The New Day Project:
Assessing Strengths and Needs of Milwaukee’s LGBT Older Adults

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with the Milwaukee LGBT Community Center
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We also acknowledge the uncompensated time and generous access to their lives and opinions that survey respondents contributed to the New Day Project. The surveys consisted of 36 questions, requiring anywhere from 5 to 15 minutes to complete. The 290 individuals who took the time respond to the survey represent somewhere between 24 and 72 cumulative hours of personal time donated in the hope of better understanding the strengths and challenges facing Milwaukee’s LGBT communities.
Executive Summary

The New Day Project is an exciting collaboration between researchers at the University of Wisconsin-Milwaukee and the Milwaukee LGBT Community Center, focused on assessing the strengths and needs of local lesbian, gay, bisexual and/or transgender (LGBT) older adults. By surveying 269 people in the Milwaukee area who are 50 years of age and older and identify as LGBT, the project examined demographic characteristics, health and caregiving roles, social support and activities, services, and living arrangements.

Overall, the New Day Project found Milwaukee’s aging LGBT communities to be characterized by considerable strength, resilience and available resources. Their current challenges and anticipated concerns for the future center on issues related to housing, transportation, and social isolation. They are consistently seeking more activities, more avenues for building relationships of mutual support, and more assurance that when the time comes for them to need more intensive aging-related services, they will know where to turn to find competent and sensitive providers.

- 81% of respondents rate their current health as good, very good, or excellent. However 42% receive support as a result of a health issue or personal need, and 26% provide support to someone else.
- The large majority consider Milwaukee, in general, to be somewhat or very LGBT-friendly. Most respondents rate their primary care doctors and mental health providers as very LGBT-friendly. However many do not know how LGBT-friendly are their care providers, local elected officials, or aging-related services.
- Most respondents are less than fully satisfied with their opportunities to engage in social activities, including opportunities to interact with LGBT youth and young adults and LGBT people of a different race or ethnicity than their own.
- 43% of respondents indicate that they do not always feel safe as an LGBT person where they live.
Introduction

At a moment in history when more older adults identify as lesbian, gay, bisexual and/or transgender (LGBT) than ever before, little is known about their health and well-being (Fredriksen-Goldsen & Muraco, 2011; Espinoza, 2014). Studies of older adults in the general population often do not ask about sexual orientation or gender identity, or include too few LGBT older adults to draw conclusions about their experiences, strengths, and challenges (Donahue & McDonald, 2005; Cahill, et al., 2000). At the same time, research examining LGBT populations frequently has not focused on issues pertaining to aging and the experiences of older adults (Berger & Kelly, 1996; Gabbay & Wahler, 2002). The Institute of Medicine (IOM, 2011) concluded that there is a serious lack of research about LGBT older adults, and the IOM called for significantly more focus on this understudied population in order to understand physical, psychological, and social factors that may significantly impact the health and well-being of LGBT adults across the life course.

Attempts to study the health and well-being of LGBT older adults using national samples have highlighted the challenges to understanding this diverse population across different local contexts (Fredriksen-Goldsen, et al., 2011; Espinoza, 2014). The experiences, resources, and needs faced by LGBT older adults vary considerably across sexual orientation and gender identity categories. Gender, race and socioeconomic diversity also present a complex picture in trying to understand factors that influence well-being across the life course among our nation’s LGBT older adults (Espinoza, 2014). Thus far, studies have highlighted that LGBT older adults are resilient and civically engaged, but there are notable health disparities between heterosexual and LGBT older adults that have yet to be fully understood (Fredriksen-Goldsen, et al., 2013). LGBT older adults have been found to be at risk for frequent experiences of victimization across
the life course, as well as high rates of disability, depression, and loneliness. LGBT older adults identify concerns about aging related to financial insecurity, discrimination in health care, housing, and long-term care, and limited access to sources of social support (Espinoza, 2014).

Important differences in concerns and priorities regarding aging have been noted between transgender and cisgender (not transgender) LGBT older adults, as well as between white, Hispanic, and black LGBT individuals.

Demographics, strengths, and challenges of LGBT older adults vary across different locations. Each municipality’s history with its LGBT constituents, along with public and private investments in community infrastructure, social and health services, and civic leadership create a unique profile of the strengths and challenges that LGBT older adults face in their specific contexts. Many urban centers interested in better understanding LGBT older adult populations in their communities have commissioned needs assessments. Within the past 3 years, studies of local LGBT older adult populations have been published for San Francisco (Fredriksen-Goldsen, et al., 2013), the Minneapolis & St. Paul (Croghan, Moone & Olson, 2012), and Philadelphia (Public Health Management Corporation, 2013), as well as earlier assessments in other cities. In each case, these assessments of LGBT older adult perspectives, priorities and needs highlight the unique ways in which local histories, demographics, and politics shape experiences LGBT adults face as they age. Concerns about LGBT-sensitive health care, affordable housing, safety and available sources of formal and informal social support vary to some extent between municipalities. Just as cities vary in terms of racial and socioeconomic composition, the resources, needs, and priorities of LGBT older adults vary in different contexts.

To the best of our knowledge, no survey of LGBT older adults has examined the strengths and needs faced by this population in Milwaukee. The New Day Project was initiated
to better understand the priorities, perspectives, and experiences of Milwaukee’s aging LGBT communities. Representing a partnership between the Helen Bader School of Social Welfare at the University of Wisconsin-Milwaukee (UWM) and the Milwaukee LGBT Community Center, the New Day Project received a Community-University Partnership grant from the UWM Cultures and Communities Program and additional financial support from the Cream City Foundation. The project relied on the active support and time of many volunteers, including UWM undergraduate and graduate students, participants in the SAGE Program at the Milwaukee LGBT Community Center, and almost 270 LGBT adults 50 years of age or older who completed the survey.

**Methods**

The New Day Project survey was developed in consultation with LGBT older adults in Milwaukee as well as drawing from publically available surveys conducted elsewhere. The survey consisted of 35 closed-ended questions addressing services, social support, and perceptions of their communities, as well as one open-ended question with which respondents were invited to provide additional comments in their own words. Surveys were mailed to 372 people on the Milwaukee LGBT Community Center’s SAGE mailing list. An additional 24 surveys were mailed directly to individuals who requested them in response to announcements about the New Day Project in the Milwaukee LGBT Community Center electronic communications and word-of-mouth. Five hundred forty surveys were distributed directly at meetings and special events sponsored by the LGBT Community Center and other LGBT organizations, as well as distributed directly to individuals who were known contacts of the research team. The total number of surveys distributed was 912.
Potential respondents were provided the survey, a description of the New Day Project containing anticipated risks and benefits to participants, and a self-addressed stamped envelope for returning completed surveys to the researchers. The description of the project explained that returning a completed survey by mail would imply the consent of respondents to participate in the study. In order to assure anonymity for participants and their specific responses, no personally identifying information was collected. Research procedures were approved by the University of Wisconsin – Milwaukee Institutional Review Board as complying with ethical requirements for the protection of human subjects of research.

A total of 290 surveys were returned by potential respondents. Of those, 21 surveys were completed by individuals under 50 years of age or by those who did not indicate that they are LGBT. Valid surveys included in the following analysis totaled 269, for a 29.5% response rate.
Out of 290 responses, 269 valid surveys were collected from individuals identifying as 50 years of age or older and being lesbian, gay, bisexual, and/or transgender. Ages of respondents ranged from 50 to 89 years, with an average age of 65 years (sd = 8.5). Thirty percent of respondents (n=81) were in their fifties; 42% (n=112) were in their sixties; 23% (n=62) were in their seventies; and 5% (n=14) were 80 years of age or older. On average, male respondents were significantly older than female respondents (p<0.05). Transgender respondents were significantly younger, on average, than cisgender (not transgender) respondents (p<0.05). People of color were, on average, 6 years younger than white respondents (p<0.001).
Two-thirds of the respondents (n=169) identified as male, 1/3 (n=97) as female. Among all respondents, 5% identified as transgender (2 female-to-male, 8 male-to-female, and 2 “other”). Eight percent of female respondents (n=8) and 8% of male respondents (n=12) identified as bisexual. Eighty-five percent (n=227) of respondents were white; 7% (n=18) were black; 6% (n=16) were Hispanic; and 2% (n=5) identified as multi-racial or “none.” People of color were significantly more likely to report being transgender than white respondents (p<0.05), and people of color were more likely to identify as bisexual (p<0.05).

When asked their current relationship status, 31% (n=82) indicated they were single or dating. Forty percent (n=108) reported being in a partnered, unmarried relationship, and 14% (n=37) indicated they were married. The remaining 15% (n=40) reported their current status as
separated, divorced, widowed, or never partnered. Among those in an unmarried, partnered relationship, their relationships ranged from less than a year to 53 years in duration (mean=19.6, sd = 10.9). Among married respondents, their relationships ranged from one year to 58 years (mean=9.37, sd=13.8). Women were significantly more likely to be partnered or married than men (p<0.05).

Ten percent (n=26) indicated they had a high school education or less; 27% (n=71) had some college; and almost 64% (n=171) had completed 4 or more years of college education. Over 44% of respondents (n=120) identified their current employment status as retired; 33% (n=89) currently work full-time; and 10% (n=27) work part-time. Just over 8% of respondents (n=23) reported being unable to work due to a disability; 2% (n=6) were unemployed and unable to find work; and 2 respondents indicated their current employment status is that of an unpaid family caregiver.

Eighty percent of respondents rated their health within the past 4 weeks as good, very good, or excellent. However, 42% of all respondents (n=113) indicated that they currently receive some sort of help from a partner/spouse, family member or friend as a result of a health issue or other personal need. In addition, 26% of respondents
(n=71) are also providing help to someone else as a result of a health issue or other personal need. Out of all respondents, over 16% (n=44) were both receiving help as a result of a health issue or personal need and providing help to someone else.

There were no significant differences between men and women or between white respondents and people of color with regard to their self-reported health. There were also no significant differences in self-reported health based on education or race. Men and women were equally as likely to be caregivers, but women were significantly more likely than men to report being care recipients (p<0.05).

Conclusions

The demographic characteristics of those who responded to the New Day Project survey capture impressive diversity of life experiences and perspectives, but they diverge in some important ways from representing the general population in the Milwaukee area. The project successfully recruited LGBT respondents across a broad array of ages among those 50 years of age and older. The representation of LGBT respondents from 50 to 89 years of age, including 28% of respondents 70 years of age or older, lends confidence that the findings of this report capture the opinions, experiences, and perspectives of LGBT adults planning for and living into older adult years. As in other studies (Fredriksen-Goldsen, et al., 2011; Espinoza, 2014) LGBT adults 50 and older were responsive to invitations to participate in this project, and respondents reflect a broad range of ages and employment statuses.

However, while the U.S. Census Bureau reports that Milwaukee County is comprised of 27% Black residents and 14% Hispanic residents, only 7% of the New Day Project survey respondents identified as Black, and 6% identified as Hispanic. Where 28% of Milwaukee’s
general population holds a Bachelor’s degree or higher level of education, almost 64% of the New Day Project survey respondents completed 4 or more years of education. Although those who responded to this survey were more likely to be white and better educated than those in the general population, it is a common phenomenon to see more white, educated, and affluent subjects respond to LGBT aging research efforts (Fredriksen-Goldsen, et al., 2011). Although the findings of this project represent an unprecedented effort to understand the strengths and needs faced by Milwaukee’s LGBT older adults, further efforts need to investigate the experiences of LGBT elders of color and LGBT older adults with limited educational backgrounds or economic resources.

During the time we collected New Day Project surveys, the U.S. Supreme Court ruled in Obergefell v. Hodges (6/26/2015) that same-sex marriages are to be legally recognized across the United States. Only 8 months earlier, the U.S. Supreme Court let stand a lower court ruling recognizing same-sex marriages as legal within Wisconsin. With these emergent changes in access to legally recognized marriages, it seems likely to expect the proportion of LGBT older adults identifying as married or widowed will change in the coming years. Even so, the 54% of respondents reporting currently being married or in an unmarried partnership indicate that LGBT adults 50 years of age and older in the Milwaukee area have already been establishing same-sex headed households, representing relationships ranging in duration from less than a year to over 50 years.

On average, those responding to the New Day Project regarded themselves as healthy, with very few indicating they were in poor or very poor health. However, 42% of respondents report receiving some form of caregiving support (42%), suggesting that despite regarding themselves as currently healthy, many of them rely on a partner, other family member, or friend
for some sort of help as a result of a health issue or personal need. Although men and women appear to be equally as likely to be providing care, the significantly higher probability of women being care recipients, despite being, on average, younger than male respondents, raises further questions about potential differences in chronic health conditions and disability between aging LGBT men and women. The 16% of respondents reporting being both care recipients and caregivers highlights both the systems of personal and social support on which LGBT older adults rely, as well as the potential vulnerability of those relationships as many individuals experiencing a need for support are also relied upon by others to provide support.
The New Day Project inquired about what services LGBT adults 50 years of age and older currently use or anticipate using in the future. In addition to service needs, respondents were asked their perspectives on how LGBT-friendly service providers and the community in general are, and what priorities they see as most crucial for LGBT older adults in the Milwaukee area.

When asked about transportation needs, 22% (n=60) reported that they currently use public transportation, and 37% (n=99) anticipated that they will need to access public transportation in the future. Eighty-seven percent (n=233) indicated that they currently are able to rely on a vehicle that they own for transportation. Twenty-one percent (n=57) use Metro Transit busses, and 2% (n=6) rely on Transit Plus services for transportation. Among other forms of transportation available, 17% (n=45) turn to family or friends for transportation needs, 8% (n=22) reported relying on taxis, and 4% (n=11) utilize transportation provided by their living facility (e.g., a retirement home bus). Only 2% (n=5) indicated that they don’t require any form of transportation, and 2 respondents reported that they are currently unable to access necessary transportation.

Other than transportation, survey respondents identified several additional service needs they have considered as they age. Almost 21% of respondents (n=55) reported that they currently use the support of legal advice and services, and 47% of all respondents (n=126) expect to need legal advice and services in the future. Just over 15% of the LGBT adults surveyed (n=41) indicated that they currently access mental health support, while 23% (n=61) expect they will need to in the future. Current use of fitness and exercise programs was relatively high, with 36% (n=96) reporting current use of such programs and 38% (n=101) expecting to use them in the
future. Nineteen percent (n=51) currently rely on some form of support group, and a total of 35% (n=94) expect that they will likely need a support group at some point in the future.

Survey respondents noted that, although current use of some services were relatively rare, many of them anticipated needing specialized services as a result of growing older. For example, only 6% of those surveyed (n=17) are currently in senior housing, but over 50% (n=136) expect that they will need senior housing in the future. Similarly, less than 2% of respondents (n=4) currently live in assisted living facilities, but 43% (n=115) anticipate needing assisted living resources in the future. Despite 42% of respondents reporting that they are care recipients, and 26% identifying themselves as caregivers for others, less than 2% (n=4) currently access short-term relief services for a caregiver. However, more than 27% (n=73) expect to need caregiver relief services later in life. Three percent (n=7) currently take advantage of meals delivered to their homes, but 24% of respondents (n=65) expect this to be a need in the future. Just over 2% (n=6) currently access in-home health services, but 33% (n=88) reported in-home health services will be something they need later in life.

The New Day Project inquired about respondents’ perceptions of LGBT-friendliness in their community and among service providers. When asked how LGBT-friendly they believe local older adults services are, in general, 12% (n=30) reported them as very friendly, 27% (n=66) said somewhat friendly, and 6% (n=14) said not at all friendly. However 43% of respondents (n=130) indicated that they do not know how friendly local older adults services are, and more than 11% (n=27) indicated that they do not believe the question is applicable to them. Sixty percent of respondents who indicated they had a primary care doctor rated them as very LGBT-friendly (n=149). Sixty-six percent of respondents who indicated they had a mental health provider described them as very LGBT-friendly (n=99). Seventeen percent of respondents
(n=42) reported that they do not know how LGBT-friendly their primary care doctor is, and 24% (n=24) do not know how LGBT-friendly their mental health provider is. Most of those indicating that they have a relationship with a clergyperson or some other spiritual care provider rated them highly. Sixty-four percent (n=90) of those who indicated having a clergyperson or spiritual care provider rated that provider as very LGBT-friendly; 16% (n=23) said somewhat friendly, and 6% (n=9) said not at friendly. Just over 13% (n=19) indicated they do not know how LGBT-friendly their spiritual care provider is.

The majority of respondents gave Milwaukee, in general, positive marks for LGBT-friendliness. Over 28% (n=71) indicated Milwaukee was very LGBT-friendly, while 62% (n=154) rated it as somewhat LGBT-friendly. Only 2% (n=4) said Milwaukee is not at all LGBT-friendly, and just over 8% (n=21) indicated they do not know how LGBT-friendly Milwaukee is. Ratings of local elected officials’ LGBT-friendliness were relatively lower. Only 17% of respondents (n=40) ranked their local elected officials as very LGBT-friendly; 41% (n=98) called them somewhat friendly; and 12% (n=28) reported that their local elected officials
are not at all LGBT-friendly. Thirty-one percent of respondents (n=74) reported not knowing how LGBT-friendly their local elected officials may be.

Respondents were asked to rank the most critical needs facing LGBT older adults in the Milwaukee area. Options provided included housing, transportation, health care, mental health care, social activities, employment opportunities, intergenerational LGBT connections, grief & loss support, LGBT sensitivity training for service providers, addressing racial discrimination, and addressing age discrimination. Respondents were also invited to rank additional needs they could identify (“other”). The need most commonly ranked as their top priority was health care, with 40% of respondents (n=99) identified it as most important. Housing was considered close behind health care in priority as a critical need for LGBT older adults in Milwaukee. Thirty-seven percent (n=93) ranked housing as the most critical need. Social activities were ranked as the most critical need facing LGBT older adults in Milwaukee by 15% of respondents (n=36), followed by, in order of ranking, LGBT sensitivity training for service providers (13%), addressing age discrimination (11%), and addressing racial discrimination (10%). Many respondents ranked more than one concern as equally the most important need facing LGBT older adults in Milwaukee.

Conclusions

LGBT adults 50 years of age and older currently utilize many different services in the community. Significant numbers rely on public transportation, fitness activities and exercise programs, legal services, and support groups. Existing resources in Milwaukee would do well to consider how sensitively and competently they are prepared to support older LGBT clients and patients, because it is likely they are already present. Based on demographic trends and the
anticipated future service needs these respondents identified, more LGBT individuals will be turning to health and aging service providers in the future. A 63 year-old white lesbian commented on her experience as a caregiver for an older LGBT person struggling with increasing needs for support. “Biggest needs for older LGBT friends,” she explained, “are advocacy at a personal level when they are not able to make decisions [and experiencing] difficulty accessing services.”

However LGBT adults 50 years of age and older are planning for their future needs as they age, and they anticipate an even greater need to turn to public and private service providers for transportation, social support, and health and housing resources. While the number of respondents currently accessing senior housing, assisted living, and in-home health services was low, based on the expectations of respondents, their presence in these facilities and services will increase dramatically in the coming years. Senior housing and health services are already bracing for the rapidly increasing numbers of older adults in the general population. The numbers of LGBT older adults requiring culturally competent care and safe housing as they age are also rapidly increasing. A 65 year-old African American lesbian reported, “I see a number of LGBT adults in nursing home and senior living facilities who are alone and have no friend or anyone from the LGBT community to relate to. Since it is still not safe in these environments to be out, I see a need for more LGBT retirement/assisted living places.” Similarly, there will be a growing need for legal services from providers who are both competent in working respectfully with LGBT older adults, and equipped to provide informed advice regarding rapidly changing legal issues such as same-sex marriage and estate planning.

LGBT adults 50 and older have lived through dramatic social changes in popular perceptions and legal standing of sexual and gender minorities. Relying on a lifetime of
estimating the risks and benefits of openly acknowledging their LGBT identities, they have long-practiced skills in gauging LGBT-friendliness of providers and the community at large. The respondents to this survey gave relatively positive ratings of LGBT-friendliness for Milwaukee in general, though nearly two-thirds describe the area as only “somewhat friendly.” The significant numbers of respondents that report that they do not know how LGBT-friendly the community is or how LGBT-friendly their local elected officials are calls attention to both the civic engagement of LGBT older adults and the attention and focus of local leaders on concerns about LGBT constituents. As a fifty-five year old white gay man explained, “I don’t see Milwaukee as gay-unfriendly, just gay-blind for the most part.”

Similarly, although the majority of respondents who report having a primary care doctor or mental health provider rate them as very LGBT-friendly, the numbers of respondents who report not knowing how LGBT-friendly is their physician, mental health provider, or aging services in general highlights concerns about the provision of health care and social services. There are known health disparities and risk factors associated with the stresses of coping with LGBT-based discrimination and victimization over the life course (IOM, 2011). Knowing the sexual orientation and gender identity of patients and, conversely, LGBT individuals understanding that their providers are open to and respectful of LGBT patients, holds implications for professional rapport and effective treatment. Service providers would do well both to be LGBT-friendly and explicitly communicate that fact if they intend to understand important psychosocial health factors and provide competent treatment to their LGBT older adult clients.

Although the New Day Project successfully recruited relatively few transgender older adults, the transgender respondents highlighted some unique concerns. A 63 year-old white
transgender woman commented, “Many Trans persons face barriers to health care. Not many primary care doctors want to prescribe hormones…. Some health care providers willing to do transgender health care are not near a bus line.” A 61 year-old white transgender man also noted the struggle to find health care that will provide hormone replacement therapy.

In Milwaukee, health care and housing are decisively the two biggest priorities for LGBT older adults. Respondents reflected on both the affordability of health care and senior housing as they age, as well as concerns about how competently and respectfully they will find senior health and housing providers. One respondent, a 57 year-old white gay man, described his perspective as both an LGBT adult and a provider. “I, as a health care professional, am concerned…about what our community is doing about future housing and nursing home placements for the LGBT community.” Another respondent, an 84 year-old white gay man, described his own and his 80 year-old partner’s health as poor. “I don’t know where we go from here,” he explained. “I wish I did. We can’t stay here much longer.” As with all adults, health and housing security is a primary concern as LGBT older adults in Milwaukee anticipate and plan for their changing needs as they age. At present and in the future, many LGBT older adults are not confident that know where to turn, or that the resources will be available to support them in the Milwaukee area.
Social Activities and Social Support

The New Day Project sought to better understand issues related to available social support and social interactions in the lives of Milwaukee’s LGBT older adults. Survey questions addressed the type and frequency of social activities, as well as how important those activities are to them, and how satisfied they are with available social opportunities.

Going out to a restaurant or bar was the most frequently identified social event in which respondents engaged. More than 26% of respondents (n=68) indicated they go to a restaurant or bar more than once a week, and nearly as many (n=61) do so about once a week. Almost a third of respondents (n=81) go to a restaurant or bar 2 or 3 times a month, while about 19% (n=51) go out once a month or less.

In contrast, only 5% (n=12) participate in social events at home more than once a week. Eighteen percent (n=45) participate in social events at home 2 or 3 times per month, while 6%
(n=15) do so about once a week. The large majority, over 70% of respondents (n=173) reported that they participate in social events at home once a month or less often.

Respondents reported engaging in other types of social events even less frequently. Sixty-six percent (n=164) go to a movie or play once a month or less; almost 25% (n=62) do so 2 or 3 times per month. Fewer than 1 out of 4 respondents (n=49) participate in interest groups (e.g., book or knitting club) more frequently than once a month. Similarly, 78% (n=184) attend concerts or art shows rarely, once a month or less. Going to a casino was the least endorsed social activity, with 94% of respondents indicating they do so once a month or less.

When asked how satisfied they are with their current opportunities to participate in social events, just over 10% (n=27) reported being completely satisfied; 35% (n=91) indicated they were very satisfied; 44% (n=114) reported being somewhat satisfied; and 10% (n=26) were not at all satisfied with their opportunities to participate in social events.
The survey asked respondents about the people with whom they have social interactions. More than 35% of them (n=93) do something social with another LGBT person more than once a week; 16% (n=42) do so about once a week; 23% (n=61) do something social with another LGBT person about 2 or 3 times per month; and 25% (n=65) do so once a month or less. Social opportunities with other LGBT people were generally seen as at least somewhat important. Twenty-six percent (n=67) rated them as extremely important, 36% (n=94) as very important, and 31% (n=81) as somewhat important. Less than 7% (n=18) indicated they found social opportunities with other LGBT people as not important to them. Only 11% of respondents (n=29) said they were completely satisfied with their opportunities to socialize with other LGBT people; 36% (n=91) reported being very satisfied; 41% were somewhat satisfied (n=104); and 12% (n=31) indicated they were not at all satisfied with their opportunities to socialize with other LGBT people. Seventy-four percent of respondents (n=194) indicated that they had attended an event sponsored by the LGBT Community Center at least once.

Respondents were also asked about their interactions with different segments within LGBT communities. Seven percent (n=17) indicated that they interact with LGBT youth or
young adults more than once a week, and 6% (n=14) about once a week. Eighty percent of respondents (n=193) indicated that they interact with LGBT youth or young adults once a month or less frequently. However, most respondents indicated such interactions were important to them. Six percent (n=16) rated opportunities to interact with LGBT youth or young adults as extremely important; 15% (n=39) said they were very important; and 45% (n=115) said they were somewhat important. About 33% (n=85) indicated it was not important to them to have opportunities to interact with LGBT youth or young adults.

The survey also asked about interactions across lines of race and ethnicity among LGBT people. About 17% (n=44) of respondents indicated that they interact with LGBT people of a different race or ethnicity from their own more than once a week; 12% (30) about once a week; and 19% (n=50) reported such interactions 2 or 3 times per month. The majority of respondents (n=135) indicated that they interact with LGBT people of a different race or ethnicity from their own only once a month or less frequently. However, the large majority of respondents said interactions with LGBT people of a different race or ethnicity from their own is important to them. Fourteen percent (n=36) rated such interactions as extremely important; 30% (n=77) said they were very important; and more than 40% (n=105) rated them as somewhat important; about 17% (n=44) indicated interactions with LGBT people of a different race or ethnicity from their own were not important to them.

To assess the availability of social support in time of need, respondents were asked 4 questions. When asked if they had someone to help them with daily chores if they were sick, 38% (n=99) indicated such support was always available; 26% (n=69) reported it was usually available; 16% (n=42) said it was seldom available; and 20% (n=51) indicated support with chores was never available to them. When asked if they had someone to turn to for suggestions
about how to deal with a personal problem, 43% (n=112) reported always having such support; 31% (n=81) usually have such support; 18% (n=48) seldom do; and almost 8% (n=20) never have someone to turn to for suggestions when dealing with a personal problem. Forty-seven percent of respondents (n=122) indicate that they always have someone to do something enjoyable with; 34% (n=88) usually do; 15% (n=39) seldom do; and 4% (n=11) report never having someone available to do something enjoyable with. When asked if they have someone to love them and make them feel wanted, 54% (n=142) reported always having that support available; 18% (n=48) indicated usually having such support; 13% (n=33) seldom do; and 15% (n=39) indicated that they never have someone available to love them and make them feel wanted. Twenty-six percent of respondents (n=70) reported that they have children, and only 21% (n=56) indicated that they have grandchildren. Considering the importance of pets to many older adults in providing companionship, more than half of respondents (53%, n=142) reported that they have a pet or pets.

Partnered and married respondents reported significantly more available social support than respondents without a partner (p<0.001). Women reported significantly higher average social support than men (p<0.05), and transgender respondents reported significantly lower available social support than cisgender (not transgender) respondents (p<0.05). Available social support was not significantly different for those with children and those without children, and there were no significant differences in social support based on age or race.

**Conclusions**

Social isolation, available social activities, and social support are important concerns of many LGBT older adults. More than half of the New Day Project respondents reported being not
at all satisfied, or only somewhat satisfied with their current opportunities to participate in social events. One in 5 respondents indicated they had no one to turn to for help with chores in the event that they were sick, and nearly 1 in 7 report having no one in their lives to love and make them feel wanted. Concerns about social isolation in general were reflected in many respondents’ comments, such as a 73 year-old white lesbian who stated, “When I hit my 70s, things seemed to fall apart, isolation being the worst.” A 79 year-old white gay man observed, “Loneliness is a huge issue with older LGBT people. I have worked hard to set up a network of friends so that I have daily contact with people who are very isolated and would never attend any LGBT Center event unless someone physically took them.” And a 77 year-old white lesbian simply stated, “I am lonely.”

Consistently, more respondents endorsed the importance of having interactions with LGBT youth and young adults, and LGBT people of a different race or ethnicity from their own, than respondents indicated that they frequently experience those types of interactions. De facto segregation by age and race within LGBT social circles likely reflects similar patterns and challenges within the larger community, as well as may point toward particular ways in which LGBT communities are socially divided. A 57 year-old gay man noted his circumstances, as a small business owner and a cancer survivor, reflect advantages that he acknowledges possessing as a white man. “Being white and fairly well off, I benefit from white male privilege, despite being fully out.” In addition to indicating it is very important for her to have opportunities to interact with LGBT people of a different race or ethnicity, a 51 year-old African American lesbian also noted that she wanted to see “more opportunities to connect with more over-50 LGBT of color.”
Although nearly three out of four respondents have no children, which are an important source of social support for many older adults, there were no significant differences in reported social support between LGBT respondents with and without children. This suggests that in the absence of this common source of support, Milwaukee’s aging LGBT adults have established other relationships that they turn to when in need. However, this also brings attention to the need to understand the social support networks of LGBT older adults, to examine the strength and resilience of those relationships, particularly those without formal familial or legal ties.

Segregation by age, race, ethnicity, and possibly other characteristics such as income and education may present obstacles within LGBT older adult social circles to reaching across lines of diversity and difference in order to address risks for social isolation. With nearly 3 out of 4 respondents having no children, and a significant proportion of them citing scarce social support resources and a lack of satisfaction with opportunities for social interactions, a renewed focus on building cross-generational and multi-racial avenues of support would appear consistent with both the needs and interests of many of Milwaukee’s LGBT older adults.
Living Arrangements

In order to better understand some of the immediate factors impacting the lives of LGBT older adults in Milwaukee, the New Day Project asked several questions concerning living arrangements. Survey questions addressed location, housing type, household composition, and factors impacting how safe they feel to be open about their LGBT identities where they live.

Eighty percent of respondents (n=215) live in Milwaukee county. The next most commonly reported counties of residence were Waukesha (5%), Ozaukee (4%) and Racine (3%). Almost 73% of respondents (n=195) own their own home or condo. Twenty percent (n=54) rent a house or apartment, and 6% (n=15) live in some form of senior housing. When asked with whom they live, 44% (n=118) indicated that they live alone. Among those who do not live alone, 91% (n=133) live with a partner or spouse, 11% (n=16) live with other family members, and 10% (n=15) live with someone else.

Respondents were asked to assess their safety and openness about their LGBT identities where they live. Fifty-eight percent (n=152) reported that, as an LGBT person, they always feel safe where they live; another 37% (n=100) reported usually feeling safe; 3% (n=8) usually feel
unsafe; and 2% (n=4) reported always feeling unsafe where they live, as an LGBT person.

Because feeling safe as an LGBT person is often associated with how open LGBT people are, respondents were asked whether people who live near them know that they are LGBT. Fifty-eight percent (n=156) reported that people who live near them know that they are LGBT. Just over 9% (n=25) indicated that people who live near them do not know that they are LGBT. Twenty-five percent of respondents (n=67) reported that some, but not all of the people who live near them know, and 6% (n=16) indicated that they don’t know whether people who live near them know of their LGBT identities. Those who reported that people who live near them do not know that they are LGBT were significantly less likely to report always feeling safe where they live (p<0.05). There were no significant differences based on gender, race, or between transgender and cisgender respondents with regard to safety.

Conclusions

A large majority of respondents report always feeling safe where they live as an LGBT person. This likely represents something about the level of safety and acceptance for LGBT
people in Milwaukee in general, as well as reflects strategies many LGBT people employ to live in neighborhoods where they know they will be safe. The large proportion of survey respondents that own their own homes raises questions about whether these findings may better represent financially stable, highly educated, and predominantly white LGBT older adults than others. However, despite what is likely an over-representation of home-owning respondents, 2 out of 5 of them indicate that at least sometimes they feel unsafe as an LGBT person where they live. This calls attention to ongoing concerns about discrimination and victimization of LGBT people, despite changing public opinions about acceptability of being LGBT and, perhaps exacerbated by tensions raised by high profile public debates about topics such as same-sex marriage.

Home ownership is certainly not an inoculation against social isolation and struggles for LGBT older adults. A 60 year-old white lesbian described struggles familiar to many urban older adults. “We no longer are able to take care of our yard or home,” she described, “and are trapped by loss of value in our neighborhood. So it is difficult to move to the single-floor housing we need. Family lives hours away, and our friends are as old as we are, if not older.”

The relatively few respondents living in senior housing, nursing homes, or assisted living facilities offers little to understand the impact of congregate living and health vulnerabilities on their sense of safety. However, a 68 year-old white lesbian described precisely these types of concerns in relating what she experienced when her partner was temporarily placed in a rehabilitation facility after a joint replacement. “She didn’t experience any outright abuse,” she described, “but could hear staff out in the hall referring to her as ‘a queer.’” Even for respondents who feel safe as LGBT people where they live now, anxieties persist about how changes in their living arrangements as a result of aging (e.g., moving in with family, having in-home care, or moving to older adult congregate living facilities) may impact their sense of safety.
Summary Conclusions

Although those who responded to the New Day Project survey were more likely to be white, and likely better educated and financially stable than the average LGBT older adult in Milwaukee, these findings highlight important experiences and concerns. Milwaukee’s LGBT adults 50 years of age and older rate their health quite high, despite a large proportion of them also acknowledging that they rely on someone else for support as a result of a health issue or other personal need. The large majority consider themselves doing well, accessing the support that they require, and turning to family and friends as needed. They are, and have been forming same-sex headed households, including many relationships extending over a half a century. Nearly two-thirds of respondents own their own homes, and more than half of them enjoy going out to a bar or restaurant at least weekly for social interaction. The general profile of the average respondent is one that reflects deep sources of resilience, and likely reflects thoughtfully considered strategies for investing in their own well-being over a lifetime in which social recognition, acceptance, and safety have not always been the norm.

LGBT adults 50 and older in Milwaukee appear to be interested in more social interactions with a greater diversity of individuals. They are much more likely to rate intergenerational interactions with LGBT youth and young adults, and cross-racial interactions with LGBT people of a different race or ethnicity as important, than they are to report actually having those types of interactions with any frequency. Comments from respondents echoed these concerns, with many of them noting that remaining socially engaged has required deliberate effort and resources. Some respondents also described struggling with social isolation and a lack of knowledge and resources to participate in social activities with other LGBT individuals.
Respondents give generally positive marks to Milwaukee for being LGBT-friendly, but many of them report not knowing how LGBT-friendly are local aging services or their physicians, mental health providers, or local elected officials. The lack of ability to gauge LGBT-friendliness among these providers and representatives raises questions about how open about their LGBT identities they are to service providers, as well as how much attention and sensitivity providers and officials have for their LGBT clients and constituents. Addressing both LGBT older adults’ sense of safety to come out, as well as service providers initiating conversations and signaling open acceptance of LGBT clients, may be important avenues for improving the quality of care and civic engagement of this population. Housing and transportation were the two most commonly identified priorities facing LGBT older adults in Milwaukee. Although relatively few respondents currently access aging-related services such as senior living facilities, in home health services, or estate planning, they anticipate needing to rely on these services more as they age. Many of them also candidly report not knowing where to turn for competent, respectful service providers when the need arises. This highlights both the need for expanded LGBT-competent aging services as well as better facilitation of connecting LGBT older adults to these services.

Milwaukee’s aging LGBT women report high levels of available social support in comparison to male respondents. They also are more likely to be partnered or married, and more likely to indicate that they rely on support from a family member or friend as a result of a health issue or other personal need. Milwaukee’s LGBT women 50 years of age and older appear to be skillfully establishing and relying on informal networks for ongoing support and care. How vital and reliable are those informal support networks, particularly as women experience age-related declines in health and functional ability in old age, requires further study. If supportive
relationships with younger people are limited, and relatively few individuals have children or grandchildren to turn to when in need of increased support, existing peer support among older adult women may be less reliable as these networks experience age-related declines in health or functional ability to provide care to one another.

Although relatively few transgender individuals participated in the New Day Project survey, initial findings highlight the need to better understand the unique strengths and challenges facing this population. Transgender respondents reported access to significantly less social support, and although differences in self-reported health and caregiving status were not statistically significant, there are concerning trends about health disparities for transgender older adults. Transgender respondents were significantly younger than others who participated in this survey, and the evolving strengths and needs of these individuals as a result of aging deserves further study.

For a racially diverse metropolitan area like Milwaukee, those who responded to the New Day Project were disproportionately white. Among respondents, people of color were significantly younger than white respondents, and more likely to identify as bisexual and as transgender than white respondents. Self-reported health, available social support, and safety as LGBT individuals for people of color in the survey were not significantly different from white respondents. However, we strongly suspect that survey recruitment was more successful among white respondents than among people of color, emphasizing the need to more fully investigate the experiences, strengths, and needs of Milwaukee’s LGBT older adults of color.

Overall, the New Day Project found Milwaukee’s aging LGBT communities to be characterized by considerable strength, resilience and available resources. Their current challenges and anticipated concerns for the future center on issues related to housing,
transportation, and social isolation. They are consistently seeking more activities, more avenues for building relationships of mutual support, and more assurance that when the time comes for them to need more intensive aging-related services, they will know where to turn to find competent and sensitive providers.
References


