



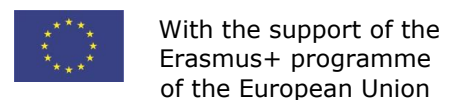
JEAN MONNET EUROPEAN UNION CENTRE OF EXCELLENCE

FINAL REPORT
LGBTQI2S+ Housing Conference

**INNOVATION IN HOUSING MODELS AND
POLICIES FOR OLDER LGBTQI2S+ ADULTS:
LESSONS FROM THE EUROPEAN UNION**

June 28-29, 2018
Halifax, Nova Scotia

Jacqueline Gahagan & Liesl Gambold



Preamble: The two-day conference in Halifax, Nova Scotia brought together experts on housing and/or LGBTQI2S+* health to build on the earlier phase 1 work funded through the European Union Centre of Excellence (EUCE)—now JMEUCE -- at Dalhousie University. Phase 1 of this work included two components: a scoping review of existing EU-based LGBT housing and health care policies regarding ‘portability’, and in-depth interviews with select EU-based housing facilities for older LGBT adults. These phases have been presented at a variety of meetings with stakeholders, including community round table discussions.

The following report offers an overview of the key issues discussed at the June 28th and 29th meetings held in Halifax, Nova Scotia. These findings are meant to help frame a subsequent research funding application. (Refer to the appendix A for the meeting agenda).

Summary: LGBTQI2S+ older adults have unique needs regarding housing and diversity relative to the broader population. As such there is the need for more research on housing models and programs for older LGBTQI2S+ adults. Specifically, policy makers such as the Canadian Mortgage and Housing Corporation (CMHC), regional or municipal government need more information to create effective housing policies that are inclusive of the needs of older LGBTQI2s+ adults. The idea for a program of research to address our knowledge gaps emerged from the discussions. This proposed program of research should ideally include an international scientific committee made up of policy and programming experts from housing and LGBTQ health from the EU, the US and Canada. The proposed program of research will examine multiple researchable questions using a range of strategies and methodologies. This is timely in that there is a window of opportunity for securing funds through the National Housing Strategy (NHS) of the CMHC. There are also other opportunities such at the National Institutes of Health (NIH) in the U.S. and the Canadian Institutes for Health Research (CIHR) in Canada.

1. The Issue: LGBTQI2S+ older adulthood and housing

• Who are LGBTQI2S+ older adults?

Short Presentations

- Older LGBTQI2S+ populations are often invisible in health policy, social policy and programming, including in relation to housing.
- LGBTQI2S+ populations have experienced a history of marginalization, worse health outcomes and greater levels of alienation from families of origin.
- There are unique and unmet needs of these populations, which are grounded in the intersections of being LGBTQI2S+ and of older adulthood.
- Income is an issue for many from the LGBTQI2S+ communities in that there is a different distribution of income compared to age-matched heterosexuals.
- Bimodal curve instead of bell curve (low income and high-income earners, less in middle).
- Stigma and social marginalization undermines health and social care within LGBTQI2S+ communities.
- Canada needs to address issue of the key determinants of health among older LGBTQI2S populations, which includes housing.
- In the US, for example, housing is the number 1 issue for LGBT and aging – Massachusetts Commission Report on LGBT Aging.

- Despite all these disparities, older LGBTQ adults feel that if they have a safe housing environment it will contribute to their overall health.
- Differences by sex and gender in socioeconomic status (SES) (lesbians and trans people tend to have lower SES, gay men higher SES) also impacts the ability to buy your way into certain types of housing.
- Traditional supports for older adults (spouse, children/grandchildren, family, faith, local community, social community and social services) are different for LGBTQI2S+ adults in that they experience lower levels of support overall.
- Many of our elders also experience being left out even in the LGBTQI2S+ communities.
- Diversity of needs within LGBTQI2S+ populations should be reflected and incorporated into housing approaches.
 - Heterogeneous (differs by age, gender, disease status, mental health status, SES)
 - Leveling the playing field – people with and without money can access these facilities, none of which currently exist in Canada yet.
 - Coming of age before and after decriminalization – different experiences of older LGBTQI2S+ populations.
 - Housing needs are diverse – homeless populations reported wanting housing specific to LGBTQI2S+ communities (Half of those surveyed wanted this compared to 12% of overall).
- **Stigma/invisibility undermines health issues within the LGBTQI2S+ communities**
 - Innovation in housing models and policies for older LGBTQI2S+ people – HIV Scotland – for people living with or at risk of HIV.
 - Lack of academic evidence and lack of visibility of LGBTQI2S+ tenants- governments think there is a lack of need, but LGBT are in every walk of life, every SES, and every age.
 - Less likely to access services among older LGBTQI2S+ adults compared to heterosexual peers.
 - HIV context in Scotland indicates that over half of people living with HIV will be over 50 and that gay men, bi men and trans people have higher prevalence of HIV.
 - Need non-stigmatizing policies, including housing policies.
 - ‘Road map to Zero’ which is Scotland’s HIV anti-stigma strategy indicated that stigma undermines treatment and prevention – both important when thinking of housing models for LGBTQI2S+ people.
 - Mental health issues and stigma are correlated in that people are not accessing services they need.
 - Tackling HIV requires work at the structural level, community level, organizational level, personal level (self-stigma- need programs for people with HIV including peer support).
 - Medical care needs to ensure relationships are kept and self-care is being managed.
 - Psychological supports- more likely to experience depression when living with HIV suggests the need for training to look for signs of depression.
 - Relationships and sexual health - knowledge and a safe atmosphere to foster new relationships and access to sexual health information.
 - End of life care and protecting people’s rights are key.
 - Aging with HIV requires looking at met and unmet psychological needs of older people living with HIV.

- **Safety is the most important priority for older LGBTQI2S+ adults**
 - Essential findings: segregation vs openness – ideal would be segregation (in Swedish study) which would build upon shared experiences of being excluded or discriminated against.
 - Increased vulnerability as getting older and finding it tedious to explain/defend your sexuality to health and social care professionals.
 - Similar priorities for LGBTQI2S+ and heterosexual groups (heterosexual groups in fact had more demands overall).
 - Regarding activity options, LGBTQI2S+ people were more concerned about safety.
 - What does LGBTQI2S+ friendly housing mean? – its foundation is built on a welcoming, safe and inclusive environment.
 - Coming from the fear of getting older and anticipated housing needs, there is a trend toward more LGBTQI2S+ friendly housing.
 - “A better place to live” – who can get in to these places where there are limited spots and waiting lists? Where do they go if they cannot get in?
 - Meeting needs of different LGBTQI2S+ communities based on, for example, fear of residential living due to residential school trauma.
 - Is there a role for mediation for older LGBTQI2S+ adults living amongst those that had bullied them in the past? (moving away from criminalization toward a mediation approach).

- **Working with communities (consultation & visibility)**
 - It is essential to consult the LGBTQI2S+ communities in creating housing policies.
 - Common theme: It is important to have ambassadors who are known and respected in the community to champion innovative housing ideas.
 - Certification processes: Is there training that folks in, for example, assisted living or residential settings can take that is not being driven by ‘pink dollars’?
 - Greenhouse community living models: LGBTQI2S+ wing within an existing facility: need to go through proper channels to do outreach and build relationships first.
 - Example: Salvation Army LGBT homeless shelter: No one is coming because the Salvation Army did not understand their relationship to the community.
 - Incorporating community into housing models and policies is paramount.
 - Need LGBTQI2S+ representation on urban planning boards, getting people in there to speak up about our particular needs and concerns.
 - Front-end public statements from different groups so that projects don’t fall apart – holding parties accountable.
 - Examples/case studies:
 - Spirit place
 - United church retrofit
 - Challenging relationships with city planners, frustrating processes, and snags with city council.
 - Ultimately the idea did not go forward.
 - What are the lessons we need to learn from this example?
 - LGBT liaison – “lavender teams”- identified as LGBT friendly care.

- Greater visibility and municipal support means getting your community behind you and constantly pushing for visibility.
- US Housing Community Education Centres: A key recommendation from the commission was to have a queer liaison on this team to serve as an LGBTQI2S+ navigator for variety of housing related services such as institutions and home care.
- What can be done to build community and political activism?
 - Need calls from the community (see community literacy, education)
 - Working with the community and academia together.
 - Planning roadmap – who do you meet with, what questions to ask?
 - How to engage with decision makers, who to engage with?
 - Building a media storm joined with activism backed with evidence and academia.
 - Intentionality of implementation by establishing relationships first before doing the work.
- **Housing Models**
 - It is important to consider a variety of business models, and how they relate to economics (see CMHC and NHS funding).
 - People tend to support examples of previous success.
 - Look at people who need housing (waitlist)- some people will be left out inevitably, but can we make a start using numbers to support success in EU to get backing from funders.
 - Would proof of concept from EU models be applicable to housing here? Should be fine if no other models available.
 - Barriers to LGBTQI2S+ Housing
 - What are the barriers in larger, more progressive and LGBTQI2S-focused cities? E.g. Vancouver, Toronto, Montreal.
 - Folks in 70s and 80s settled in gay neighborhoods, now these areas are gentrified, but many older LGBTQI2S+ adults are scared to leave. What are their options?
 - Are the ‘barriers’? Just the existing models in the areas? Should we just ask what are the models that exist and are they really barriers?
 - Universal design plus: We need to consider this in new buildings.
 - Mixed housing models may be a viable option:
 - Mixed generations
 - Intergenerational housing such as students getting reduced housing costs for living and assisting older LGBTQI2S+ adults.
 - Note that success of mixed income is limited, buildings often require separate entrances for different types of residents of a building leading to a lack of interaction and sense of community.
 - Younger LGBTQI2S+ folks – service models (London, ON example).
 - Mixed income multi-use community – interest of architects involved
 - Mission – from community consultations and conceptualization.
 - Integrated model using rooms for newcomers or younger homeless LGBTQI2S+ people.

- Building a facility connected to an academic environment- not isolating people.
- Mixed Use
 - Co-location model as a centre – will pay for some as using the space.
 - Bringing community to seniors- restaurant in building, gay men’s health centre, healthcare centre, caregivers.
 - Rainbow Resource Centre, Winnipeg
 - Health benefits regarding aging from connection to the community.
 - Rainbow Resource Centre offers counselling, education, settlement services (immigration), social support, camp aurora.
 - 13 full time staff – community-based centre.
 - Working across the lifespan.
 - Sum Quod Sum (‘I am what I am’) – feasibility study in 1997 in Winnipeg for older LGBTQ senior housing.
 - Positive Spaces Initiative – survey LGBTQ older adults – establish older adult housing.
 - Coffee and chat group with older adults who were coming to the centre – Roberta Bishop (from NS).
 - Manitoba Association of senior centres: connection to funding sources and connected to Winnipeg regional health authority for LGBT health issues, and connection to other senior centres, counselling during day and programming at night, making the most out of your capacity.
 - Assessment of hopes and fears around aging – report and working group for adult older housing.
 - 25% communal – unique for this space – people want integration within the facility.
 - First floor commercial - income is a big reason for this.
- Incorporating community with housing models is important.
 - Inclusion in the community: what does this look like? Notably, important to avoid the ghettoization of LGBTQI2S+ older adults.
 - How does Northwood (Nova Scotia-based housing organization) fit into naturally occurring retirement communities (NORCs) vulnerable populations 20+, under-represented populations – partners with community organizations – but funded through the health authority, has a volunteer board of governors, presently not thinking about LGBT populations, time to get the conversation going, issues of homophobia in the client base and trying to combat this, a lot of young staff members from the LGBT community –similar conversation 20 years ago regarding deaf and hard of hearing people.
- Working with developers

- The challenge in Atlantic Canada is mainly financing, need a lot of funding to make something happen, need to be partnering with socially conscious developers.
 - There is a developer in Halifax who may be interested, looked at retro-fitting buildings for seniors, maybe look at setting aside a floor of a unit for older LGBTQI2S+ adults.
 - This is probably easiest approach to getting a physical building to happen.
 - Regulatory issues can really get in the way, even with support from a lot of other sectors.
 - Regulations change rapidly, need to change constantly to keep meeting regulations.
 - Penrose in US seems to have had some success in arranging working within regulations.
 - Looking at what the concept of ‘affordable housing’ means when approaching developers, be sure to not scare developers away by talking only about ‘mixed income housing’.
 - Looking at models related to residential/commercial combination models particularly in relation to the CMHC National Housing Strategy.
 - Before such combinations happen, we need to address training to make is comfortable for those working in these areas.
 - Research in Sweden
 - Mixed methods approach to Swedish research which was done at pride, mostly younger people so they were looking into the future (their concerns may be different when you are older)- asked to reflect upon statements + 6 focus groups, age span 28-78 but most people from 30s-60s.
 - Manifested into a physical building.
- Developers from the US in a Canadian context to do inclusive housing –Heartland and Penrose? <https://www.aarp.org/livable-communities/housing/info-2016/age-friendly-LGBT-housing.html>
 - Offsetting the cost of the units by cooperative housing using a mixed model which requires going to developers to pitch the idea which will be great for the community. Perhaps this is where we need to start.
 - How do we ensure regulatory issues do not arise? (changing regulations over time, sort of a moving target).
- **Aging in place vs institutional care**
 - Thinking beyond a physical building**
 - What connects all layers of the issue is the concept of training; this is the one thing that looks at issues for those aging in place or those in institutions.
 - Apprehension towards institutional care**
 - What are you doing in existing LGBTQ housing and LTC? How do you get supports to homes in the community? (i.e. homecare, village models, etc.)- need tremendous municipal support- staff training- peer education (people are living in these LTC facilities with the people who beat them up for being LGBTQ back in the 70s and 80s).

- Aging in place: The notion of social capital, housing is a place where you build social connections and build reciprocity, issues of trust in community, home becomes the last closet for many older LGBTQI2S+ adults.
 - Need to consider those receiving care in their homes, not just institutions.
 - Research is limited, often from perspective of the caregiver but not necessarily care recipient.
 - Note needs of intersecting identities: Indigenous folks apprehensive of institutionalization.
 - You can build but they may not come: make sure what gets built considers all needs and desires.
 - Tense relationships: Salvation Army LGBT shelter, mistrust among queer community.
 - Common theme: need community ambassadors with credibility as the basis of any project for success, faces known in community needed.
 - LGBTQI2S+ seniors are more concerned they will not get good care and that they will be perceived poorly by other residents compared to overall population.
 - Want to live in own homes as long as possible as they are afraid of going into seniors' homes.
 - Only 12% of LGBT seniors wanted exclusive housing for LGBT seniors.
 - Most want housing with friends, allies, seniors of all sexual orientations.
- Naturally occurring retirement communities such as the one in Kingston, ON – Oasis - which is an apartment building with mostly seniors, many using home care, approached owner of building and a developer and asked for a space to be available to meet and have social worker to serve them, eventually received \$130,000 in funding from local health initiative to fund the social worker, subsidized meals, became a meeting place where people could socialize, people would check on each and make sure they were okay (the woman who started this is also looking at doing this in Toronto).

2. The Research: approaches to addressing the issue of housing for older LGBTQI2S+ adults

- **People are interested in LGBTQ adult housing**
 - Based on media interest, people are interested in LGBTQ adult housing
 - Writing op/eds to get things going- Ottawa Citizen had an article about LGBTQ “care-getting” those stories out is important.
 - Academic + non-academic writing- visibility – huge media interest using this format.
 - 1% of research production, 99% of attention on LGBTQ housing project people are interested - a lot of public attention (both positive and negative) in Sweden.
 - Building community activism - how do we get community to pressure governments?
 - Is there a question of literacy in the community- do they know what we're talking about in this academic context?
 - Do people not understand the issues?
 - Road maps to what does and doesn't work are important and we need case studies to illustrate these perspectives.
 - Building a storm around the issue creates opportunities for change.

- Gen Silent (movie based on housing/home care/residential care issues and going back into the closet for safety, etc.): Using it as a teaching tool and to connect with communities.
- How do we put this issue on the political agenda, particularly in time for federal elections in 18 months?
 - Shaming - looking at structural policies in different Canadian cities and creating report card that could pressure decision makers.
 - Examples of campaigns: women friendly cities, HRC human rights campaign fund inequality index.
 - Policies + Funds are needed to support the creation of these housing environments for older LGBTQI2S+ adults noting that they are incredibly successful as measured by rooms being full, residences being full, etc.
 - Berlin – 200 on waiting list, continuing to grow- the NEED is there, the DESIRE is there, the PEOPLE are there, what we need is the space, caregivers, funding and political will.
 - Certain people will move to different countries for this housing- “if I had stayed in my country I wouldn’t be alive now”.
- **Language is important**
 - Literacy questions? Do people not want to be in a space with only LGBTQI2S+ people? How can we sell this idea better to the community? What language should we use?
 - Question of affordable housing: This means different things to different people- fear of what “affordable housing” really means - using the “mixed income housing” terms instead.
- **Education and training on the issue of housing for older LGBTQI2S+ adults**
 - Access to relevant cultural care and practices for younger and older populations.
 - Educational training exists in EU which provides knowledge as well as how to apply it to specific populations.
 - Training – need to look at the intergenerational piece re: 80s vs 60s vs younger LGBTQI2S+ adults.
 - Need for a “Gen Silent Part 2: The Canadian context” as a teaching tool?
 - The model used in this project should be applicable across Canada, this program could be a building block or template.
 - Cross-Canada certification?
 - Note marketing boon for queer support in commercial markets (pink dollars).
 - How do we know that they are trained and supportive to queer communities?
 - Even in the best certification, distrust among queer elders is high, so another force needed to create a bridge with organizations trusted in community like OSP.
 - Also need to be on going annual training session, annual renewal needed?
 - Examples:
 - United Church is using congregational tools in senior housing projects.
 - Scotland: program that is more about training people but about the culture of the workplace, LGBT Charter Mark, different levels of achievement.
 - Ottawa Senior Pride has comprehensive training program.

- What about a tool kit to provide for naturally occurring retirement communities in relation to best practices and not associated with a specific building, but a tool kit that can work for different housing models for older LGBTQI2S+ adults?
 - Problem with tool kit is that it can become tokenizing, noting that what works for different communities is not the same.
 - Could the tool kit be more related to education? Examples of things that have worked.
 - Sweden has a five-month tool kit and structure of education - how can it apply applied to the Canadian context?
 - Note the intentionality of these kinds of initiatives.
- Training needs to be contextualized for housing and culturally appropriate, not just general training on being LGBTQI2S+ 'friendly'.
 - Staff working in seniors' residences often coming from outside Canada so needs to consider other cultural pieces.
 - Consider different experiences of different generations of queer adults and their different experiences.
 - Is there an LGBTQ lens like gender-based analysis (GBA+)? The use of the GBA+ lens could be helpful for intersectionality.
 - Homophobia – resources recommended to change hearts and minds of existing clients (people living in seniors' homes)? – formal module training, **LGBT senior speakers** seem to have a big impact in changing homophobia – Gen Silent film.
 - Need to connect to an organization that is doing this training (SAGE USA, Open Door Task Force, etc.).
 - Intergenerational issues need to be kept in mind.
- **Types of Research**
 - **Case Studies**
 - Looking at what has already been done around the world (both successful & unsuccessful)- case studies?
 - Note that smaller qualitative or case studies don't usually get funded.
 - Case studies of projects that are working, places that didn't work, determine exactly what leads to success.
 - Regulatory frameworks of several municipalities?
 - Models from other cultures e.g. Ukrainian, Franco in Winnipeg?
 - Barriers in progressive cities?
 - Ethnocultural communities have been doing this type of housing models- consider other types of models. Investigating aspects of inclusion.
 - **A program of research**
 - Possibly a program of research related to LGBTQ housing more broadly (e.g. homelessness, youth, retrofitting buildings over time, mental health etc.)
 - See what data is already available to build up to bigger proposal.
 - E.g. CMHC could produce 'highlights' on housing for a specific community, post on CMHC website- this could help support future funding
 - Jacquie and Liesl can take first run at two-pager, then keep conversation going, develop concrete actions and deliverables.
 - **Scoping/Systematic review**

- Lots of data to suggest that LGBTQI2S+ have worse health outcomes overall.
- Scoping review? Canada, US, UK, etc.? Models? Policies?
- Systematic review- what do we know about the demographics about LGBT housing?
- Include in scoping review: LGBT youth/older adults?
- Cochrane reviews (<https://www.cochrane.org/about-us>) – why are there no randomized controlled trials (RCTs) on this topic?
- How do we pitch this idea to funders- we need to prove that there actually is a gap to be addressed?
- There probably isn't a lot of research, specific population research into housing is relatively new.
- Any research could still be very old, regulations change rapidly too.
- Systematic, scoping review? Systematic would be better, helpful to look at type of participants etc. who is including LGBTQ participants Cochrane and PRISMA (<http://www.prisma-statement.org/>) - there won't be any RCTs on this.
- Triple pronged approach- can we include this in the scoping review to look at different models--Across all pieces of the project, working cross all relevant structures, including gov't and academic and community?
- What to look for:
 - Look for models, projections for what would like to be seen in the future, what works and why.
 - Cases where it was tried but it didn't happen, what affected their success.
 - Include Sage Cares (accreditation model) and Rainbow Tick in Australia.
 - Archives- e.g. an archive with meeting minutes from groups over last 30 years.
 - Models have mostly existed in coops, so to connect with coop networks, archives could be useful for finding this information.
 - Look at Canada, US, UK etc.
 - Canada-wide look at what exists for queer housing e.g. Spirit House in Halifax.
 - Canadian Longitudinal Study on Aging (CLSA)- anything we can use? (some limitations).
 - Marie Beaulieu – literature review on social isolation of seniors.
 - Looking at the regulatory frameworks that exist, CMHC doesn't know this, so it would be helpful.
 - Federal and provincial ministers have a forthcoming report on social isolation among seniors (Fall 2018).
 - Canadian Longitudinal Study on Ageing (CLSA) data.
 - National housing survey.
- **Qualitative research**
 - Hearing from health care providers, families of LGBTQ.
 - Social capital = social connections, etc. desexualizing their home 'the last closet'.

- What are the experiences of those still living in their homes and getting home care?
- Housing link needs to be very clear (CMHC) examples? See their library online/call them.
- Canada-wide look at what there is in terms of LGBT housing models, projection for the future, what works, what did not work and why?
- Other stories/voices? Perspectives of families of LGBT people and healthcare providers. Importance of LGBTQ-friendly care providers- safety, comfort, acceptance.
- Case studies of places that are working vs not working- what can we learn? How can this inform us moving into the future? In the places that worked well, what still needs to be addressed?
- Role of housing vs homecare vs developers – interviewing to discover barriers.
- Interview young adults (LGBTQI2S+) living in assisted living – are care providers sensitive to their needs?
- Qualitative/Case studies – produce arguments we need to generate larger, stronger proposals- use this network.
- Case study examples- Winnipeg vs Spirit place.
- Liesl interviewed staff and residents at an LGBTQI2S+ facility in Berlin
 - Interviews revealed info about process such as politics e.g. mayor at the time was gay, used a public lottery to fund project
 - Interviewing developers to find out about barriers could be helpful
- Aging in place
- Ethnographic study of LGBTQI2S+ specific communities
- Loneliness
- People who have institutional memories of how the processes of creating these projects played out.
- What are the barriers we are seeing?
- Note that talking about home care and such takes Housing Nova Scotia out of equation, so need to work with developers of this to be a part of this, looking at socially conscious development is more their niche.
- Barriers real and imagined.
- In most case studies, key people stand out.
- Look into whether caregivers are sensitive to LGBTQI2S+ residents' needs.
- Report card for each province regarding affordable housing- gets attention of decision makers (i.e. Women-friendly cities report, human rights campaign fund equality index- HRC).

3. Research Funding

a. Timeline

- i. Applications for funding need to be submitted in the fall (November)
- ii. Jacquie will take proposal worked on in Winter 2018 and rework it from there, e.g. CMHC/SSHRC, CIHR Institute of Gender and Health, health systems, institute of aging, frailty network.

b. Funding available through National Housing Strategy and other housing funds

- i. Co-investment fund – Feds CMHC + someone else - \$\$\$ contribution – need to fit criteria – Checklist and documentation – but funding for 95% of cost – just launched and not widely known.
 - ii. Connecting the funding available for housing strategies and development with LGBTQI2S+ older adult needs.
 - social inclusion piece, vulnerable populations, make clear the desire to work with intersections e.g. mental health, seniors, youth, intersections with LGBTQI2S+ populations.
 - Human rights-based approach to housing: We need an advocate to help CMHC develop its programs; Canada’s strength is the constitution and the option to appeal to human rights.
 - CMHC- a human rights approach to housing that could fit; also note that housing piece needs to be very clear in requests for funding, need to show housing need of that specific population, need to show how your proposal could lead to success.
 - CMHC has large digitized library to look for research.
 - National Housing Survey- there is a push to include issues of sexual orientation.
- **Other funding bodies and/or partnerships to consider**
- SSHRC: consider adult education angle.
 - Setting a timeline- one-off research grants or program of research? - Application will be submitted this fall.
 - CIHR can be challenging. CIHR institute of gender and health?
 - (American) and NIH (minority populations) funding- deadlines approaching – Institute of Aging.
 - Community partners? Egale? – housing is on their radar, as well as senior specific issues – Gay and Lesbian Health organization- American Medical Association – NIH may want to look at International collaboration. EU funding less likely.
 - Danny Chedra – buildings around the city- likes older people as tenants – work with people who have existing infrastructure in place
 - Bob- American NIH funding
 - NIH- minority health, may be a good fit- time is the essence for US funding before it gets eliminated; just launched something looking at international collaborations
 - AMA LBGTQ work in the US
 - EU funding? Needs to connect to multiple countries for this which is complicated
 - EU may not be able to provide more funding for this work
 - CARP- letter of support?
 - CIHR funding
 - Important to consider scale up
 - CIHR funding competition is brutal and they are not super open to this kind of research
 - Reaching out the youth services – using knowledge re LGBT housing (youth vs seniors might have commonalities) - where do they get their funding?

- Social planning councils- housing arm.
- Needs assessments - community health board.
- Housing and wellness board in Halifax.
- Would this work fit under a project scheme?
- How can these key areas map into a program of research, try to put into a program of research on LGBTQI2S+ Housing?
 - Partnerships on a grant:
 - What are social planning councils doing - had a housing arm, could bring in other housing players to this?
 - Community Health Boards, housing and wellness boards
 - Municipalities.
 - Saskatchewan, pride housing, Rachel Lowen Walker.
 - Reaching out to youth services which serve LGBTQ populations - these organizations might know where to look for funding and information.
 - Funding should consider possibility of MA and PhD projects, important for Tri-Council funding (trainees need to be listed).
 - Note the health lens may not work for SSHRC funding related to housing--useful for framing why issue is important but should not be main focus.
 - health gets moved from federal to provincial levels, so has there been any work done to look at housing policies across the nation?
- **Creating a research and practice network (Canadian and/or national)**
 - Helpful to look at other international partnerships between governments at different levels.
 - Other opportunities to establish a Canadian LGBTQ network - what is going on coast to coast?
 - Possibilities of portability.
 - Randy Boissonnault might need to be included/contacted
[https://www.ourcommons.ca/Parliamentarians/en/members/Randy-Boissonnault\(89147\)](https://www.ourcommons.ca/Parliamentarians/en/members/Randy-Boissonnault(89147)) Email:Randy.Boissonnault@parl.gc.ca
 - Monthly teleconferences that folks could sit in on.
 - Apply to CMHC conference in November.
 - Possibly a national working group on national LGBTQ housing?
 - National Housing Conference – Nov 21-22 in Ottawa ON.
 - Developing a program of research – student inclusion.
 - HCECs in the US – older folks use this to get info on housing – need an LGBT point person, need to determine/ID what works/not working. Navigator.
 - Housing and health – can we rope in the NCCDH

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For more information, please contact Jacquie Gahagan at: jgahagan@dal.ca

