SD=5.33)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Victimization</td>
<td>10.99 (SD=10.0)</td>
<td>6.30 (SD=6.4)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Social Support</td>
<td>2.88 (SD=1.82)</td>
<td>3.16 (SD=1.70)</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

1Controlling for background characteristics

SUBGROUP DISPARITY: LGBT OLDER ADULTS WITH/WITHOUT HIV INFECTION

<table>
<thead>
<tr>
<th>Variable</th>
<th>HIV+ LGBTOA</th>
<th>HIV- LGBTOA</th>
<th>Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poverty</td>
<td>13.5%</td>
<td>7.6%</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>AA (38.1)</td>
<td>80.9</td>
<td>&lt;.001</td>
</tr>
<tr>
<td></td>
<td>Hispanic (24.1)</td>
<td>75.9</td>
<td></td>
</tr>
<tr>
<td></td>
<td>White (16.1)</td>
<td>92.0</td>
<td></td>
</tr>
<tr>
<td>Disability</td>
<td>13.5%</td>
<td>46.5%</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Physical Health</td>
<td>66.4 (SD=23.2)</td>
<td>70.1 (SD=22.3)</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Depressive Symptoms</td>
<td>19.8%</td>
<td>25.8%</td>
<td>&lt;.05</td>
</tr>
<tr>
<td>Victimization</td>
<td>93.8%</td>
<td>85.1%</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Social Support</td>
<td>2.8 (SD=0.8)</td>
<td>3.1 (SD=0.8)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Death of a Partner</td>
<td>48.3%</td>
<td>24.9%</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

1Controlling for background characteristics
SUBGROUP DISPARITY: BISEXUAL OLDER ADULTS

Twice as likely to have incomes at or below 200% of FPL
Higher rates of unemployment among bisexual women
Greater sexual identity concealment than gay or lesbian counterparts
Report lower levels of social support
Report increased internalized stigma

SUBGROUP DISPARITY: LGBT OLDEST-OLD

LGBT Older Adults Over 80 Years of Age
Increased likelihood of living at or below 200% of the FPL
Increased likelihood of being non-Hispanic White
Report lower scores related to positive sense of sexual identity
Decreased disclosure
Lower overall social network size
Lower levels of community connectedness

MOVING TOWARD EBP

Evidence-Based Interventions in LGBT Research
Takes into account individual client characteristics
Considers clinician expertise
• LGBT older adults must be seen as a diverse population of individuals with strengths and challenges different from their heterosexual peers but also between subgroups
• Structural, intrapersonal and social factors impact subgroups differently
Such differences need to be acknowledged in the development of interventions
DISCUSSION QUESTIONS

How might an interdisciplinary team encourage the sustainability of evidence-based practices and programs after their implementation?

What additional disciplines could further enhance EBP development and implementation specifically with LGBT and older adult populations?

How might the diversity in LGBT older adults impact the development of interventions to improve health, social and economic disparities?

How can we work toward adequate representation of subgroups such as the ones discussed today to ensure understanding of differences in LGBT research?

TABLE DISCUSSIONS AND REPORT OUT

Select 2 questions for discussion by your table and generate a “stand-out” Opportunity/Enabler and a “stand-out” Obstacle/Challenge (~7-8 minutes)

Full group discussion (~7-8 minutes)
Session 2: Best Practices for Data Collection with LGBT Older Adults
Session Moderator and Discussant: Hyun-Jun Kim, PhD

Principles for Effectively Collecting Data from LGBT Older Adults

DISCLOSURE

I have no relevant commercial relationships to disclose.
OBJECTIVES

- Identify challenges in conducting LGBT older adult research
- Discuss ways to reach hard-to-reach population
- Discuss collecting quality data from LGBT older adults

SEXUAL IDENTITY: REFUSE TO ANSWER


RESPONSE TO IDENTITY QUESTIONS IN NATIONAL HEALTH INTERVIEW SURVEY

Cognitive Interview
Most older adults did not find the sexual orientation question offensive or indicate that they would not answer it (Redford & Wagenen, 2012)

National Health Interview Survey (NHIS), 2013
- Of those aged 65 and older
- Less than 0.4% responded "don't know"
- About 0.8% refused to answer

NHIS para-data, 2013
Sexual minorities show higher contactability and lower reluctance to participate (Sunghee Lee, under review)
HARD-TO-REACH POPULATION

Low probability of being selected in probability sampling study

Difficulties of reaching subpopulations of LGBT older adults
- Small population size
- Higher rates of non-response

Multidimensional construct of sexual orientation, gender identity and expression

NON-RESPONSE TO SEXUAL IDENTITY QUESTIONS BY RACE AND ETHNICITY

<table>
<thead>
<tr>
<th>Responded to sexual orientation question</th>
<th>Other</th>
<th>Not sure/don't know</th>
<th>Refused to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOR(95% CI)</td>
<td>AOR(95% CI)</td>
<td>AOR(95% CI)</td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>1.00 (ref)</td>
<td>1.00 (ref)</td>
<td>1.00 (ref)</td>
</tr>
<tr>
<td>African American</td>
<td>1.28 (0.41, 3.99)</td>
<td>2.63*** (1.36, 5.11)</td>
<td>1.67 (0.99, 2.78)</td>
</tr>
<tr>
<td>Asian American</td>
<td>1.67 (0.53, 5.33)</td>
<td>12.50*** (8.68, 18.02)</td>
<td>4.42*** (3.15, 6.20)</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>0.92 (0.32, 2.65)</td>
<td>1.02 (0.48, 2.16)</td>
<td>1.34 (0.79, 2.25)</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0.63 (0.30, 1.35)</td>
<td>6.43*** (4.93, 8.39)</td>
<td>2.02*** (1.47, 2.78)</td>
</tr>
</tbody>
</table>

Note: ref=the reference group; AOR=adjusted odds ratio; CI=confidence interval; those who self-identified as "heterosexual or LGB" were treated as the baseline group; the analysis controlled for age, income, education, and year of interview.

*P<.05; **P<.01; ***P<.001


INNOVATIVE WAYS OF REACHING LGBT OLDER ADULTS

Advantages and disadvantages of non-probability sampling

The goal of sampling in Aging with Pride

Approach by Aging with Pride
- Dual sampling frame: community-based agency contact list & social network clustering chain referral
RECRUITMENT VIA COMMUNITY-BASED AGENCY CONTACT LIST

Agency mapping to reduce non-coverage bias
- 57 community-based agencies across nine Census divisions
- Via their contact lists, conducted an initial need assessment by agencies
- Those who are eligible for Aging with Pride (age 50 years and older and LGBT) were contacted and asked to participate in the longitudinal study

RECRUITMENT VIA CHAIN-REFERRAL

To further reach those who did not meet stratification goal: racial/ethnic minorities, female, old old

Pilot Testing of Chain-Referral
- Network clusters emerged by gender, race/ethnicity, age group

Advantages
- Capturing those who may be missed

Method
- Successive recruitment by participants
- Limited number of coupons for each recruiter

Effective for targeted and purposive sampling

DATA COLLECTION

Assessing modifiable factors associated with health outcomes
- Need to be derived by conceptual model and good psychometric properties
- LGBT-specific measures

Understanding temporal relationships between modifiable factors
- Longitudinal study is required for quality information
CHALLENGES & OPPORTUNITIES IN DATA COLLECTION WITH SUBPOPULATIONS

LGBT older adults diverse & heterogeneous population

Subpopulations within the larger study population exist; creates opportunities and challenges in data collection and analysis

Data collection decision-making
- Particular population
- Language
- Measures to assess intersectionalities

IMPROVING GENERALIZABILITY OF FINDINGS

Need to reduce non-coverage bias and non-probability sampling bias

Survey weight adjustments utilizing other population-based probability sampling surveys


IMPLICATIONS FOR EBP

Reaching out to demographically diverse LGBT older adults

Common and unique risk and protective factors

Obtaining high-quality information

Identifying modifiable factors
DISCLOSURE

I have no relevant commercial relationships to disclose.

EFFECTIVE INTERVIEWING WITH LGBT OLDER ADULTS

Overview

- Primarily will discuss interview data, but will touch on other modes of qualitative data collection
- Why incorporate interview data?
- Recruitment of participants
- Practical considerations
- Interviews, focus groups, and ethnography
- Examples from Aging with Pride: National Health, Aging, Sexuality and Gender Study
INCORPORATING QUALITATIVE DATA INTO QUANTITATIVE PROJECT

Mixed-methods enhance knowledge built through larger quantitative study

Interview data can help explain some of the quantitative findings, especially in exploratory research
Help to answer “how” and “why” research questions: e.g., “How do older LGBT adults experience their religious identities?”
Qualitative = smaller sample sizes; the purpose of qualitative work is to provide deeper description, rather than to provide generalizable results
Qualitative data can also be collected via focus groups, ethnography depending on goals of research, resources available

RECRUITMENT FOR DATA COLLECTION VIA INTERVIEWS

Recruitment considerations that may not be evident

Geographical considerations
Homogeneity in recruiting participants through established centers in primarily urban locations
If recruiting using non-probability sampling, need to gain access to groups through gatekeepers; snowball and convenience sampling
Goal of qualitative research: to explore meanings of participants' experiences, understand participants' experiences in their own words

QUALITATIVE DATA COLLECTION: INTERVIEWS

Practical considerations: Have processes in place when making first contact for interview

Initial contact: call back/follow up as soon as possible, confirm before interview
Have script for phone calls/emails
Location of interview
QUALITATIVE DATA COLLECTION: INTERVIEWS (cont.)

Tips for interviews

Best use of interviews is to answer open-ended questions
Best interviews last as long as the participant needs to answer the questions, even if it means splitting the interview into sessions, especially for older adults
Semi-structured and structured interviews can also provide useful information, data more limited

QUALITATIVE DATA COLLECTION: INTERVIEWS (cont.)

On the ground considerations

Depending on size of research team, scope of data collection, structured interviews may be most appropriate
Interview data unlikely to provide the scale of data to which fully qualitative researchers are accustomed
Be prepared to share information about yourself as an interviewer

FOCUS GROUPS

Research approach where a sample group is selected to discuss together a particular topic

Focus groups can be useful in situations where interaction between participants can be generative (i.e., exploring a new or understudied topic)
Focus groups are a solid method in their own right, but can be used to test out topics to generate questions (i.e., focus groups to inform quantitative measures)
Caution: the runaway train focus group
Caution: focus group composition affects outcome
WHAT ABOUT ETHNOGRAPHIC DATA?

Approach where researcher embeds in the phenomenon being studied

Aging with Pride: National Health, Aging, Sexuality and Gender Study did not use ethnographic methods

Time-consuming data collection method

AGING WITH PRIDE: NATIONAL HEALTH, AGING, SEXUALITY AND GENDER STUDY

Interview research component

Pilot data: Prior research for pilot study separated the survey data collection from interview process; provided more in-depth data, only two interviewers and n = 35

Asked 43 questions ranging on topics such as experiences of aging, family relationships, health conditions, caregiving, discrimination, significant life events, and demographics

First question: “Some people are not comfortable with being called gay, lesbian, bisexual or transgender and a senior. Can you tell me what terms you would prefer and why?”

AGING WITH PRIDE: NATIONAL HEALTH, AGING, SEXUALITY AND GENDER STUDY

Four sites for collecting interview data: NYC, LA, Atlanta, Seattle; 300 total interviews

Teams of researchers (between 5-8 people) collected data in the process of in-home interviews that also included physical and cognitive measures

Structured interviews:

- Interviewers asked the same set of questions, did not deviate from interview protocol
- Researchers trained to limit interaction between participant and interviewer, limit bias
AGING WITH PRIDE: NATIONAL HEALTH, AGING, SEXUALITY AND GENDER STUDY

Wave 1 interview questions address 36 questions about social networks, spousal/dating relationships, navigating being LGBT in work, military, and religious contexts, positive experiences of being an older LGBT person.

Future analyses will address connections between quantitative and qualitative data.

Sometimes difficult to find outlets for solely qualitative manuscripts because the bias toward quantitative methodologies.

Hard choices between processes to collect data and resources available to collect data from multiple sites.

DISCUSSION QUESTIONS

What are the challenges in recruiting LGBT older adults and what are some feasible ways to meet the challenges?

What are cost-effective ways to collect data with this population while maintaining data quality?

How can qualitative research methods contribute to our knowledge about the lives of older LGBT adults?

What are your concerns about incorporating qualitative research methods into your own studies?

TABLE DISCUSSIONS AND REPORT OUT

Select 2 questions for discussion by your table and generate a “stand-out” idea (~7-8 minutes)

Full group discussion (~7-8 minutes)
BREAK
Session 3: Community Engagement: Creating the Foundation for Change
Session Moderator and Discussant: Charles P. Hoy-Ellis, PhD

Nancy Giunta, MSW, PhD | Hunter College CUNY
Community-Informed Program Evaluation

DISCLOSURES

Research Support:

The Retirement Research Foundation
OVERVIEW

Background/context
Current landscape & practice examples
What has been learned (what we know we know)
What we know we don’t know
Applying what we know and don’t know
Future landscape

Why are Community Engagement and Program Evaluation NOT mutually exclusive?
### BENEFITS/CHALLENGES OF COMMUNITY-ENGAGED PROGRAM EVALUATION

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Shared expertise</td>
<td>• More time and resources</td>
</tr>
<tr>
<td>• More feasible implementation</td>
<td>• Trade-offs re: research validity</td>
</tr>
<tr>
<td>• More transparent knowledge building</td>
<td>(internal and external)</td>
</tr>
<tr>
<td>• Better informed evaluators</td>
<td>• Balancing subjectivity/objectivity</td>
</tr>
<tr>
<td>• Other benefits?</td>
<td>• Other challenges?</td>
</tr>
</tbody>
</table>

### CURRENT LANDSCAPE/PRACTICE EXAMPLES

- Age-Friendly Communities & LGBTQ Housing
- LGBTQ Caregiving
- Cultural Competence Trainings
- Intersectional Approaches
- Health & Mental Health Arenas

### PRACTICE EXAMPLE: CULTURAL COMPETENCE TRAINING

- Documented need/demand
- Existing training curricula
- Published evaluations
- SAGE’s National Resource Center & SAGECare training evaluations
The Gerontological Society of America
2016 Annual Scientific Meeting Preconference Workshop

TRAINING CURRICULA FOR SERVICE PROVIDERS

In-person trainings for aging services providers:
“Level 1” (4-hour) and “Level 2” (8-hour)

In-person training for LGBT providers and organizations

Webinars:
- LGBT Aging 101
- Transgender 101
- LGBT Older Adults of Color
- Sexual Orientation & Gender Identity

1-hour multiplatform (in-person/webinar) training for aging services providers

EVALUATION STRATEGY: METHODS

In-Person Trainings:
- Pre- and post-test online surveys.
- 90-day follow-up online survey

Webinars:
- Post-tests measure knowledge, attitude and skills
MEASURES: IN-PERSON TRAINING

Knowledge

Pre- & Post-Test
- Total score (sum) of correctly answered questions on how to create welcoming environment (8 true/false questions)

Post-Test Only
- Basic historical and current facts describing experiences in the LGBT community (6 true/false questions, scored individually)

MEASURES: IN-PERSON TRAINING (cont.)

Attitudes

Pre- & Post-Test
- Six statements about LGBT older adults for which participants can rate level of agreement
- General feedback of training

Skills

Post-Test Only
- Self-report on how prepared a participant feels to address a scenario in which LGBT bias arises in practice

STRENGTHS AND LIMITATIONS

Strengths

- National reach
- Foundation for evidence-based practice

Limitations

- Balance feasibility with rigor (e.g., aggregate data for pre- and post-test comparisons)
WHAT HAS BEEN LEARNED?
- What we know we know
- What we know we don’t know

IMPLICATIONS FOR COMMUNITY-ENGAGED PRACTICE AND PROGRAM EVALUATION
- Developing feasible study designs
- Validating outcome measures
- Publishing results
- Replication opportunities & challenges

Building the bridge from program evaluation to research to evidence-based practice
DISCLOSURE

We have no relevant commercial relationships to disclose.

OBJECTIVES

Review national goals and priorities for improving behavioral health and health care

Highlight behavioral health considerations relevant to LGBT older adults

Illustrate an example of behavioral health among participants in Aging with Pride

Provide future directions for implementing equitable behavioral health goals and priorities with LGBT older adults
WHAT IS BEHAVIORAL HEALTH?

Substance Abuse and Mental Health Services Administration (SAMHSA, 2014)

Behavioral health refers to “mental/emotional well-being and/or actions that affect wellness.”

The term can also refer to “service systems that encompass prevention and promotion of emotional health; prevention of mental and substance use disorders; substance use, and related problems; treatments and services for mental and substance use disorders; and recovery support.”

BEHAVIORAL HEALTH PRIORITIES

SAMHSA’s National Behavioral Health Quality Framework

“...a mechanism to examine and prioritize quality prevention, treatment, and recovery elements at the payer/system/plan, provider/practitioner, and patient/population levels”

Goals:
• Evidence-based practice
• Person-centered care
• Coordinated care
• Healthy living for communities
• Reduction of adverse events
• Cost reduction

What issues arise in considering behavioral health priorities as they apply to LGBT older adults?

• What are some of the key behavioral health issues facing LGBT older adults?

• How might behavioral health priorities be framed from an equity perspective to identify modifiable factors in the health, well-being, and aging of LGBT older adults?
BEHAVIORAL HEALTH DISPARITIES

Compared with heterosexual adults of similar age, lesbian, gay, and bisexual older adults show elevated rates of:

- Frequent poor mental health (13%–16%)
- Smoking (18%–20%)
- Excessive drinking (8%–17%)

And lower rates of obtaining health screening tests, including:

- Mammogram (74% lesbian and bisexual women)
- Prostate-specific antigen (PSA) test (41% gay and bisexual men)

BEHAVIORAL HEALTH EQUITY

Why do we observe behavioral health disparities among LGBT older adults?

Minority stress theory (Meyer I.H., 2003): Marginalization (stigma, discrimination, hostility) leads to chronic stress, which in turn causes mental health problems and unhealthy coping behaviors.


- Historical and environmental contexts
- Life course and Western: Timing of lives
- Individual and community agency
- Reaching one’s full health potential

ALCOHOL USE IN THE GENERAL OLDER ADULT POPULATION

Factors that increase risk for potentially problematic drinking:

In the general population, alcohol consumption tends to decline with age.

Among older adults in the general population, about 10% engage in high-risk drinking:

- Male
- White
- Higher income/education
- Current smoker
- History of problem drinking
- Drinking to cope/reduce stress
EXAMPLE: HIGH-RISK DRINKING IN AGING WITH PRIDE

How do older age and LGBT identity intersect with respect to alcohol consumption?

In most U.S. population-based studies, compared with heterosexual adults, lesbian, gay, and bisexual adults show elevated rates of high-risk drinking

- Sexual orientation-based discrimination
- Discrimination across multiple domains

Evidence of elevation is more consistent for lesbian and bisexual women than for gay and bisexual men

EXAMPLE: HIGH-RISK DRINKING IN AGING WITH PRIDE (cont.)

Factors to consider in examining high-risk drinking in LGBT older adults

Definition of “high-risk drinking” varies by gender and age group

Subgroups within LGBT may differ both in rates of high-risk drinking and correlates

LGBT older adults may share correlates of high-risk drinking seen in general older adult population, may have unique experiences associated with being LGBT

EXAMPLE: HIGH-RISK DRINKING IN AGING WITH PRIDE (cont.)

20.6% of LGBT older adults engaged in high-risk drinking in the past 30 days

18.4% of women and 22.4% of men were high-risk drinkers (n.s. difference)

Correlates of high-risk drinking included:

- Day-to-day discrimination (men only)
- Current smoking
- Lower perceived stress (women only)
- Greater social support (women only)

TOWARD EQUITY IN BEHAVIORAL HEALTH PRIORITIES

Existing evidence-based behavioral health interventions for older adults should be tailored and adapted to address the specific needs of LGBT older adults.

Example: Seniors Preparing for Rainbow Years (SPRY)

Person-centered care of LGBT older adults takes into account differences in kin relation structures and incorporates supportive community resources.

LGBT older adults are less likely than heterosexual older adults to have children who can act as caregivers, and more often receive care from peers.

TOWARD EQUITY IN BEHAVIORAL HEALTH PRIORITIES (cont.)

Specific care coordination needs should be assessed and attended to by behavioral health care providers, including those related to sexual and gender identity.

Example: Older adults living with HIV/AIDS may have more complex medical care requiring extra coordination and communication among providers.

Community-based programs for evidence-based behavioral health promotion should be available in LGBT communities and address the needs of LGBT older adults.

Example: "The Last Drag" LGBT-specific smoking intervention.

TOWARD EQUITY IN BEHAVIORAL HEALTH PRIORITIES (cont.)

Harm in care delivery can be minimized by educating service providers about contextual factors that impact LGBT older adults' behavioral health and care needs.

Examples: Safe Space, Generations with Pride

Affordable behavioral health care should be accessible to marginalized and disadvantaged older adult populations.

Community-based and peer-administered programs may be most promising in terms of affordability and engagement.
DISCUSSION QUESTIONS

How do we build a bridge from program evaluation to evidence-based practice?

How do we do this from a community-engaged perspective?

How can national behavioral health and health care goals and priorities relate particularly to LGBT older adults?

What potential future directions can we offer in developing evidence-based interventions that promote behavioral health equity among LGBT older adults, their kin, and their communities?

TABLE DISCUSSIONS AND REPORT OUT

Select 2 questions for discussion by your table and generate a “stand-out” idea (~7-8 minutes)

Full group discussion (~7-8 minutes)

NETWORKING LUNCH
Session 4: Application of EBP in LGBT Older Adult Communities
Session Moderator and Discussant: Glenise McKenzie, PhD, RN

Principles for Development and Evaluation of EBP

DISCLOSURE

I have no relevant commercial relationships to disclose.
OBJECTIVES

Define characteristics of evidence-based interventions
Discuss strategies for evaluating if an intervention is evidence-based
Discuss issues to consider when translating EBP to the “real world” and new populations

PRINCIPLES FOR DEVELOPMENT AND EVALUATION OF EBP

What is required to be an evidence-based intervention (EBI)?

- Shown to consistently improve measurable client outcomes
- Account for clinician/interventionist expertise
- Account for individual client characteristics

How to evaluate if a program is Evidence-Based?

- Intervention based on theory
- Level of evidence supporting intervention
- Established and tested treatment manuals
- Specify characteristics/outcomes for participants (older adult/caregiver)
- Positive treatment effects demonstrated by at least two different investigators
- Fidelity to original tested intervention
PRINCIPLES FOR DEVELOPMENT AND EVALUATION OF EBP (cont.)

What to consider in translation from research to “real world”? (Re-Aim model)

- **Reach**: your intended target population
- **Efficacy** or effectiveness
- **Adoption**: by target staff, settings, or institutions
- **Implementation**: consistency, costs, and adaptations made during delivery
- **Maintenance**: of intervention effects in individuals and settings over time

http://www.re-aim.hnfe.vt.edu/about_re-aim/index.html

---

EXEMPLAR: **Seattle Protocol and Friends**

- **Depression**: (Teri) (Kiosses)
- **Agitation**: (McCurry)
- **Physical activity and exercise**: (Teri et al.)
  - AFH (McCurry)
  - Case Managers (McCurry)
- **Staff in ALRs**: (Teri et al)
- **NH Staff**: (Molos)
- **VA - Community Living Centers**: (Karlín)
- **Sleep**: (McCurry)
- **Early-stage memory loss**: (Logsdon)
- **Mild cognitive impairment**: (Teri)
- **Post-stroke depression**: (Mitchell)
- **Anxiety**: (Stanley)

---

Seattle Protocol Implementation Sites
PRINCIPLES FOR DEVELOPMENT AND EVALUATION OF EBP (cont.)

Challenges to implementing research-based interventions

- Applicability (appropriateness of application, "fit")
- Practitioner time and skills
- Caregiver competing demands
- Maintaining fidelity while also being responsive
- Administrative support and "buy in"

PRINCIPLES FOR DEVELOPMENT AND EVALUATION OF EBP (cont.)

Strategies for successful implementation

- Identify and commit necessary resources
- Identify and involve stakeholders and partners
  - Provider/caregiver/care recipient/funders
- Fit intervention to population and delivery environment
- Detailed intervention manuals (simplify?)
- Training program (streamline?)
- Include fidelity measurements and assessment in design
- Plan for sustainability

REFERENCES

APPLICATION OF EBP WITH LGBT OLDER ADULTS

Translational application of EBP to LGBT older adults

Distinct considerations

- Historically underserved population
- Resilient at-risk stigmatized population
- Diverse peer-based supports
- Reliance on informal care and assistance
- Lack of efficacious research-based interventions

REAL WORLD APPLICATION

Considerations in dementia caregiving for LGBT older adults

- Identity management and disclosure
- Traumatic events
- Social isolation: Elevated risk of institutionalization
ASSESSMENT OF EBP

Applicability
Feasibility
  Population
  Resources
Standard care or enhanced/adapted model

APPLICATION OF CAREGIVING EBP

Intervention designed for CG and CRs with dementia:
  Reducing Disability in Alzheimer’s Disease (RDAD) – Linda Teri, PhD

Grounded in social learning/health equity theories
Focus on increasing physical activity and functioning
Present-focused cognitive behavioral intervention with a problem-solving approach
Key components

APPLICATION OF RDAD

Randomized controlled trial (RCT)
Intervention adherence and completion
Efficacious:
  Care recipient: Delay long-term care placement
  Caregiver: Reduce CG unmet need and care-efficacy strain
Treatment effect maintained
Published peer-reviewed studies

The Gerontological Society of America
2016 Annual Scientific Meeting Preconference Workshop
CULTURAL ADAPTATION OF EBP

- Relevance
- Engagement
- Retention
- Effectiveness

LGBT CAREGIVING: ENHANCED

- Health Equity Promotion Model
- AD identity management strategies
- Trauma in care settings
- Engaging peer support for CG/CR

INTERVENTION IMPLEMENTATION

- RCT
- Outcomes:
  - Primary (physical activities, stress, CR residential status)
  - Secondary (depression, behavioral disturbances, QOL)
- Recruitment: Multiple sites
- Inclusion/exclusion criteria
- Sessions/Training coaches
- Analyses: Hypotheses driven
INTERVENTION DESIGN

225 dyads of LGBT CRs and CGs
Random assignment 3 groups:
- Standard versus enhanced versus usual medical care
Detailed treatment manuals
Assess fidelity
Promote retention
Evaluate baseline, post treatment, and 6, 12, 18, 24 months

DISCUSSION QUESTIONS

What are some opportunities and challenges to successful implementation of EBP for LGBT older adults?
How might we plan for enhancing the translation of EBP in LGBT communities?
How should we decide whether a particular EBP needs, or could benefit from, adaptation for use with a specific population such as LGBT older adults?
How can within-group cultural variations be accommodated in adapting an EBP for LGBT older adults?

REFERENCES

TABLE DISCUSSIONS AND REPORT OUT

Select 2 questions for discussion by your table and generate a “stand-out” idea (~7-8 minutes)

Full group discussion (~7-8 minutes)
Session 5: Policy and Advocacy Supporting Evidence-Based Practice
Session Moderator and Discussant: Charles A. Emlet, PhD

Sean Cahill, PhD | The Fenway Institute
State and Federal Policy Change to Promote Evidence-Based Practice for LGBT Elders

DISCLOSURE

I have no relevant commercial relationships to disclose.
STATE AND FEDERAL POLICY CHANGE TO PROMOTE EVIDENCE-BASED PRACTICE FOR LGBT OLDER ADULTS

Outline
I. Historical context: 15 years of LGBT aging activism in Massachusetts
II. Massachusetts’ Special Legislative Commission on Lesbian, Gay, Bisexual and Transgender Aging, 2014
III. Looking forward: Implementing change at state level, significant federal policy changes

I. ARC OF LGBT AGING ACTIVISM IN MASSACHUSETTS
2001: Founding of LGBT Aging Project
2003-04: Marriage for same-sex couples
2004: 1st LGBT-focused congregate meal program
2006: Massachusetts EOEA funds cultural competency trainings
2008: MassHealth Equity Law addresses spend-down issue
2009: MLANA (MA LGBT Aging Needs Assessment) launched
2010: National LGBT Aging Resource Center launched
2011: LGBT aging conference launched at Salem State University
2012: First state Elder Affairs department to designate LGBT elders population of “greatest social need” under OAA
2014: First statewide LGBT Aging Commission formed
2016: EOEA adds SO/GI questions to intake form
II. MASSACHUSETTS LGBT AGING COMMISSION, 2014

SPECIAL LEGISLATIVE COMMISSION ON LESBIAN, GAY, BISEXUAL AND TRANSGENDER AGING

PURPOSE, MEMBERS, ACTIVITIES

Purpose
• Examine, improve policies
• Train providers
• Promote best practices

Members
• House, Senate Elder Affairs Committee Chairs
• State agencies, LGBT organizations, provider groups, appointees

Hearings held across Massachusetts

OVERARCHING RECOMMENDATIONS

1. Data Collection and Needs Assessment
2. Training and Evaluation
3. Outreach and Access
   Veterans, protective services, senior housing support groups like GSA
4. Service Delivery
   Small group home, NORC
5. Complaint Resolution
   Ombudsperson
6. Legislation
SENIOR CENTERS

Virtual Centers
• Create a virtual LGBT senior center

Welcoming Place for All
• Conduct statewide campaign to make all senior centers welcoming places for all, including LGBT elders

HOUSING

LGBT liaisons in DHCD Housing Consumer Education Centers
• Currently modeling costs, staffing needs

Anti-bullying legislation
• Commission endorsed Senate Bill 1984, which would establish a commission to prevent bullying of tenants in public and subsidized housing; many of the residents of such housing are vulnerable elders, and therefore a large overlap with our target population is likely

LONG-TERM SERVICES AND SUPPORTS

Outreach and Access
• Public education on importance of advance planning for LGBT older adults
• LGBT community outreach on elder abuse and neglect
• LGBT-friendly directories for state-funded aging service helplines
• LGBT-friendly registries for Personal Care Attendants and Adult Foster Care hosts
PUBLIC HEALTH

Data Collection
- Include sexual orientation and gender identity/expression in all public health surveys, including for older adults (MA BRFSS used to stop asking about SO/GI at age 64 years)

Outreach and Access
- Initiate public health campaign for older adults on HIV prevention
- Initiate LGBT public health campaign on suicide prevention, cancer, and substance abuse

III. LOOKING FORWARD: IMPLEMENTING CHANGE AT THE STATE LEVEL, SIGNIFICANT FEDERAL POLICY CHANGES

Massachusetts Executive Office of Elder Affairs, led by Secretary Alice Bonner, implementing SO/GI data collection for older adults newly entering the elder services system

The Fenway Institute and LGBT Aging Project have conducted two webinars to train staff in implementing SO/GI data collection

FEDERAL POLICY ADVANCES

SO/GI data collection on federally funded surveys
- 12 surveys collection SO & GI data; 6 more collecting SO data
- NHIS, BRFSS, Medicare Current Beneficiary Survey, SAMHSA, BJS, etc.

SO/GI data collection in clinical settings
- Centers for Medicare & Medicaid Services, Office of Health IT: SO/GI fields required for Certified EHR Technology for Meaningful Use incentive program
- CMS Equity Plan encourages SO/GI data collection
- Training on SO/GI data via Medicare Learning Network
- AG moving toward SO/GI data collection
- HRSA Bureau of Primary Care: Health centers must report on SO/GI of patients in January 2017
- Veterans Health Administration: Rolling out GI question, SO question; directives for nondiscrim. care
SECTION 1557 RULE PROHIBITS ANTI-TRANSGENDER DISCRIMINATION

Explicitly prohibits discrimination on the basis of gender identity in health care facilities and programs receiving federal funding as form of sex discrimination

Prohibits transgender-specific exclusions in insurance plans

Insurance plans may not deny access to medically necessary medications, surgeries, and other transition-related treatments for transgender people if similar services—a hysterectomy, for example—would be covered for non-transgender people

SECTION 1557 RULE AND SEXUAL ORIENTATION

Coverage of sexual orientation is less explicit, but rule does prohibit discrimination on the basis of sex stereotyping

Multiple EEOC rulings and federal court decisions have determined that discrimination on the basis of sexual orientation may involve sex stereotyping

OCR will evaluate sexual orientation discrimination complaints on basis of sex stereotyping; rule will continue to evolve on this matter
SECTION 1557 RULE AND SEXUAL ORIENTATION

"OCR concludes that Section 1557's prohibition of discrimination on the basis of sex includes, at a minimum, sex discrimination related to an individual's sexual orientation where the evidence establishes that the discrimination is based on gender stereotypes. Accordingly, OCR will evaluate complaints alleging sex discrimination related to an individual's sexual orientation to determine whether they can be addressed under Section 1557. OCR has decided not to resolve in this rule whether discrimination on the basis of an individual's sexual orientation status alone is a form of sex discrimination under Section 1557. We anticipate that the law will continue to evolve on this issue, and we will continue to monitor legal developments in this area. We will enforce Section 1557 in light of those developments and will consider issuing further guidance on this subject as appropriate."

CMS PROPOSED HOSPITAL RULE

June 2016 Centers for Medicare and Medicaid Services proposed rule to update the Conditions of Participation such that participating hospitals will be required to establish nondiscrimination policies that include gender identity and sexual orientation

Proposed rule expected to be finalized by end of 2016
DISCLOSURE

I have no relevant commercial relationships to disclose.

LGBT Older Adults Age with Dignity and Respect
Equal Access to Services and Benefits

LGBT AGING PROJECT: COMMUNITY BUILDING

Tufts Health Plan Foundation: Healthy Aging
Evidence-Based Programs to Promote Healthy Aging for Older Adults in Massachusetts
HEALTHY AGING FOR LGBT OLDER ADULTS AND CAREGIVERS 2011-2016

Healthy Eating for Successful Living in Older Adults: 2011
National Councils on Aging

Memory Fitness Training Program: 2012 & 2013
UCLA Center on Aging

Mindfulness-Based Stress Reduction: 2014-2016
Center for Mindfulness, UMASS Medical Center (Kabat-Zinn)

Objectives
1. Gain knowledge and skills in the content area
2. Gain opportunity for socialization with other LGBT older adults in their community by decreasing isolation and encouraging ongoing connection and community building beyond the program itself
3. Gain connection with LGBT-friendly elder service organization

1. GAIN KNOWLEDGE AND SKILLS IN CONTENT AREA

Fidelity to curriculum; use of pre/post test tools

Healthy Eating/Memory Fitness – developed for older adults

MBSR – modified slightly to accommodate older adults (schedule, homework etc.)
1. GAIN KNOWLEDGE AND SKILLS IN CONTENT AREA (cont.)

DATA

Healthy Eating: 25 people in 4 classes. Majority reported significant behavior changes and increased knowledge of habits and nutrition. Feedback that curriculum didn’t address any behavioral issues.

Memory Fitness: 34 enrolled in 4 classes. Enhanced subjective but not objective memory. Pre-test most considered memory worse than average; post-test most considered memory average. Objective memory remained the same.

1. GAIN KNOWLEDGE AND SKILLS IN CONTENT AREA (cont.)

DATA

MBSR – over 80 participants in 10 classes

- Brief Symptom Inventory – significant changes in reduced symptoms of physical and mental health distress
- Self-Compassion – significant increase in ability to be self-compassionate
- Perceived Stress – no significant changes (3 CA dx)
- Example: Caroline
  - Reported reduced anxiety
  - Reduced asthma ⇒ 6/12 nebulizer
  - MD recommendation to continue with MBSR

2. GAIN OPPORTUNITY FOR SOCIALIZATION WITH OTHER LGBT OLDER ADULTS

Gain opportunity for socialization with other LGBT older adults in their community by decreasing isolation and encouraging ongoing connection and community building beyond the program itself

The Gerontological Society of America
2016 Annual Scientific Meeting Preconference Workshop
2. GAIN OPPORTUNITY FOR SOCIALIZATION WITH OTHER LGBT OLDER ADULTS (cont.)

80%-100% agreed:
1. This MBSR course provided me with an opportunity to meet and interact with LGBT people.
2. As a result of my participation in the MBSR course, I had an opportunity to get to know people who I had never met before.
3. As a result of my participation in the MBSR program, I have increased my social connectedness with other LGBT older adults.

3. GAIN CONNECTION WITH LGBT-FRIENDLY ELDER SERVICE ORGANIZATION

80%-100% agreed:
4. As a result of my participation in the MBSR program, I have increased trust in the LGBT-friendly elder adult service provider that cosponsored this course (name of elder service org).
5. As a result of my participation in the MBSR program, I have increased knowledge of some of the programs and services from (name of elder service org) that I would be welcome to participate in.

3. GAIN CONNECTION WITH LGBT-FRIENDLY ELDER SERVICE ORGANIZATION (cont.)

80%-100% agreed:
6. As a result of my participation in the MBSR program, I had an opportunity to meet some of the staff from (elder service org) and I feel comfortable contacting them with future questions.
7. After participating at the Day of Mindfulness Retreat hosted by (elder service org) I feel that I would be welcome to attend other programs there.
3. GAIN CONNECTION WITH LGBT-FRIENDLY ELDER SERVICE ORGANIZATION (cont.)

80%-100% agreed:

- Have greater knowledge of what these organizations offer
- Have high levels of trust that they would be welcomed at these organizations in the future
- Have comfort contacting organization and attending programming in the future

OPPORTUNITIES FOR SUCCESS

Partnership with LGBT-Friendly Elder Service Organization:

- Completed training on LGBT Aging/Caregiving
- Promote event (along with Aging Project)
- Space: at COA, Elder Services, church, community center
- Provide a meal (all sessions or final session)
- Leadership welcome (beginning/end)  

"I think everybody needs this course and as being LGBT (sic) we meet a lot of challenges and the only thing to overcome them is through meditation."

"...it will provide you with tools to reduce your stress and will give you a chance to meet like-minded LGBT people of color"

CHALLENGES FOR SUCCESS

Type of space/time for class sessions – typical for all elder courses (day/time/weather/accessibility)  

LGBT-only or LGBT-friendly? Experience of mixed class  

Sustainability: Funding? Tuition? MBSR alumni gathering and sustaining their MBSR practice  

Questions?
DISCUSSION QUESTIONS

Do you think creating a statewide LGBT Aging Commission is something you could accomplish in your state? Why or why not? What are key steps toward doing this?

How might data on LGBT older adults collected on federal surveys inform policy and elder service changes in your community?

Do you have LGBT-friendly organizations with whom you could partner to host these Healthy Aging courses? Do you even need them?

Would you offer LGBT-only or LGBT-friendly (ally inclusive) courses?

TABLE DISCUSSIONS AND REPORT OUT

Select 2 questions for discussion by your table and generate a “stand-out” idea (~7-8 minutes)

Full group discussion (~7-8 minutes)

BREAK
ACTION PLANNING

When I’m back in the office on Monday, November 21, 2016, when do I start?

• In 30 days?
• In 60 days?
• In 90 days?

• 3 minutes on own
• 3 minutes with partner
KEY IN THE APPLICATION OF EBP IN LGBT COMMUNITIES

Interdisciplinarity
Cultural Relevance and Engagement
Resilient, at-risk health disparate population
Hard to reach hidden within hidden populations
Unique risk and protective factors
ADVANCING EBP

Opportunities and Constraints
Research
Development
Implementation
Evaluation
Dissemination

MOVING FORWARD: WHAT NEXT?

Community-Engaged Research
Tailored Services
Policy Advocacy
Community Infrastructure Development

JUNIOR INVESTIGATOR POSTER SESSION
NETWORKING RECEPTION