

A Collaboration for Health and Wellness: GRIOT Circle and Caring and Aging with Pride

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GRIOT Circle and Caring and Aging with Pride have forged welcoming, responsive programming designed for LGBTQ people of color.

Although the size of the U.S. population of lesbian, gay, bisexual, transgender, and queer (LGBTQ) older adults of color is rapidly increasing, this population remains understudied and underserved (Institute of Medicine, 2011). Today, more than 20 percent of older adults in the United States are people of color (including 9 percent African Americans and 8 percent Hispanics); this percentage is expected to double by 2050 (Administration on Aging, 2014).

Currently, more than 2 million older Americans identify as LGBTQ (Fredriksen-Goldsen and Kim, 2015), with about 20 percent also identifying as people of color (Fredriksen-Goldsen, Kim, and Shiu, in press). Given the rapid aging of the U.S. population, as well as its growing diversity, there is a large segment of the population that is multiply marginalized by their race and ethnicity, sexual and gender identity and expression, and age.

LGBTQ older adults of color remain largely invisible within the frameworks of most aging services, research, and public policy initiatives. These elders face many challenges, including lifetime and ongoing racial bias and discrimination, inequities related to sexuality and gender identity and expression, immigration status, language and other cultural barriers, and economic insecurity.

Studies have found heightened risks of poor physical and mental health among sexual minority adults of color, such as a higher prevalence of disability and poorer general health among Hispanic sexual minority women (Kim and Fredriksen-Goldsen, 2012). Hispanic sexual minority individuals who have experienced racist and heterosexist discrimination and the resultant internalized oppression report psychological distress and poorer life satisfaction (Velez, Moradi, and DeBlaere, 2015). Yet, despite such

→ABSTRACT Despite growing racial and ethnic diversity among lesbian, gay, bisexual, transgender, and queer (LGBTQ) older adults in the United States, LGBTQ older adults of color largely are invisible in aging services, research, and public policy. GRIOT Circle and Caring and Aging with Pride are pioneering efforts in community-based services and research. This article describes innovative and effective ways to reach and serve LGBTQ older adults of color, how research can be designed collaboratively to address strengths and disparities in social, health, and economic well-being, and barriers to accessing aging services in these populations. | **key words:** *LGBTQ older adults of color; GRIOT; Caring and Aging with Pride; diversity; health disparities*

barriers and the attendant historical marginalization, LGBTQ older adults of color are resilient and have built communities of support.

This article highlights a unique collaboration between GRIOT Circle, the first agency in the nation developed and dedicated to serving LGBTQ older adults of color, and *Caring and Aging with Pride*, the first national research project designed to investigate health disparities and promote health equity among LGBTQ older adults and their families.

GRIOT Circle's Rich History

As an advocacy and service organization, GRIOT is committed to the dignity, well-being, and quality of life of LGBTQ people of color as they age. GRIOT was born out of the desire to break the isolation of aging LGBTQ people of color by providing programs and services that affirm the lives of this often invisible and marginalized community. “Griot” is a West African word for storyteller—one who perpetuates the oral tradition of a village or family. We adapted the word and extended its meaning, developing the acronym Gay Reunion In Our Time, which references deep connections to the lived experiences of those who founded GRIOT and those who continue to walk through its doors today.

GRIOT was created initially by a majority of women of African American, Caribbean, and Latino descent, and was incorporated as a nonprofit in 1996. Visionary first Executive Director Regina Shavers, who passed away in 2008, was a co-founder and driving force behind GRIOT. Along with others, in 1995 she orchestrated a community meeting in Brooklyn, New York, that attracted more than seventy people who were motivated by doing for themselves and helping others while affirming their identities and histories.

GRIOT's Buddy-2-Buddy Program took root that night and continues to this day. It is designed to bring older adults the care, compan-

ionship, and community they need and desire by pairing them together for mutual support and respect. As an offshoot of Buddy-2-Buddy, friendship cluster circles have evolved organically, further diminishing isolation and encouraging engagement in the community. As one GRIOT member said, “The Buddy-2-Buddy program lets me know that I’m not alone in this world and I have someone who I can call on . . . for anything. That means a lot, especially when you’re an elder.”

Caring and Aging with Pride: Addressing Aging and Health Needs

In 2009, *Caring and Aging with Pride* was the first national study, federally funded by the National Institutes of Health and the National Institute on Aging, designed to address the health and well-being of LGBTQ older adults, including ethnically and racially diverse LGBTQ older adults (Fredriksen-Goldsen et al., 2011).

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In collaboration with GRIOT and other community-based agencies across the country, the study found important strengths and areas of risk in older adult communities of color. For example, the majority of LGBTQ older adults of color were managing their health and aging well, with more than two-thirds reporting their health as good. Still, many LGBTQ older adults of color were living with chronic disease and impairment, including higher rates of disability, obesity, and HIV compared to other LGBTQ older adults; all of these factors put them at an elevated risk for other chronic illnesses.

Some racial and ethnic groups showed heightened risks in specific areas. For example, when compared to non-Hispanic whites, Native Americans were more likely to report poor physical health and disability; Hispanics and

African Americans had higher prevalence of HIV; and, among African Americans, there also was higher prevalence of obesity and high blood pressure. LGBTQ older adults of color also experienced heightened risk of depression, stress, self-neglect, and suicidal ideation.

Regardless of racial or ethnic background, access to support is one of the strongest protective factors of good physical and mental health and higher quality of life among LGBTQ older adults (Fredriksen-Goldsen et al., 2013; Fredriksen-Goldsen et al., 2015). More than two-thirds of LGBTQ older adults report that they had support systems available to them, and a majority reported positive feelings about belonging to LGBTQ communities. In addition, African American and Native American LGBTQ older adults had a higher likelihood of attending religious or spiritual activities (Fredriksen-Goldsen et al., 2011) compared to other racial and ethnic groups. Nevertheless, there were noticeable disparities among LGBTQ older adults of color in terms of access to support and assistance. Hispanic LGBTQ older adults had lower levels of social support, which is associated with lower levels of mental health (Kim and Fredriksen-Goldsen, in press).

Economic well-being also is an important resource for health and quality of life among older adults of all racial and ethnic backgrounds. Financial resources, such as household income and assets, are well-known determinants of health. Among LGBTQ older adults of color, more than 40 percent of African Americans and Hispanics live at or below 200 percent of the federal poverty level, compared to 30 percent of non-Hispanic Whites (Kim and Fredriksen-Goldsen, 2013; Kim and Fredriksen-Goldsen, in press). Also, financial barriers limit one's access to needed services. African Americans, Hispanics, and Native Americans are more likely to experience financial barriers to accessing needed medications compared to non-Hispanic whites (Fredriksen-Goldsen et al., 2011).

Disparities in health, social, and economic resources among LGBTQ older adults of color also are reflected in their service needs: senior housing, transportation, legal services, social events, and support groups rank in the top five service needs identified among LGBTQ older adults of color in *Caring and Aging with Pride* (Fredriksen-Goldsen et al., 2011).

Aging services have a responsibility to know and learn about the lives and histories of LGBTQ older adults of all colors.

Research findings from *Caring and Aging with Pride* documented important strengths as well as critical needs and barriers to care for LGBTQ older adults of color. To better reach and serve at-risk LGBTQ older adults of color, potential barriers to service delivery and programs need to be identified. Because LGBTQ people of color are more likely to be hidden within an already largely invisible population (Kim and Fredriksen-Goldsen, 2012), cultural and language barriers, particularly for recent immigrants, must be addressed early on in service development and outreach.

Also, cultural barriers related to LGBTQ status might serve to exclude LGBTQ older adults of color from their own racial or ethnic communities. Despite the upsurge in national and global conversations about LGBTQ people, and recent policy changes such as federal marriage equality, many are still reluctant to disclose their sexual and gender identities, possibly because of bias in their place of worship or neighborhood and community centers, or due to fears related to being the “only one.” Challenges facing LGBTQ older adults of color include lifetime and ongoing bias and discrimination and other barriers, such as poverty and economic insecurity. Such challenges not only may create accumulated health inequities throughout the life course (Ferraro and Shippee, 2009), but they also serve as barriers to access-



GRIOT members gathered together for a recent holiday celebration.

ing supportive care and services for LGBTQ people of color as they age.

Reaching and Serving LGBTQ Older Adults of Color

GRIOT has applied a 360-degree approach to its programming, which includes serving the needs of LGBTQ elders of color. This approach provides programs that address serious issues in individual lives, which may include discrimination and victimization, poverty and inadequate healthcare, and the newest struggle, displacement from gentrification.

As a first step, an organization should ask why it wants to reach out to LGBTQ elders of color. Any efforts to target this underserved older adult population must align with responsive engagement efforts. Culturally appropriate

targeted messaging and an understanding of these communities exhibited in deep and meaningful ways are essential. Aging services in the general community, as well as those in the LGBTQ community, have a responsibility to know and learn about the lives and histories of LGBTQ older adults of all colors.

To effectively serve and advocate for LGBTQ older adults requires a deep commitment to addressing racism and homophobia, with this intention reflected in an organization's mission statement, purpose, and all levels of staffing and board representation. Based on the 360-degree approach, an important initial step is to develop an awareness that people of color experience barriers to services that may differ from heterosexual and white aging communities. Such barriers include poverty and other socioeco-

conomic factors, racism, and inadequate access to proper health and aging services. And, when designing outreach strategies, it is critical to be cognizant of the fact that one outreach tactic may not necessarily have the same effect with a different group.

Currently, 60 percent of GRIOT members live in Brooklyn boroughs, and programs exist to meet various needs including social support, health promotion, and economic security. The Ambassador Program has been developed to overcome barriers in reaching LGBTQ older adults of color, which provides the opportunity for its members to reach out to their networks and friends, sharing information about the services and activities GRIOT provides. Armed with printed materials on GRIOT programs and their own experiences, ambassadors connect with potential members and other institutions where staff might not have access. Ambassadors are given business cards, affirming the important and official role they are performing. This initiative is still in the early development stages, but ambassadors have had success in religious congregations, many of which are either gay or predominantly LGBTQ. While many faith-based and other service and community organizations still grapple with accepting LGBTQ people, the number of individuals who openly identify as LGBTQ and are involved in these organizations is increasing.

And, ambassadors' personal involvement and advocacy helps to connect GRIOT staff to places that can be harder to access—venues where they can offer training or information services. On an individual level, ambassadors can make contact with people in the community who are either seeking support or who are unaware that organizations like GRIOT exist. This initiative shows how an organization can cultivate and engage the leadership of older adults. It also demonstrates an organization's willingness to collaborate with members and provide a platform for including their ideas, which can lead to greater participation.

GRIOT has cultivated effective efforts to foster a welcoming space and provide culturally tailored programs for LGBTQ older adults of color. The physical space needs to be welcoming, where people of color see culturally significant reflections of themselves mirrored throughout. Beyond displaying inclusive images and messages (on the walls, in publications, and via social media), other welcoming practices include observing diverse cultural holidays, and planning programming (within and outside the organization) that honors and explores diverse cultural histories and experiences. To affirm and preserve cultural histories, there are regularly planned outings, including visits to diverse heritage sites such as Manhattan's African Burial grounds, African American exhibits within the Harlem-based Schomburg Center for Research and Black Culture, and guided tours through the Lesbian Herstory Archives.

GRIOT also serves LGBTQ older adults of color through culturally tailored programs that have cultural roots and health and fitness benefits. GRIOT offers a range of classes, such as African Dance, Zumba, and Tai Chi, and intentionally employs instructors who reflect the membership. The Chronic Health Disease Self-Management Program, widely available for the general population, was also redesigned by GRIOT and the Family Health Center of Harlem to fit the needs and unique challenges faced by LGBTQ older adults of color. Because most members are poor or living on limited incomes, and some live in neighborhoods where healthy food is limited or beyond their means, GRIOT incorporated into their programs a dialogue on healthy eating within a limited budget, how to adapt soul food and make it healthy, and ways to shop and eat healthily at local bodegas or neighborhood delis. Also, the program explicitly addresses the effects of racism on a chronic disease and provides tools on how to de-stress one's body, recognizing that racism can have physical effects. This latter example illustrates how a

mainstream program can be culturally modified to be relevant to community needs.

Case management is another program that GRIOT has transformed, adding innovative and culturally relevant components. With a partnership with SAGE (Services & Advocacy for GLBT Elders), GRIOT has an on-site case manager who provides one-on-one assistance to GRIOT members. Careful considerations were made to have a case manager who not only could identify with the needs of the community, but also could reflect them. Using a 360-degree approach, the case manager provides individualized treatment and services based on the distinct differences of each client. Given that members come from different regions and cultures, it was relevant that the case manager be bilingual. It also was important that the case manager have thorough knowledge of local resources so as to be able to make referrals and effectively partner with LGBTQ- and people of color-affirming organizations.

Last, in serving LGBTQ older adults of color, it is important to provide avenues for their voices to be heard and for discussion of matters that interest members. The ongoing protests of the Black Lives Matter movement greatly concern our members. Recognizing this, in collaboration with other local LGBTQ organizations, GRIOT developed an intergenerational community discussion that allowed our members to have a voice. This interconnection not only is reflected in this program, but also it echoes GRIOT's commitment to the full lives our members live and provides a unique opportunity for buy-in from members and the larger community. Offering activities such as community Town Halls, which give members insight into the agency's direction, supports this effort (for example, *Caring and Aging with Pride* findings were presented at a Town Hall for community discussion and feedback). GRIOT members always have open access to staff and membership on the board, where they can voice their concerns and praise. Combined, these ef-

forts speak to GRIOT's mission and intention to provide the best possible supportive services to communities of elders of color.

Moving Forward: Collaboration Is Key

As we age, we must understand and accept America's growing diversity. As we continue to provide services and supports to our aging community, it is important to recognize a one-size-fits-all approach is no longer effective. As we look to the future, senior centers around the nation should prepare to welcome elders of various groups, including those of the LGBTQ and people-of-color communities. In moving forward to support LGBTQ older adults of color, continued collaborations between direct service organizations and large-scale research efforts are necessary to evaluate health-related needs, resources, and barriers to service use, to foster deep, meaningful connections to communities on the ground, and to offer culturally responsive evidence-based services and programs. 🍁

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