CDEP Local Evaluation Report

LOCAL EVALUATION DATA COLLECTION TIME PERIOD: May 2022 – May 2025

IPP NAME: Openhouse

CDEP NAME: Openhouse Community Engagement Program

PRIORITY POPULATION: LGBTQ

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Executive Summary

Purpose/Description

The Openhouse Community-Defined Evidence Program (CDEP) is a holistic and comprehensive prevention and early intervention program that seeks to prevent and reduce social isolation and loneliness, as well as the symptoms of depression, anxiety, and long-standing trauma for LGBTQ older adults. The CDEP seeks to increase social connectedness and engagement, sense of community, and access to aging and LGBTQ-affirming mental health services.

The Phase II CDEP centered on the theme of Openhouse has become a trusted organization that has deep expertise in what its community needs and is capable of both providing that and teaching other organizations how they can provide services that are truly culturally competent. Openhouse was created by and with the community and with the community and, at the beginning of Phase II, CDEP was in a position to expand its programs (scalability) and promote systems transformation.

In Phase II, Openhouse's CDEP continued to focus on co-creating programs and services "with" and not just "for" community members most affected by systemic and structural homo-/bi-/transphobia and ageism. Openhouse developed its new programs by working alongside the community to center the histories, lived experiences, and voices of LGBTQ seniors and adults with disabilities. Openhouse focused heavily on the power of collaboration and building strong relationships with organizations and leaders with long histories of dedicated service to the LGBTQ + BIPOC (Black, Indigenous, and People of Color) community. Openhouse's primary goals are for every LGBTQ senior to live in safe, stable, affordable housing; to be welcomed and well-served by care providers throughout each stage of life; and be engaged in and supported by the communities in which they choose to live.

Openhouse's CDEP focused on the following programs:

1. Mental Health Program
2. Transgender, Gender Nonconforming, and Intersex (TGNCI) programming
3. Training for Direct Service Workers
4. Training for Openhouse Community Members
5. Adult Day Program

Evaluation Questions

Openhouse targets the root causes of poor mental health among LGBTQ+ seniors—loneliness, social isolation, and historical trauma—in a culturally tailored, engaging manner. Through this evaluation, Openhouse sought to investigate the strength of its programs in

addressing these issues and their larger impact on mental health. The evaluation questions included:

- To what extent will Openhouse community members report that participation in the Mental Health Program has helped them develop skills to reduce feelings of depression and increase opportunities for positive social interaction with others?
- To what extent does participating in Openhouse/On Lok Adult Day Health program (Club 75) center on LGBTQ older adults decrease isolation, improve caregiver respite, and improve the ability of frail LGBTQ seniors to remain safely at home?
- To what extent has participating in the Openhouse TGNCI programming helped enhance engagement and socialization among TGNCI community members?
- To what extent will TGNCI participants report that they have learned about and feel comfortable accessing disability and aging services, as well as TGNCI-specific services, through their participation in the Openhouse TGNCI program?
- To what extent does attending Openhouse Community Trainings bridge gaps of understanding among LGBTQ+ older adults regarding gender, gender identities, and the lived experiences of BIPOC, TGNCI older adults?

Evaluation Design & Methods

In alignment with Phase I of this project, the Phase II evaluation followed a mixed-methods approach. Quantitative data elements were designed using an individual-level matched pre- and posttest format with no comparison group, and qualitative data followed an observational study approach. Data were collected from CDEP participants using surveys, focus groups, in-depth interviews, and participation data. Data collection for this evaluation included periodic surveys, which varied by program, annual focus groups with program participants, annual interviews with program staff, and periodic (as needed) focus groups with program participants.

Key Findings

This comprehensive evaluation of Openhouse's CDEP reveals a multifaceted program that is successfully addressing the complex and intersectional needs of LGBTQ+ older adults through innovative, community-driven programming. The convergent findings across quantitative measures and qualitative reports demonstrate that Openhouse has developed an effective model for reducing social isolation, improving mental health outcomes, and creating authentic community connections among a population that experiences disproportionate rates of loneliness, depression, and social exclusion.

The Mental Health Program's demonstrated impact—reducing poor mental health days from 8.75 to 5.88 and decreasing loneliness across all measured domains—provides concrete evidence that culturally competent, community-based interventions can effectively address the mental health disparities documented in the literature. Based on

the qualitative data collected in this evaluation, the program's success appears rooted in its cultural competency and community-based delivery model, addressing the documented distrust many LGBTQ+ older adults have toward traditional mental health services due to decades of discrimination and stigmatization.

The Adult Day Program's unanimous positive outcomes across both client and caregiver measures demonstrate the critical need for LGBTQ+-affirming aging services. With 100 percent of clients reporting reduced isolation and all caregivers experiencing stress reduction, the program addresses a fundamental gap in traditional aging services that often fail to welcome or affirm LGBTQ+ older adults. This finding aligns with research documenting that LGBTQ+ older adults often feel they must "go back into the closet" in traditional aging facilities, highlighting the transformative potential of identity-affirming services.

The TGNCI programming assessment reveals both remarkable organizational growth and persistent challenges in serving this particularly marginalized population. The tremendous expansion of services and creation of a genuine family atmosphere documented through participant voices demonstrates successful community building. The persistent representation gaps for trans men, BIPOC individuals, and intersex community members, however, reflect broader societal marginalization that extends into LGBTQ+ spaces themselves.

The unanimous identification of transportation services as transformative across multiple programs illuminates a critical but often overlooked barrier to service access. This finding has particular relevance for aging LGBTQ+ adults who, without traditional family support structures and facing safety concerns on public transit, require specialized supports to access community resources.

Conclusions and Recommendations

These findings hold profound cultural significance within the broader context of LGBTQ+ aging and community resilience. Openhouse represents what participant “D” described as creating "something that people didn't have through the natural way of being"—an alternative family structure that provides the support typically associated with biological families but often unavailable to LGBTQ+ older adults who experienced rejection or estrangement.

The evaluation documents the creation of what is essentially a new model of aging for LGBTQ+ individuals—one that affirms, rather than erases, identity; builds community, rather than enforces, isolation; and recognizes the particular strengths and vulnerabilities of a population that has survived decades of systematic oppression. The intergenerational

programming success demonstrates the cultural value of preserving and transmitting LGBTQ+ history and resilience strategies across age cohorts, creating continuity in a community historically fractured by loss and trauma.

The distinction participants consistently drew between Openhouse and other organizations—describing it as "community building" rather than mere "service provision"—reflects a fundamental reimagining of social services for marginalized populations. This approach recognizes that for communities that have experienced systematic exclusion, healing and support must address not just individual needs, but also collective trauma and the rebuilding of social bonds.

From a practical standpoint, this evaluation provides a replicable model for addressing LGBTQ+ aging disparities. The convergent positive outcomes across multiple programs demonstrate that culturally competent, community-driven interventions can effectively reduce isolation, improve mental health, and support aging in place for LGBTQ+ older adults. The specific program elements—transportation services, peer support models, intergenerational programming, and cultural competency training—offer concrete strategies for other organizations that serve similar populations.

Theoretically, these findings contribute to minority stress theory and resilience frameworks, demonstrating how affirming community environments can serve as protective factors against the psychological impacts of stigmatization. The success of peer-delivered services supports theories about the effectiveness of support from people with shared identities and experiences. The intergenerational programming outcomes contribute to an understanding of how community resilience is transmitted across age cohorts in marginalized populations.

The training program findings reveal both the potential and limitations of educational interventions in promoting cultural competency. Although immediate learning outcomes were strong, the mixed commitment to behavioral change suggests that knowledge transfer alone is insufficient for creating systemic change, supporting theories that emphasize the need for structural and policy interventions along with individual education.

Based on these findings, the following recommendations emerge for future programming and evaluation:

- **Service Awareness and Communication**: Implement systematic communication strategies to ensure all community members are aware of available services. The finding that long-term participants were unaware of mental health services suggests current communication methods are reaching a limited segment in the community.

- **Representation and Inclusion**: Continue to develop targeted outreach and programming that specifically addresses the needs of underrepresented groups within the LGBTQ+ community, including trans men, BIPOC individuals, and intersex community members. This effort may require dedicated staff, specialized programming, and community partnership development.
- **Scale Management**: As programs grow, implement systematic approaches to maintain quality while accommodating increased participation. This includes developing multiple program sessions, implementing group management strategies, and training additional facilitators.
- **Training Follow-up**: Supplement initial cultural competency training with ongoing support, refresher sessions, and structural changes to reinforce learning and promote behavioral change beyond initial knowledge acquisition.
- **Transportation Expansion**: Given the universal identification of transportation as transformative, consider expanding these services and developing sustainable funding mechanisms to ensure continuity.
- **Evaluation Enhancement**: Future evaluations should include larger sample sizes where possible, longer follow-up periods to assess sustained impact, and data collection methods that better capture the experiences of less engaged community members to address potential selection bias.

Introduction/Literature Review

In 2017, approximately 2.7 million LGBTQ+ older adults aged 50 years and older were living in the United States, with the number expected to double by 2030.[i] Although mental health struggles among LGBTQ+ youth have been well documented in recent years, a growing body of evidence underscores the unique and disproportionate mental health and social needs of LGBTQ+ aging adults. Multiple studies conducted over the last decade have documented the higher rates of depression and anxiety (and other mental health conditions) of LGBTQ older adults, relative to non-LGBTQ older adults, and the persistent lack of access to supportive and culturally competent mental health services. A 2024 review of published research found 17 recent studies that documented the higher levels of mental health needs and the disparities in access to supportive mental health services.

In addition to higher rates of depression and anxiety, LGBTQ older adults face higher rates of isolation and loneliness. One report found that over half of all surveyed LGBTQ+ older adults (aged 50+) reported feeling isolated or lonely compared with 36 percent of cisgender, straight older adults.[2] The same study found that about 31 percent of LGBTQ+ older adults reported symptoms that qualify for a depression diagnosis. Underlying these statistics are the unmet socialization needs that LGBTQ+ older adults experience. In a study of the older LGBTQIA+ population in Chicago, IL, 51 percent of the respondents reported socialization as their greatest unmet need, closely followed by regular phone calls or visits, and mental health counseling.[ii]

Although similar rates of isolation and loneliness have been noted among LGBTQ+ older adults across all ages, the social needs of LGBTQ+ older adults change as they age from their 50s, 60s, and beyond. LGBTQ+ older adults in their 50s and 60s may need more support in retirement planning, whereas older LGBTQ+ adults in their 70s and 80s may need more support with personal care, including home-delivered meals or queer-friendly nursing home communities.[1] In addition, LGBTQ+ older adults age 80+ have noted increased needs for legal support with crafting wills and powers of attorney.[1]

Unlike their cisgender, straight counterparts, LGBTQ+ older adults are less likely to have children and partners and therefore tend to rely on their friends and peers for assistance and social connection as they age.[iii] Though these chosen families are strong and resilient, as LGBTQ+ older adults grapple with their own aging-related physical, emotional, and cognitive conditions, it impedes their ability to care for one another and maintain strong social connections. These networks also lack the legal recognition to access paid family leave at work to care for each other, share health insurance plans, or to make medical decisions for one another.[1]

A recent San Francisco Department of Aging and Adult Services needs assessment identified LGBTQ+ older adults as among the top four groups of aging people in the city most likely to experience isolation.[iv] Though a recent Gallup poll estimated that the San Francisco metro area is home to the largest percentage of LGBTQ+ individuals of any US city, a 2018 needs assessment of the LGBTQ+ community highlights that LGBTQ+ San Franciscans still face increased stigma and disparities when accessing social resources.[v,vi] Furthermore, data from the Public Policy Institute of California indicated that San Francisco Bay Area has the greatest income inequality of any metro area in California.[vii] Moreover, a 2020 report showed that the Bay Area is the most intensely gentrifying metropolitan area in the United States, with 31.3 percent of its neighborhood tracts actively facing gentrification.[viii] Rising income inequality and gentrification has disproportionately disadvantaged residents of racial and ethnic minority groups, especially Black/African American and Hispanic/Latine residents, increasing residential segregation and leading to further health disparities among these groups.[9]

Although no definitive quantitative data are available regarding how income inequality and gentrification affect LGBTQ+ older adults, the 2018 LGBTQ+ needs assessment specifies the need for increased housing supports for LGBTQ+ adults older than 65 years old as a primary concern given the high cost of living in San Francisco and economic hardships that leave older LGBTQ+ people in a vulnerable position.[7] This needs assessment also highlighted that traditional supportive and affordable housing options for older adults are sometimes less welcoming and affirming of LGBTQ+ older adults, with many of these individuals adults saying they feel they must go back into the closet keep their housing or avoid mistreatment from residential staff.

The CRDP Phase I LGBTQ Population Report underscored the power of social support as a protective factor in mitigating the psychological stress of stigmatization.[ix] Decades of systemic and interpersonal discrimination, stigma, and historical traumas—most notably the HIV/AIDS epidemic—have weakened social support systems among LGBTQ+ older adults and exacerbated feelings of loneliness and stress.[x,xi] Because of these experiences, many LGBTQ+ older adults may feel unwelcome or have little faith that traditional mental health and service providers respect and understand their lives, chosen families, and the coping strategies that have enabled them to survive and thrive.[5] Given the distrust of even the most well-meaning providers, many LGBTQ+ seniors delay access to needed services or avoid care altogether until a crisis forces them to take action. Despite evidence of the unmet need for emotional support services for LGBTQ+ seniors, The San Francisco LGBT Aging Policy Task Force report indicates that few agencies offer these services or direct outreach efforts to this population.[xii]

As the only nonprofit organization in San Francisco with a mission to serve the unique needs of LGBTQ+ seniors, Openhouse has been well-positioned to offer support services and programs

to reduce mental health disparities among unserved/underserved older LGBTQ+ adults typically discounted by traditional aging services programs. Since 1998, Openhouse has provided LGBTQ+ older adults with providing housing and resource assistance and other social services to create aging-friendly opportunities designed to strengthen and community connectedness.

Adults ages 50 and beyond participate in Openhouse programs and services and come to the organization to meet a variety of different needs. Peer volunteers are foundational to Openhouse's success of Openhouse. LGBTQ+ seniors anticipate that Openhouse facilitators, volunteers, support group leaders, and volunteers will treat them with compassion and respect. Openhouse peers are typically individuals who identify as LGBTQ+ and allies with shared community interests and values, such as "taking care of our own," with similar aspirations like "building a world I want to grow old in." Team members often have a shared history and knowledge grounded in a sense of belonging to, or affinity with, LGBTQ communities. Peer volunteers are trained in the Openhouse LGBTQ+ aging cultural humility model, which includes:

- A strengths-based approach to person-centered care
- Trainings on health disparities and concerns as informed by LGBTQ+ history
- Interventions that address unique barriers to accessing health and social services
- Appropriate terminology and language for LGBTQ+ identities and relationships

CDEP Purpose, Description & Implementation

CDEP's Purpose

The Openhouse Community-Defined Evidence Program (CDEP) is a holistic and comprehensive prevention and early intervention program designed to prevent and reduce social isolation and loneliness, as well as the symptoms related to depression, anxiety, and long-standing trauma for LGBTQ older adults. The CDEP seeks to increase social connectedness and engagement, sense of community, and access to aging and LGBTQ-affirming mental health services. It is designed to integrate the following strategies identified in Phase II of the CRDP:

Increase social connectedness and engagement, sense of community, and access to aging and LGBTQ-affirming mental health services.

Reduce harm from discrimination, shame, rejection, inequality, and other prejudices experienced by LGBTQ+ older adults.

Respond to the social and environmental determinants of health, such as housing and food insecurity.

CDEP Description and Implementation Process

Openhouse provides a range of interventions that address the unique needs of LGBTQ+ older adults known as the Community Engagement Program (CEP). Social engagement programming is the foundation of the Openhouse CEP model. This constellation of programs offers a holistic, comprehensive and "no wrong door" approach to preventing and reducing social isolation and loneliness, as well as the symptoms of depression, anxiety, and long-standing trauma for LGBTQ+ older adults. The Openhouse CEP ensures that LGBTQ+ seniors are met with culturally competent services in a space that affirms the intersections of their sexual, gender, and aging identities. Together, Openhouse programming helps LGBTQ+ seniors have a higher quality of life with increased connectedness to the LGBTQ+ community across generations.

Openhouse's Phase II CDEP built upon the successes of the Phase I CDEP but moved in new directions to meet the evolving needs of the community and to focus more on scalability and systems change. The programs that were in the Phase I CDEP (Friendly Visitor, Social Engagement and Recreational Programming, and Emotional Support – Individual and Group) continued to be implemented, but the Phase II CDEP added new programming and evaluation.

The Phase II CDEP centered on the theme that Openhouse has become a trusted organization with deep expertise in the community's needs and capacity to both provide the related resources and teach other organizations how to provide services that are truly culturally competent. Openhouse was created by the community and with the community, and at the beginning of Phase II, was positioned to expand its programs (scalability) and promote systems transformation.

In Phase II, Openhouse's CDEP continued to focus on co-creating programs and services "with" and not just "for" community members most affected by systemic and structural homo-/bi-/transphobia and ageism. Openhouse developed these new programs by working alongside the community to center the histories, lived experiences, and voices of LGBTQ seniors and adults with disabilities. Openhouse focused heavily on the power of collaboration and building strong relationships with organizations and leaders that had extensive histories of dedicated service to the LGBTQ + BIPOC community. Openhouse's primary goals are to ensure that every LGBTQ senior can live in safe, stable, affordable housing that is affordable to them; feels welcome and well-served by care providers through each stage of life; and is engaged with and supported by their chosen communities.

Program Offerings, Participation and Changes

The program offerings, participation, and any changes in all CDEP components are documented below, along with any material program changes.

Mental Health Program

LGBTQ older adults have significant mental health needs. Data from the LGBTQ Older Adult Survey shows that BIPOC and respondents with disabilities had the highest scores on the Patient Health Questionnaire-2, which screens for depression. Prior to the COVID pandemic, 16 percent of older LGBTQ BIPOC reported being depressed; during the pandemic that figure rose to 33 percent. For people with a disability, the percent rose to 30 percent from 15 percent reporting depression, and transgender and gender nonconforming elders reported a rise to 26 percent from 13 percent. Feelings of stress also rose, with 31.6 percent of respondents with disabilities, 28 percent of TGNC and older adults with

HIV/AIDS, and 27 percent of BIPOC report being highly stressed. Though more and more older adults reported needing mental health services (27%), fewer and fewer clinical resources have been available to them, and at the same time, older adults report difficulty with accessing mental health services (26%).

To ameliorate the dearth of mental support services offered exclusively to the LGBTQ community, Openhouse's evidence-based Mental Health Program helps LGBTQ older adults with depression lead happier, healthier lives. The CDEP accomplishes this goal through a series of one-on-one sessions in which older adults learn about the characteristics of depression and helps them develop the skills they need for self-sufficiency and to lead more active lives. In addition, the Mental Health Program is an effective tool to reduce isolation and feelings of loneliness. This skill-building technique is used to support the older adult in gradually learning independent problem-solving skills.

Openhouse mental health professionals met individually with LGBTQ older adults for 10 one-hour to 90-minute sessions over the course of four to five months. Support offered through the Mental Health Program was tailored to the unique needs of older adults. This component of the CDEP was intended to serve 40 participants. A total of 59 participants were served over the course of Phase II.

Transgender, Gender Nonconforming, and Intersex Programming: Prevention and Services

Critical components of the transgender, gender-nonconforming, and intersex (TGNCI) CDEP included:

- Viewing each person from a holistic, intersectional perspective and continuing to strive for greater inclusion and understanding of individual needs
- Leveraging and maximizing untapped community resources through staff trainings provided at Openhouse and partner organizations and through the delivery of cultural humility training courses to our TGNCI community partners and the San Francisco provider network
- Creating "safe/r spaces" for TGNCI clients at Openhouse and across agencies, which allowed for the co-creation of dynamic and tailored community-driven services and programs to meet the needs of people overlooked by traditional approaches

To ensure TGNCI older adults could access programming, Openhouse addressed systemic barriers that consistently prevent TGNCI people from engaging in community events and activities, such as safety, food insecurity, financial stability. Openhouse offered safe,

reliable transportation to and from the programs, meals, and stipends to community members who led peer programming.

This component of the CDEP was intended to serve 60 participants. In fiscal year (FY) 2022–2023, 82 people received service. In FY 2023–2024, 93 clients were served and in FY 2024–2025, 136 participants were served.[1]

Training for Direct Service Workers: Scalability and Systems Transformation

In Phase II of the CDEP expansion, Openhouse developed and provided cultural competency training to direct service workers (DSWs) at the local, regional, and national levels. The goal was to improve service providers' understanding of the historical, social, clinical and cultural experience of older adults who identify as LGBTQ+. The training sessions were designed to meet the CBOs where they were, offering an opportunity to dissect biases and ignorance in a nonjudgmental space to mitigate potential harm to community members.

Openhouse developed the curricula, which heavily focused on cultural humility concepts and centering of the historical and current experiences of older adults, as well as participants' personal gender experiences, identities, and journeys. applying these concepts to the provision of direct care for older LGBTQ+ adults.

It was anticipated that DSWs would participate in 300 courses. In total, 43 participants completed 107 courses.

Training for Openhouse Community Members: Scalability and Systems Transformation

LGBTQ+ older adults are not a monolith, and sometimes transphobia and racism comes from a participant. Another component of the Phase II CDEP was cultural humility training for LGBTQ+ older adults. The focus was on the historical and current experiences of LGBTQ older adults and relating this back to the impact on transgender and gender-nonconforming people. Openhouse staff developed and implemented trainings that focused on cultural humility concepts and the historical and current experiences of older adults, as well as participants' personal gender experiences, identities, and journeys.

It was anticipated that approximately 37 community members would participate in this training. The number who were actually trained was 18.

Adult Day Program: Scalability and Systems Transformation

[1] Note that this is not an unduplicated count, as some participants participated in more than one FY.

As part of its Phase II CDEP, Openhouse partnered with On Lok to create the first of its kind LGBTQ Adult Day Program "designed by LGBTQ staff and community members." This milestone is significant because LGBTQ older adults often lack a traditional family structure and combat severe isolation, which puts them at a higher risk of institutionalization at a comparatively earlier age. The Openhouse Club 75 program provided transportation, personal care, meals, and LGBTQ activities to frail community members who require additional support to stay engaged and connected. The goals of the program were to provide caregiver relief, reduce isolation of older adults, and offer a more holistic and supportive entry point into the aging experience to avert premature loss of independence.

It was anticipated that approximately 8–10 community members would participate in the Adult Day Program. The number of participants was 21 in 2023, 28 in 2024, and 30 in 2025.

Intersectional Approach

Throughout its CDEP work, Openhouse provided a range of interventions that address the unique needs of LGBTQ+ older adults. A constellation of programs offered a holistic, comprehensive and "no wrong door" approach designed to prevent and reduce social isolation and loneliness, as well as the symptoms of depression, anxiety, and long-standing trauma for LGBTQ+ older adults. The Openhouse CEP ensured that LGBTQ+ seniors were met with culturally competent services in a space that affirmed the intersections of their LGBTQ and aging identities. Together, Openhouse programming helped LGBTQ+ seniors enjoy a higher quality of life with increased connectedness to the LGBTQ+ community across generations.

Openhouse recognizes and affirms that LGBTQ+ older adults live at intersections of identities across race, ethnicity, class, culture, HIV status, sexual orientation, gender, gender identity and expression, spirituality and ability. In recent years, Openhouse has collaborated with other community organizations serving LGBTQ+ BIPOC communities to engage marginalized LGBTQ+ senior communities using a cultural humility and intersectional approach. As part of the CEP expansion through the CDEP, Openhouse added specific affinity events for LGBTQ+ older adults of color to discuss their experiences and explore literature on racial and ethnic identities within the LGBTQ+ community.

Building capacity through an intersectional approach and serving the most marginalized segments of LGBTQ+ elder communities was a primary focus for Openhouse in the later years of Phase I of CDEP and throughout Phase II. This increased focus was very successful, as evidenced by greater participation among LGBTQ+ BIPOC individuals in programs, and in findings from the data collection.

Explanation of Major Program Changes

During the Phase II extension period, no major program changes were made to the TGNCI program, DSW training, or the Adult Day Program; however, some changes were made to the Mental Health Program and community member trainings as detailed below.

Mental Health Program

Openhouse made several updates to the Mental Health Program during the Phase II extension. First, the organization moved to a 10 session model based on community member need. Openhouse chose not to use the model that tapered down to a single monthly session and instead followed the more traditional model of weekly sessions until discharge. In addition, the clinician with primary responsibility for enrolling clients and providing therapy experienced personal circumstances, which affected enrollment starting in late 2024.

Community Member Trainings

Openhouse originally sought to offer trainings on "cultural humility." Although the trainings provided for community members who fall under this broad classification, a more specific route was developed based on community member feedback and need, which led to developing and offering the intersectionality training and Que es Cuir training.

Participant Demographics & Antiracism

San Francisco is, in some ways, more racially and ethnically diverse than the Openhouse community. A comparison of the racial and ethnic demographics of the Openhouse community and San Francisco is shown below.

Race/Ethnicity	Openhouse[xiii]	San Francisco[xiv]
Asian/Pacific Islander	9.4%	36.5%
Black/African American	12.2%	5.6%
Hispanic/Latine/Latinx	8.6%	15.2%
Multiracial	4.9%	4.5%
Native American/Alaskan Native	1.4%	0.7%
White	61.3%	40.2%
Other	2.0%	-

Though no reliable data could be located on the breakdown of sexual orientation and gender identity of San Francisco as a whole, Openhouse, as a specifically LGBTQ+ organization, serves a more diverse population people who are in the sexual and gender minority individuals (see below).

Sexual Orientation	Openhouse[14]
Bisexual	10.3%
Gay	53.0%
Lesbian	15.7%
Other (Questioning, Unsure)	19.4%
Queer	0.8%
Pansexual	0.4%

Gender Identity	Openhouse[14]
Female	31.0%
Intersex	0.0%
Male	62.0%
Nonbinary	1.0%
Trans female	4.0%
Trans male	2.0%

Local Evaluation Questions

In the spirit of its mission, Openhouse used a community-based participatory research (CBPR) approach to structure and conduct this evaluation. In CBPR, the community members participating in and being served by the research also co-design and inform the research process, including protocol design, recruitment, research tools, data analysis, and data presentation and dissemination.[xv] CBPR has roots in mid-20th century research on education movements in Latin American and has been employed frequently in the LGBTQ+ community to combine research with advocacy, most notably for HIV/AIDS.[xvi,xvii] A main component of Openhouse's CBPR approach was the formation of a Community Research Group (CRG), which oversaw the CDEP evaluation process in the first two phases of CRDP, and informed the evaluation process for the Phase II extension from 2023 to 2025. In addition, Openhouse worked with Health Management Associates (HMA), a national research and consulting firm skilled in conducting CBPR and research within LGBTQ+ communities, to develop and conduct this evaluation.

Research Questions

Openhouse targets the root causes of negative mental health among LGBTQ+ seniors—loneliness, social isolation, and historical trauma—in a culturally tailored, engaging manner. Through this evaluation, Openhouse sought to investigate the strength of its programs in addressing these root causes and their impact on mental health. Evaluation questions included:

- To what extent will Openhouse community members report that participation in the Mental Health Program has helped them develop skills to reduce feelings of depression and increase opportunities for positive social interaction with others?
- To what extent does participating in the Openhouse/On Lok Adult Day Health program (Club 75) center on LGBTQ older adults decrease isolation, improve caregiver respite, and increase the ability of LGBTQ seniors' continue living safely at home?
- To what extent has participating in the Openhouse TGNCI programming helped to increase engagement and socialization among TGNCI community members?

- To what extent do TGNCI participants report that they have learned about and feel comfortable accessing disability and aging services, as well as TGNCI-specific services, through their participation in the Openhouse TGNCI program?
- To what extent does attending Openhouse Community Trainings bridge gaps of understanding among LGBQ older adults regarding gender, gender identities, and the lived experiences of BIPOC TGNC older adults?

Evaluation Design & Methods

Design

In alignment with Phase I of this project, the Phase II evaluation followed a mixed-methods approach. Quantitative data elements were designed using an individual-level matched pre- and posttest format with no comparison group and qualitative data followed an observational study design. Data were collected from CDEP participants using surveys, focus groups, in-depth interviews, and participation data. No additional administrative data from Openhouse were used in this evaluation. The Institutional Review Board of the California Office of Statewide Health Planning and Development approved all study protocols and materials for this evaluation.

The qualitative design for this evaluation included annual focus groups with program participants, annual interviews with program staff, and periodic (as needed) focus groups with program participants. Information gathered through these focus groups supplemented quantitative data to explore how and whether the programs were successful, uncover the challenges and barriers facing participants, and understand additional areas for program improvement. Focus groups with staff were used to assess their perceptions on program impact for participants and opportunities form improvement.

HMA used quantitative data from surveys through Excel for descriptive analyses, such as participant demographic description, participation, and program monitoring. HMA mostly followed the analysis plan developed in Phase I, but with revisions developed as new survey instruments were introduced. Analyses explored differences in outcomes associated with demographic, mental health, dosage, type of services accessed, and other variables.

Qualitative data collected from focus groups and interviews were recorded and transcribed. A set of initial codes to assess transcript was developed. Researchers manually coded to capture emergent themes. Findings were shared with Openhouse staff to validate themes and ensure interpretation is culturally appropriate. These data collection methods and analyses mutually informed and reinforced each other to ensure that findings were validated across all analyses.

Surveys

Quantitative data were collected through the administration of survey instruments and following a pretest and posttest matched pair format the Local Core survey and Statewide Evaluation survey. For the Mental Health program, a postsurvey at the end of services and

six-month follow-up survey were conducted. For the training programs, only a postsurvey was conducted.

The Local Core survey was similar to the Local Core survey used in Phase I, but it was shorter and more focused. The Mental Health program surveys focused on understanding participant demographics and mental health needs at entry into the program; capturing outcomes related to improved mental health, social isolation and stress, and more "healthy days"; and understanding whether engagement in the Mental Health program led to participation in other activities at Openhouse and using referrals to additional resources. The survey also focused on understanding the degree to which participants thought the program as useful and effective and how it differed (if any) from services that other organizations provide.

Training program surveys focused on knowledge gained through the training, the relevance of the training, and intent to use the insights gained. The training surveys also served to gather feedback about the quality of the training (i.e., such as the pace, clarity, level of the training) and whether participants would recommend the training to others.

In Phase I, before the COVID-19 pandemic, participant pretests and posttests were conducted on site at Openhouse facilities by trained staff members; however, given the disproportionate health concerns and impact of the pandemic, Openhouse suspended all in-person activities and services in 2020, including CDEP programs. Varying levels of technology access and literacy among community members made it difficult to collect data through traditional online surveying methods, so a change was made to conduct pretests and posttests via phone when possible, reading aloud the survey instrument questions and recording participant responses verbatim.

This approach both boosted data collection and helped reconnect community members with Openhouse services and served as friendly outreach for community members who were otherwise isolated under the public health emergency order. In fact, these efforts were more successful at collecting data than the previous efforts before the COVID-19 pandemic because community members had a greater desire and need for connection. Therefore, Phase II of the CRCP continued use of these methods.

Focus Groups

The qualitative design for this evaluation included periodic focus groups with program participants. These focus groups were used to supplement quantitative data and explore the "how" and "why" of CDEP programs' success, uncover challenges and barriers facing participants, and find additional areas for program improvement. During focus groups with program participants, attendees were asked about the following:

- Their first impressions of Openhouse
- Positive and negative experiences at Openhouse
- Changes that could be made to improve their experiences
- The extent to which they believe diverse perspectives are valued
- How Openhouse has affected their lives

Focus groups with staff were specifically used to assess their perceptions of program impact on participants and opportunities for program improvement. Focus groups were conducted virtually via Zoom, or in person.

Given scheduling issues, participant and staff focus groups occasionally were conducted as one-on-one interviews, using the same questions as an informal guide. During data collection, many participants expressed that they preferred these one-on-one interviews instead of focus groups because it was easier to express their responses. Information obtained from these focus groups and interviews, including ideas for program improvement, was used by Openhouse for continuous quality improvement of CEP programming and services.

In-Depth Interviews

To gain deeper insights into the impacts of Openhouse on participants, HMA conducted in-depth interviews about their experience with Openhouse programming during the CDEP. Trained research staff conducted the interviews, which were loosely structured and provided a chance for clients tell their own stories about the impact of Openhouse's services, programming, and community.

Implementation

Sampling & Participants

Recruitment for the CDEP followed Openhouse's standard recruitment and outreach processes. Sampling for surveys followed a convenience format; Openhouse collected data from all individuals who participated in CEP services and were interested in and able to consent to participate in the CDEP. Openhouse also engaged in several additional recruitment and outreach strategies specifically for the CDEP, including flyer distribution at Openhouse events, one-on-one outreach by Openhouse staff from current client lists, and community events and meals to enroll individuals. Individuals were also recruited to participate in the evaluation as they enter services or engage with CDEP activities. Those who were engaged in services already were recruited to participate in the evaluation as soon as it began. Recruitment included a complete informed consent process.

To ensure participants were fully informed, each received information about the evaluation, what they would be asked to do as part of the evaluation, the potential risks and benefits, and other information. A cognitive screening was used as part of the consent process to ensure that each person had the capacity to give informed consent. For people who were unable to read and understand the recruitment materials, Openhouse staff and members of the evaluation team read and explained the materials, the program, and the evaluation in plain language.

Recruitment and consent materials and methods were tested in Phase I before implementation. Qualitative sampling for focus groups and in-depth interviews followed a purposive format, with Openhouse staff contacting specific individuals enrolled in the evaluation. This goal-directed sampling for qualitative data collection was designed to ensure a range of experiences and identities was captured.

Data Analysis

Quantitative data from surveys were analyzed using rigorous analytic methods. As mentioned previously, Excel was used for descriptive analyses, such as participant demographics, participation, and program monitoring. Descriptive analyses explored differences by demographic groups and type of service. Qualitative data were collected from focus groups, and interviews was recorded and transcribed. A set of initial codes to assess transcripts was developed and aligned with the guides. Transcriptions were then manually coded by researchers trained in qualitative analysis and emergent themes were captured. These findings were then shared with Openhouse staff and the CRG to validate themes and ensure culturally appropriate interpretation.

These data collection methods and analyses mutually informed and reinforced each other to ensure that the findings could be validated across all analyses. Given inherent differences in the experiences and identities of individuals captured through various survey instruments—focus groups and in-depth interviews—several discrepancies are evident in the findings, which are explored in this analysis.

Results

Evaluation and Program Participation

Across the five program areas that were evaluated, 198 Openhouse community members participated in the CDEP evaluation. The community members who participated in the evaluation completed a range of pre-participation surveys, post-participation surveys, and point-in-time surveys across programs, and engaged in focus group discussions (TGNCI program only). The total number of unique participants who participated in the evaluation of each program area and data collection method is shown below. If no number is listed, that method was excluded from the evaluation of that aspect of the program.

Table 1. Evaluation Participation

Survey Instrument	Unduplicated	Pre-survey	Post-survey	6-Month Follow-up	Other Survey	Focus Groups
Local Core	18	18	13	-	-	-
Mental Health Program	29	-	24	14	-	-
TGNCI	99*	-	-	-	14	71
Training for Direct Service Workers	19	19	15	-	-	-
Training for Community Members	36	14	21	-	-	-
Club75 Clients and Caregivers	14	-	-	-	14	-

**Note: The names of TGNCI survey participants were not collected, so we cannot confirm neither whether those individuals were unique nor their participation in a focus group discussion.*

Demographic information was collected only on the Local Core survey instrument, the Mental Health Program 6-month follow-up survey, and the Culture of Care Training Series pre-participation survey.

Quantitative Findings

Local Core

A total of 18 community members completed the Local Core presurvey, and 13 completed the Local Core postsurvey. The following analyses include data from the 13 pre-post matches. The small sample size (n=13) and prevents testing for statistical significance but does allow for an examination of trends within a small sample of participants. Some improvements from pre- to postsurvey responses are encouraging. Nonetheless, results

should be interpreted as preliminary findings, pending continued data collection to increase sample size.

Pre Surveys Completed	Post Surveys Completed	Matched Pairs
18	13	13

Quality of Life

Two questions centered on quality of life. One was about participants' satisfaction with their quality of life over the past 30 days and the other about their expectations for their quality of life 10 years from now. Mean scores on both questions declined slightly from pretest to posttest, indicating lower satisfaction with current quality of life and lower expectations of future quality of life (see Table 2).

Table 2. Quality of Life Questions

Question	Scale	Mean at Pretest	Mean at Posttest
Thinking about the last 30 days, how satisfied are you with the quality of your life?	1=Very Dissatisfied 5=Very Satisfied	4.1	3.8
When thinking about the next five to 10 years, do you expect your overall quality of life (including your financial well-being, mental and physical health, recreation and leisure time, and family situation) to get:	1=Much Worse 5=Much Better	4.2	3.8

The trajectory in these results was not in the hoped for direction. However, given the small sample size (n=12), it is impossible to determine whether this decline was statistically significant.

Resiliency

The Local Core survey included the modified Brief Resilient Coping Scale (BRCS)[2]. The four questions asked respondents whether the following statements were true for them over the last 30 days:

1. I have been able to look for creative solutions to challenges that may come up in my life.
2. I believe I have the tools to navigate what comes up for me.

[2] Sinclair VG, Wallston KA. The Development and Psychometric Evaluation of the Brief Resilient Coping Scale. *Assessment*. 2004:11(1):94–101. doi: 10.1177/1073191103258144

3. I believe I can grow in positive ways by dealing with difficult situations.
4. I actively look for ways to find meaning in the face of losses that I encounter in life.

For the 12 respondents who participated in both the pre- and a postsurvey, the mean score at pre was 13.06, and the mean score at post was 11.5. This slight decrease represents slightly lower resiliency at posttest. Again, the small sample size impeded our ability to determine whether the change was statistically significant; however, mean pre- and postsurvey scores fell into the "low resilient copers" category.

Loneliness

Another set of questions in the Local Core survey measured loneliness and isolation. A modified version of the UCLA Loneliness Scale,[3] which included all three questions from the UCLA scale (short version) plus four additional questions about how often the following were true for respondents over the last 30 days:

1. How often do you feel that you lack companionship?
2. How often do you feel left out?
3. How often do you feel isolated from others in general?
4. How often do you feel isolated from your family?
5. How often do you feel isolated from your racial community?
6. How often do you feel isolated from other LGBTQ+ people?
7. How often do you feel isolated from your spiritual community (if you have one)?

Responses to these questions were: 1=hardly ever, 2=some of the time, and 3=often. Higher scores on these questions reflected higher degrees of loneliness and isolation. From pretest to posttest, the mean score for these questions increased very slightly from 1.81 to 1.85. Although it is impossible to test for statistical significance, given the small sample size, this increase is negligible, suggesting no shift in levels of perceived loneliness and isolation, with respondents generally feeling left out and isolated "some of the time."

Mental and Physical Health

The Local Core survey contained five questions related to mental health and well-being. Each question asked the respondent how often over the last 30 days they:

- Felt very healthy and full of energy
- Experienced positive feelings in your life
- Enjoyed life
- Felt sad, blue, or depressed
- Felt worried, tense, or anxious

[3] Russell DW. UCLA Loneliness Scale (Version 3): Reliability, Validity, and Factor Structure. *J Pers Assess*. 1996;66(1):20–40. doi: 10.1207/s15327752jpa6601_2

Responses were “often,” “some of the time,” “hardly ever,” or “never.” The mean for all five questions was lower (mean=2.77) at posttest than at pretest (mean=2.92), meaning that respondents felt less healthy, less positive, and less enjoyment, and were more worried and depressed. However, the change is modest. As with other measures, it was impossible to test for statistical significance because of the small sample size.

Joy and Comfort

Several key themes emerged around what brought participants joy and comfort at the time of the survey. Responses at both the presurvey and the postsurvey revealed similar themes. Relationships and social connections appeared to be central sources of well-being, with many respondents highlighting the importance of friendships, romantic partnerships, and chosen family connections (e.g., godmothers, god sisters). Participants said community engagement and activism provide significant meaning, whether through engagement in San Francisco Pride, advocacy for the trans community, or organizing protests, which suggests that collective action and solidarity remain vital sources of purpose.

Personal growth and life transitions also featured prominently, with participants finding joy in new educational pursuits, career opportunities, and entry to new chapters of their lives. Access to affirming healthcare, particularly gender care, is a crucial element of comfort and well-being. In addition, many find joy in simple daily experiences like walking outside, creative expression through poetry, and the general sense of "going out and being seen," which speaks to visibility and authentic self-expression. The responses reflect a community that draws strength from both intimate personal connections and broader social engagement, finding meaning through advocacy while also celebrating access to affirming care and the freedom to live authentically.

Healthy Days

The Local Core survey also asked about participants’ general health status, using the Centers for Disease Control and Prevention’s (CDC’s) Healthy Days measures.[4]

One question was about general health over the last 30 days. Options included “excellent,” “very good,” “good,” “fair,” and “poor.” At both the pretest and posttest, participants on average reported that their health was “good.”

Respondents were also asked how many days out of the past 30 days they felt their physical health was not good. For the presurvey, the mean number of days was 9.55; this

[4] Taylor VR. Measuring Healthy Days: Population Assessment of Health-Related Quality of Life. Centers for Disease Control and Prevention. November 2000. Available at: https://stacks.cdc.gov/view/cdc/6406.

figure increased to 12.14 in the postsurvey, an increase of more than 2.5 "not good" days. For mental health, the change was minimal, from a mean of 7.27 for the preliminary study to a mean of 7.75 at postsurvey—an increase of half a day. In terms of days when poor health prevented the respondent from doing usual activities, the number of days increased from a mean of 6.42 at presurvey to a mean of 14.5 days at post, representing an increase of more than eight days.

While it was not possible to test for statistical significance, because of the small sample size, these increases were practically significant for the 12 respondents. It is impossible to determine whether these changes were related in any way to participation in Openhouse, and it seems unlikely. It is more likely that this small sample of respondents included people who were experiencing personal challenges or were reacting to external changes in their environment. That said, it is worth noting that changes were in the opposite direction than would be desired.

Table 3. Healthy Days

Question	Mean at Pre	Mean at Post	Change
Now thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health not good?	9.55	12.14	2.59
Now thinking about your mental health, how many days during the past 30 days was your mental health not good?	7.27	7.75	0.48
During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care/recreation (e.g., dancing, exercising, resting, hanging out with friends), work or school?	6.42	14.5	8.08

Experience with Openhouse Staff

A section of the Local Core survey asked respondents for feedback on their interactions with Openhouse staff. Questions asked whether respondents felt that Openhouse was respectful of their race/ethnicity, religious and spiritual beliefs, gender identity, sexual

orientation. Mean scores at pretest (4.8 on a scale of 1–5, with 5="strongly agree") and posttest (4.6) were nearly identical, reflecting that respondents felt that Openhouse staff respected all of these aspects of identity.

Mental Health Program

The Openhouse Mental Health Program is a free, short-term program provided to low-income clients by Licensed Clinical Social Workers or pre-licensed providers**.** Up to 10 sessions are provided at Openhouse offices or remotely via Zoom. The program is intended for individuals with challenges and goals that can be effectively addressed in 10 weeks of therapy, not individuals experiencing an acute state of crisis. Clinicians use person-centered, trauma-informed care and relational frameworks. The approach varies by clinician and the individual needs of the older LGBTQ+ client.

The following analysis includes data from community members who received mental health services through Openhouse who completed a postsurvey immediately after their 10 allotted sessions with a mental health therapist, and a follow-up questionnaire six months later. A total of 24 clients completed the postsurvey, and 16 completed the six-month follow-up survey. Of those, 10 pairs were matched pre to post. The analysis of the Mental Health Program data is based on the matched data only.

Post Completed	6-Month Follow-up Completed	Matched Pairs
24	16	10

Aspirations for Program Participants

When comparing the postsurvey and six-month follow-up responses about the goals of clients who participated in the Mental Health Program, several patterns emerged. The postsurvey responses showed clients articulated a range of goals, including relationship improvement, help with anxiety and depression, coping with life transitions and grief, seeking therapeutic support, and general wellness concerns like emotional resilience and improved mood.

At the 6-month follow-up, the response patterns showed some notable shifts. Several clients became more specific in their language, with some adopting more clinical terminology while others focused on particular situations or relationships. There was a trend toward seeking concrete guidance and strategies rather than general improvement or insight. Some clients broadened their focus from individual symptoms to wider life direction, whereas others narrowed their focus to more immediate concerns like stress

relief. A few clients showed evolution from seeking understanding to wanting practical problem-solving tools.

The comparison reveals that some clients expressed similar core themes between the two periods, whereas others showed shifts in their priorities and how they conceptualized their needs. The follow-up responses generally demonstrated either maintained consistency with their original goals or movement toward more actionable, specific objectives. Overall, the pattern suggests that clients' articulation of their therapeutic goals became more focused and practically oriented over the six-month period following program completion.

Mental and Physical Health

Participants were asked about their current health status and about any changes they have noticed in their physical and mental health since participating in the program. In the postsurvey, immediately after completing the sessions with a mental health counselor, 40 percent (n=4) respondents said their health was very good, 40 percent (n=4) said their health was good, and 20 percent (n=2) said their health was fair. Six months later, 80 percent said their health was good, 10 percent said their health was very good, and 10 percent said fair. Most respondents (60% at postsurvey and 70% 6 months later) said their physical health before they began participating in the program was about the same as it was at the time of survey completion.

When asked about their physical health in the last 30 days, the mean number of days in which respondents' physical health was not good was 5.70 days postsurvey, and 3.15 days six months later, meaning their perceived health status continued to improve in the six months following the end of their participation in the Mental Health Program (see Table 4).

Table 4. Healthy Days Results

	Number of days during the past 30 days that physical health was not good	**Number of days during the past 30 days that mental health was not good**	**Number of days during the past 30 days that poor health prevented usual activities**
Post	5.70	9.20	4.8
6-Month Follow-up	3.15	6.70	3.8
Mean Difference	**-2.55**	**-2.50**	**-1.0**

Similarly, when asked about their mental health in the last 30 days, the mean number of days in which respondent's mental health was not good was 9.20 days at postsurvey, and 6.7 days six months later. When asked how many of the past 30 days poor physical or

mental health kept the respondent from doing usual activities, postsurvey respondents said an average of 4.8 days, and respondents six months later said 3.8 days.

Depression: Patient Health Questionnaire (PHQ-9)

At both post survey and 6-months later, survey respondents were asked for responses to the questions in the Patient Health Questionnaire (PHQ-9).[5] The PHQ-9 asks, "Over the past 2 weeks, how often have you been bothered by any of the following problems?"

1. Little interest or pleasure in doing things
2. Feeling down, sad, or hopeless
3. Trouble falling asleep, staying asleep, or sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself, or that you are a failure or have let yourself or your family down
7. Trouble concentrating on things, such as reading the newspaper or watching television
8. Moving or speaking so slowly that other people could have noticed, or the opposite—being so fidgety or restless that you have been moving around a lot more than usual
9. Thoughts that you would be better off dead or of hurting yourself in some way

Higher scores suggest higher-level symptoms of depression. In both the postsurvey and the six-month follow-up, respondents fell into the categories of minimal to minor symptoms of depression, which is the range for the Mental Health Program that was being offered.

Loneliness

Respondents were asked three questions from the UCLA Loneliness Scale[6] to assess their degree of loneliness. They were asked the following questions regarding the last two weeks, as well as immediately before starting the program:

1. How often do you feel that you lack companionship?
2. How often do you feel left out?
3. How often do you feel isolated from others?

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[5] Kroenke K, Spitzer RL, Williams JB. The PHQ-9: Validity of a Brief Depression Severity Measure. *J Gen Intern Med*. 2001;16(9):606–613. doi: 10.1046/j.1525-1497.2001.016009606.x

[6] Russell DW. UCLA Loneliness Scale (Version 3): Reliability, Validity, and Factor Structure. *J Pers Assess*. 1996;66(1):20-40. doi: 10.1207/s15327752jpa6601_2 https://doi.org/10.1207/s15327752jpa6601_2.

Responses to these questions were: 1= hardly ever, 2=some of the time, and 3=often. Higher scores on these questions reflect higher rates of loneliness and isolation. From the postsurvey to the six-month follow up, the sum scores for these questions decreased from a mean of 6.0 to 4.7. While it is impossible to test for statistical significance given the small sample size, and this decrease is modest, it does move from the category of "lonely" to "not lonely" using the standard scoring method for the three-question scale. This finding suggests a small decrease in levels of perceived loneliness and isolation.

Perceived Stress Scale[7]

The post and six-month follow-up survey asked respondents asked about their perceived stress. Questions included:

1. In the last month, how often have you been upset because of something that happened unexpectedly?
2. In the last month, how often have you felt that you were unable to control the important things in your life?
3. In the last month, how often have you felt nervous and stressed?
4. In the last month, how often have you felt confident about your ability to handle your personal problems?
5. In the last month, how often have you felt that things were going your way?
6. In the last month, how often have you found that you could not cope with all the things that you had to do?
7. In the last month, how often have you been able to control irritations in your life?
8. In the last month, how often have you felt that you were on top of things?
9. In the last month, how often have you been angered because of things that happened that were outside of your control?
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Respondent scores at both the postsurvey and the six-month follow-up indicate moderate levels of stress, with little change. The mean score for all respondents at the postsurvey was 19, and the mean score at the six-month follow-up was 20, both of which fall into the "moderate" category (scores between 14 and 26). Further, nearly all individual respondent scores fell into the moderate category at both points in time.

Participants were also asked to assess their level of stress before they began participating in the Mental Health Program, both at postsurvey and six months later.

[7] Cohen S, Kamarck T, Mermelstein R. A Global Measure of Perceived Stress. *J Health Soc Behav*. 1983;24(4):385–396. PMID: 6668417

Table 5. Stress Levels After Program Participation

	Post		6-Month Follow-up	
Response	**N**	**%**	**N**	**%**
I felt a lot more stress	3	30%	4	40%
I felt a little more stress	1	10%	3	30%
I felt about the same amount of stress	2	20%	2	20%
I felt a little less stress	3	30%	0	0%
I felt a lot less stress	1	10%	1	10%
Total	**8**	**100%**	**8**	**100%**

Life Outlook

Using questions developed as part of the 100 Million Healthier Lives Initiative,[8] participants were asked a series of questions designed to assess their both their current and future perceived wellness. Specifically, the questions asked respondents to "imagine a ladder with steps numbered from zero at the bottom to 10 at the top. The top of the ladder represents the **best possible life for you,** and the bottom of the ladder represents the **worst possible life for you**. The ladder is numbered from zero (indicating the worst possible life) to 10 (indicating the best possible life)." Respondents were asked where they stood on the ladder before participating in the program, where they were right now, and where they anticipated being in five years. Respondents rated their current and future wellness much higher after participating in the program. Interestingly, at the 6-month follow-up, participants had even higher ratings of their wellness at all three points in time.

Table 6. Wellness Assessment Results

	Post	6-Month Follow-Up
Before the program	4.70	5.10
Now	6.11	6.90
In 5 years	6.10	6.70

[8] Stiefel MC, Riley CL, Roy B, McPherson M, Nagy JM. Health and Well-being Measurement Approach and Assessment Guide. Boston, MA: 100 Million Healthier Lives, convened by the Institute for Healthcare Improvement; 2020. Available at: www.ihi.org/100MLives.

Engagement with Other Openhouse Services

Respondents were asked whether they have pursued other opportunities with Openhouse since starting the Mental Health Program. A total of 70 percent said they are doing more with Openhouse (i.e., other programs and activities) since engaging in the Mental Health Program.

Among those respondents who reported engaging in other programs at Openhouse, social dining and community meal programs were particularly popular, with clients participating in Rainbow Lunch and the Trans Resilience Support Group. Recreational and entertainment activities drew participation, including Drag Bingo and special events like the Pride Parade and Prom. Clients also engaged in ongoing therapeutic and peer support through various support groups, including continued participation in the Trans Resilience Group and other support group offerings. Gender-specific programming attracted involvement, such as the Men's Drop-in Support Group, lesbian group, and weekly Women's Lunch. One-on-one support services were used through the Friendly Visitor program, and some clients developed social connections by meeting other Openhouse community members for lunch outside of formal programming.

In addition, the social networks formed at Openhouse extended beyond the organization itself, with at least one client branching out to participate in external organizations like the LGBTQ+ Aging & Abilities Support Network (LAASN) and the Curry Center where they reconnected with people who they initially met through Openhouse. Overall, the Mental Health Program served as an effective gateway for clients to engage more comprehensively with Openhouse's diverse community programming, spanning social, recreational, therapeutic, and peer support activities.

Referrals Outside of Openhouse

Clients who reported receiving a referral through the Mental Health Program were referred to external organizations that address multiple areas of need, including healthcare services through Kaiser and LGBTQ+-specific therapists including through Alliance, technology support through the Curry Senior Center tablet computer program, home safety and improvement services for installing grab bars, and organizations like the Community and Home Injury Prevention Program for Seniors (CHIPPS) and Rebuilding Together, financial assistance through smart money coaches and programs like the California Emergency Rental Assistance Program (ERAP), the Eviction Defense Collaborative (EDC), and social services through Catholic Charities and CBOs like Gaylesta (The Psychotherapist Association for Gender and Sexual Diversity).

Many clients were able to successfully access these referrals, including the tablet computer program, smart money coaching services, Catholic Charities, LGBTQ+ center

services, and utility assistance programs including ERAP and EDF. Other clients encountered barriers to accessing certain referrals as the result healthcare network restrictions on therapists not covered by the Managed Health Network (MHN), difficulties with specific organizations like Kaiser and Gaylesta, and challenges accessing friendly visitor programs outside of Openhouse. When clients were unable to access services, the reasons varied and included personal timing and circumstances such as being too busy or waiting until after planned travel, personal decisions to postpone services while keeping referral information for future use, service fit issues where referrals did not meet their specific needs, insurance coverage limitations, and general uncertainty about specific barriers.

Nonetheless, overall responses indicate that Openhouse provided comprehensive referrals across multiple service domains, with many clients successfully accessing needed resources. Barriers to access were generally related to individual circumstances, insurance constraints, or personal readiness rather than systematic problems with the referral process itself.

Benefits of the Mental Health Program at Openhouse

When asked about how the Mental Health Program helped them, clients described an array of benefits across emotional, relational, practical, and social domains. Many clients reported improved emotional regulation and self-awareness, including developing more self-compassion, increased patience in challenging relationships, better ability to manage triggers without losing their temper, and enhanced capacity to express fears and concerns. The therapeutic relationship itself was frequently highlighted, with multiple clients praising their therapist's empathy, intelligence, care, and ability to provide a safe space to share personal dilemmas, and they felt confident in the care they received. Clients valued specific therapeutic techniques and resources, including book recommendations, intelligent feedback, and suggestions that helped them develop practical skills. One client also mentioned that their experience with therapy at Openhouse helped them to “break the formal idea” they had about therapy, in that it became more approachable.

Cognitive and decision-making improvements were significant for several clients, who reported enhanced ability to distinguish between fantasizing and realistic planning, improved strategic thinking to overcome paralysis and resentment, more pragmatic and less overwhelmed decision-making, and increased openness to asking for support from others. The program helped clients develop focus and work toward specific goals, with one client noting significant progress toward all three objectives they had identified.

Social connection and community engagement showed marked improvement, with clients reporting less isolation, making new friendships including one very close relationship,

increased socialization despite introverted preferences, and feeling more important and valued. Some clients also received practical assistance with rent and debt management. Overall, clients expressed high satisfaction with the program and deep appreciation for their therapist, with many noting the quality of care, good working rapport, stress reduction, and being impressed by the level of service provided. The responses indicate that the program successfully addressed multiple dimensions of client well-being through skilled therapeutic intervention and comprehensive support services.

What Differentiates Openhouse

Clients were then asked if they have participated in similar programs or services at other organizations, whether they think that programs and services at Openhouse are different from those provided elsewhere. At both pretest (80%) and posttest (60%), most participants said that services at Openhouse were either very or somewhat different from services at other organizations.

Among clients who found Openhouse programs differed from services at other organizations, several key distinguishing factors emerged. The most frequently cited difference was the LGBTQ+-specific expertise and cultural competency, with clients noting that their therapist understood the LGBTQ+ world, which enabled much better therapeutic bonds than they had with other therapists. Clients specifically valued having a therapist with experience working with LGBTQ+ individuals and older clients, and appreciated being in a safe LGBTQIA+ environment where they didn't have to explain or educate about their identities.

The quality and approach of therapeutic services was another significant differentiator, with clients describing the program as more pragmatic and productive than previous therapy experiences, offering more interesting programs, providing proactive suggestions, and being more structured in its approach. Some clients noted easier access to Openhouse programs compared with others.

Community focus and outreach were also highlighted as distinctive features, with clients appreciating that Openhouse specifically targets LGBTQ+ seniors and reaches out to the LGBTQ+ community in multiple ways. One client noted that the program complemented other services they were receiving, such as Trans Mindfulness at TransThrive, suggesting effective coordination within the broader LGBTQ+ service network. Overall, the responses indicate that Openhouse's specialized focus on LGBTQ+ older adults, combined with culturally competent staff and a safe community environment, created a therapeutic experience that clients found significantly different from and superior to mainstream mental health services they had accessed elsewhere.

Recommendations

When asked how the program could be improved, clients provided various suggestions that clustered around several key themes. The most common request was for program expansion in duration and frequency, with multiple clients wanting more ongoing sessions, longer treatment periods beyond the existing session limit, the ability to repeat the program, and some suggesting annual refresher courses. Many clients expressed that the program was so beneficial they wished it could be ongoing or longer-term.

Staffing and service expansion was another frequent suggestion, with clients requesting more LGBTQ+ therapists to expand program capacity and options for clients to choose from and the addition of group therapy options. Several clients specifically wanted more group programming, including regular women's support groups run by professionals, women's meetups for lunch and films, and groups focused on coping skills and self-care.

Community connection improvements were suggested, including offering a voluntary email list for isolated seniors to contact each other and better housing options. The specialized LGBTQ+ focus was highlighted as crucial to maintain and expand, with one client emphasizing the importance of having LGBTQ+-identified therapists.

Many clients expressed high satisfaction with the current program, with some indicating they could not think of improvements or didn't know what would make it better. One client humorously suggested "more cookies," while acknowledging the difficulty of knowing what improvements to suggest when already satisfied. Overall, the feedback indicates that while clients were quite pleased with the program quality, they primarily wanted more of the same services—longer duration, more sessions, additional group options, and expanded capacity to serve more people in the LGBTQ+ senior community.

Training

Culture of Care Training Series

The Culture of Care Training Series is a new educational program built by Openhouse and piloted by the CalGROWS[9] program. The program features three unique trainings, featuring stories told by nine LGBTQ+ elders, so participants can learn from their lived experiences. The three trainings are as follows:

1. **Living Histories: 2S(Two-Spirit)LGBTQ+ Political Identities:** This training delves into the historical struggles and triumphs of the 2SLGBTQ+ community, guided by the wisdom of community elders.

[9] California Department of Aging. California GROWs – CDA's Direct Care Workforce Initiative. 2025. Available at: https://aging.ca.gov/providers_and_partners/cal_grows/.

2. **Containing Multitudes: Gender Expansive Stories:** This training is designed to challenge Western notions of gender and embrace the richness of Indigenous and non-Western gender identities.
3. **Adapting to Evolve: Advocacy & Accessibility for 2SLGBTQ+ Elders:** Through conversations and shared experiences, this training teaches participants how to navigate daily tasks with respect and dignity, contributing to a world in which every elder is seen, valued, and cared for with compassion.

Before completing the training(s), participants were asked to respond to a survey about their demographics. Following the end each training course, participants were also asked to complete a survey composed of five closed-ended questions and three open-ended questions about their experience with each training. The results of the pretraining survey (i.e., demographic) questions are summarized below and cover all three trainings. The results of the post-training survey are summarized across all three trainings and by individual training. Some participants responded to only some questions, so the count represents the number of responses per question.

Summary of Findings from Pre-Surveys

Demographics: All Trainings

In all, 17 individuals completed the Living Histories: 2SLGBTQ+ training presurvey, 10 completed the Containing Multitudes: Gender Expansive Stories presurvey, and eight completed Adapting to Evolve: Advocacy & Accessibility for 2SLGBTQ+ Elders presurvey. Six people engaged in all three trainings, three participated in two trainings, and 11 took only one training course.

Table 7. Participants in Training Courses

Training	Count
Living Histories: 2SLGBTQ+ Political Identities	17
Containing Multitudes: Gender Expansive Stories	10
Adapting to Evolve: Advocacy & Accessibility for 2SLGBTQ+ Elders	8
Total	**35**

* Contains duplicates.

Across trainings, participants identified as having various roles, with the largest number (n=8) identifying as caregivers. Other participants were DSWs, enrollment specialists, certified nurse assistants, senior center coordinators, and volunteers. Across trainings, most participants identified as female (n=11), followed by male (n=6). One individual identified as genderqueer and one preferred not to answer.

Most respondents were Black, Asian/Pacific Islander, or White. Table 8 shows the breakdown of self-reported race and ethnic background of the training participants. Participants could select all responses that applied.

Table 8. Race/Ethnicity of Training Participants

Race/Ethnicity	Count
African American/Black/African	5
African American/Black/African, American Indian/Native American/ Alaskan Native, Other Hispanic	1
African American/Black/African, Asian / Pacific Islander	1
Asian/Pacific Islander	2
Asian/Pacific Islander, Filipino	3
Asian/Pacific Islander, Indian	1
Caucasian/White/ European	1
Caucasian/White/European, African American/Black/African	1
Filipino	1
Hispanic	1
Hispanic, Latinx, Mexican, Asian/Pacific Islander, Chinese	1
Total	**18**

Most participants spoke English only, but three participants spoke English and one or more other languages (Spanish, Mandarin, Cantonese, or Tagalog), one spoke Spanish only, and one spoke both Spanish and Arabic.

All Trainings: General Perceptions

Across the three trainings, most respondents (87%) agreed or strongly agreed with the statement, "I learned a lot of information in this training about 2SLGBTQ+ older adults." One respondent neither agreed nor disagreed, and five strongly disagreed.[10] Similarly, the majority of respondents thought the information and resources were very relevant to their work, and that they would be able to use what they have learned in the training to better care for 2SLGBTQ+ older adults. Most respondents thought the pace of the training was sufficient, allowing them time to comprehend the content and said they would recommend this training to a colleague.

Table 9. General Perceptions of the Trainings

Statement	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
I learned a lot of information in this training about 2SLGBTQIA+ older adults.	63% (n=24)	21% (n=8)	3% (n=1)	0% (n=0)	13% (n=5)
The information and resources from the training are very relevant to my work.	48% (n=19)	33% (n=13)	3% (n=1)	3% (n=1)	13% (n=5)
I will be able to use what I have learned in this training to better care for 2SLGBTQIA+ older adults in my work.	56% (n=22)	28% (n=11)	3% (n=1)	0% (n=0)	13% (n=5)
The pace of the training was good and allowed me time to comprehend the content.	51% (n=20)	33% (n=13)	3% (n=1)	0% (n=0)	13% (n=5)
I would recommend this training to a colleague.	64% (n=25)	18% (n=7)	3% (n=1)	3% (n=1)	13% (n=5)

Key Concepts Learned in the Culture of Care Training Series

Participants in the Culture of Care Training Series gained comprehensive knowledge spanning both theoretical concepts and practical applications, with many emphasizing the critical importance of understanding, respect, and compassion when working with LGBTQ+ individuals, particularly seniors. A significant portion of learning centered on terminology and concepts, as several respondents discovered new terms, including intersex gender, two-spirit, and the meanings of letters beyond "Q" in the LGBTQ+ acronym, while some were introduced to the expanded 2SLGBTQIA+ designation and gained a deeper understanding about pronouns and their vital role in gender identity.

[10] Of note, across all of the quantitative questions, the same two individuals offered the five responses of "strongly disagree."

The Culture of Care Training Series provided valuable insights into the aging LGBTQ+ community, with participants learning about the unique experiences of elderly LGBTQ+ individuals, discovering that 11 percent of San Francisco's senior population identifies as part of the LGBTQ+ community, and understanding the specialized services available to LGBTQ+ elders. Mental health emerged as another crucial learning area, with respondents gaining awareness about the importance of trauma-informed care, being introduced to minority stress theory, and learning that 2SLGBTQIA+ seniors often struggle with post-traumatic shock disorder (PTSD), highlighting the critical need for understanding and specialized support.

Participants also developed knowledge about gender identity and expression, learning about gender-affirming devices and adaptations while recognizing the value of using correct names and pronouns, with particular attention to how transgender individuals may feel uncomfortable when misgendered or "deadnamed." The training series emphasized cultural competence and sensitivity, teaching respondents about compassion, understanding differences, respect for others' identities, and introducing concepts like intersectionality and the importance of representation.

Professional development was enhanced through learning how to better serve the LGBTQ+ community as caregivers, including specific practical skills and understanding that working for someone does not automatically create comfort with one's presence. Finally, participants gained historical context about the struggles of LGBTQ+ individuals and personal growth insights about tolerance, moving forward with confidence despite societal prejudices, and the importance of actively countering discriminatory attitudes.

Application of Learnings from the Culture of Care Training Series

The Culture of Care Training Series inspired attendees to implement both attitudinal and practical changes in their approach to working with 2SLGBTQIA+ seniors, with improved communication and listening skills being a primary focus. Multiple respondents committed to becoming more empathetic listeners who listen more carefully and comprehensively, with some specifically planning to use open-ended questions to create comfortable environments where people can express their authentic selves.

Respect for identity and pronouns emerged as a central application area, with several respondents planning to consistently ask for and use preferred pronouns and names, including more intentional and conscious efforts to affirm 2SLGBTQIA+ persons' chosen identities. Many responses centered on developing increased compassion and understanding, with participants committing to more accepting and affirming mindsets

toward 2SLGBTQIA+ older adults, while others expressed concrete plans for advocacy, particularly in supporting access to gender-affirming care for their clients.

Continuous learning became a priority for many participants, who emphasized the value of ongoing education about gender-affirming devices and practices, with some committing to additional research. Several respondents focused on challenging prejudices and misinformation about the 2SLGBTQIA+ community, while caregivers specifically mentioned improvements in their practices, including taking more time with clients, listening to their stories and struggles, and ensuring careful adherence to care plans. Additional applications included avoiding assumptions, practicing greater patience and open-mindedness, providing practical support through information about available resources and devices, and creating safe, comfortable environments where clients can express their truth authentically.

Additional Learning Interests Following the Culture of Care Training Series

While many respondents indicated they had no additional questions after completing the Culture of Care Training Series, those who did express further learning interests showed diverse areas of curiosity. Participants sought more information about terminology and language, including a comprehensive understanding of who is included in the 2SLGBTQ+ community and examples of gender-inclusive language. Specialized care emerged as a significant interest area, with requests for guidance on providing better care for individuals with disabilities, deeper knowledge about caregiving for 2SLGBTQIA+ older adults, and enhanced understanding of PTSD in 2SLGBTQIA+ seniors and effective support strategies.

Some participants expressed interest in research and academic insights, seeking information about new studies on the 2SLGBTQIA+ community and future trends affecting this population. Personal connections and interactions represented another area of interest, with participants wanting to learn how to better connect with and befriend 2SLGBTQIA+ individuals and develop strategies for working with clients who may be resistant to care. Historical and personal experiences fascinated some respondents, who wanted to hear more personal stories and learn about how 2SLGBTQIA+ individuals coped with challenges throughout their lives. Additionally, some participants expressed interest in generational perspectives, particularly regarding the youth population within the LGBTQ community, whereas others simply requested longer sessions within the Culture of Care Training Series to accommodate more comprehensive learning opportunities.

Intersectionality Workshop

Another element of Openhouse's CDEP was the development and implementation of workshops on intersectionality, designed to provide Openhouse community members with

education and information that would help promote and increase inclusivity within the Openhouse community. Specifically, the purposes of the intersectionality workshop include:

- Familiarize participants with terminology related to power, privilege, and oppression
- Understand how we all experience advantages and disadvantages
- Grow a better understanding of intersectionality and how to put that into practice
- Explore ways to expand allyship

The inaugural workshop took place March 27, 2025, with three additional sessions on May 14, May 28, and June 11, 2025. Participants were diverse in age and other demographic characteristics. They were asked to complete a pre- and a post surveys. In total, 14 participants responded to the pre-program survey and nine to the post survey. No names or unique identifiers were collected, so responses to the preliminary and subsequent survey could not be matched.

Preparticipation Survey Data

All 14 participants responded to the preparticipation survey for the intersectionality training. The preliminary evaluation asked the following two questions. Summaries of the responses follow.

"In your own words what is intersectionality, and why is it important?" Participants entered the training with a varied baseline understanding of this concept. A few demonstrated strong prior knowledge, with one providing a comprehensive definition about how "various communities we belong to intersect and influence our perceptions of privileges and power dynamics." Others showed partial familiarity, describing intersectionality in terms of understanding individual differences and diversity within LGBTQ+ communities; however, many respondents had little to no prior knowledge, with many directly stating, "I don't know," or expressing uncertainty about the term's meaning. Some made creative attempts at interpretation, including one person who broke down the word etymologically. Others shared personal experiences rather than theoretical definitions.

The responses reveal that some participants arrived with solid foundational knowledge, whereas many others were encountering intersectionality for the first time, demonstrating the training's value in establishing shared understanding of this key diversity framework.

"In your own words, what is oppression, and how does it operate?" Participants entered the training with a solid foundational understanding of oppression as a concept. Most respondents correctly identified oppression as involving power imbalances and

control, with several providing comprehensive definitions such as "power over others that operates to disenfranchise and limit opportunities in accessing life fulfillment" and as restrictions "imposed on select groups through laws, shaming, and violence." Participants demonstrated awareness of oppression's various mechanisms, including systemic approaches (laws), social pressure (shaming), physical force (violence), and psychological tactics (fear weaponization). Many participants recognized oppression's interpersonal dimensions, describing it as people "imposing their will on others" to create feelings of superiority and "making someone feel apart from the rest."

Overall, most participants entered the training with a working understanding of oppression, though their definitions varied in sophistication and scope, suggesting the training could build effectively on their existing knowledge base.

Postsurvey Data

A total of nine participants responded to the postsurvey for the intersectionality training. For the first seven questions, respondents were asked to rank seven statements on a scale of 1–10. Mean scores are displayed below. Most respondents felt that the material presented was clear and that the workshop felt welcoming and safe. Participant responses to the other questions were mixed.

Table 10. Perceptions of the Intersectionality Training

Statement	Mean Score (1=not at all; 10=very much)
The workshop felt welcoming and safe	9.0
The material was clear	9.1
the material was at the right level	7.9
I understand the concept of intersectionality	7.6
This workshop taught me how intersectionality impacts how I relate to others	7.5
I learned things that will be useful to me	6.8
I feel more equipped to support other communities as a result of this workshop	7.3

Participant Understanding of Intersectionality

Participants showed varying levels of understanding intersectionality and its importance following the training. Some demonstrated a grasp of key concepts, with one respondent

correctly identifying that intersectionality involves understanding "how the groups someone belongs to can affect their opportunities." Another participant made a literal connection, noting "where all kinds of people intersect."

Many responses focused on broader diversity and inclusion themes, with participants emphasizing respect for differences and acceptance of all people. Some responses were unclear or participants indicated difficulty with the concept, with one noting it was "over my head" and two leaving the question blank. Overall, while some participants captured elements of intersectionality as overlapping identities that affect opportunities, many responses reflected an understanding of general diversity principles rather than the specific intersectionality framework.

Participant Understanding of Oppression

Participants demonstrated a more comprehensive understanding of oppression and how it operates following the training. Most correctly identified oppression as involving restriction and control, with one comprehensive response defining it as "when one or more people seeks to limit other people" operating "through limiting access, shaming, and violence." Participants recognized oppression's impact on freedom and identity, noting denial of the "freedom to be themselves" and discrimination in legal treatment. Several connected oppression to current contexts, including impacts on the LGBT community and references to the present administration. Some addressed both physical and mental dimensions of abuse. A few responses were brief or general, and one participant left the question blank. Overall, participants showed clearer understanding of oppression versus intersectionality, with most grasping it as a system that limits opportunities through various mechanisms.

Intended Behavior Changes

Participants showed mixed commitment to behavioral change. Some demonstrated clear intentions, with responses including "try to see things through another's eyes," "be aware of the all rightness of individuals," and one specific commitment to "offer a job to a different person than I'd decided yesterday." Several participants, however, indicated limited planned change, responding "I am not certain," or "very little." One participant left the question blank. Overall, while some participants identified concrete applications through increased awareness and empathy, others appeared uncertain or showed minimal intentions to modify their behaviors based on the workshop.

Participants identified several support strategies with varying levels of specificity. The most actionable responses included "speak out by speaking up when someone is oppressed" and "increase employment opportunity; greater pay to oppressed groups," which represent concrete advocacy and systemic change approaches. Other participants mentioned

developing empathy by trying to "see things through another's eyes," actively "listening," and "coming together" as forms of support. Some responses were unclear, such as "let them go ahead," and two participants left the question blank. Overall, while some participants identified specific actions like speaking up against oppression and creating economic opportunities, others provided more general approaches focused on empathy and community building.

Suggestions for Improvement

Participants offered specific suggestions for improvement. The most detailed feedback called for a shift from conceptual to experiential learning, requesting "members of different communities interact in person (not virtually) in discussion and team building exercising." Another participant suggested removing visual aids, stating "do away with the cartoons and just have a group talk about the topic." Technical improvements were also mentioned, with one respondent noting "better audio" was needed. Some participants indicated satisfaction with the current format, responding "nothing, very clear," while others suggested "a different approach" without elaborating. One participant left the question blank. Overall, the feedback emphasized a preference for more interactive, discussion-based formats over conceptual presentations, along with basic technical improvements.

Que es Cuir

The purposes of the Que es Cuir workshop are to learn about the LGBTQ+ community at the intersection of Latinidad and aging, familiarize participants with LGBTQ+ terminology, understand historical context that has informed how gender and sexual orientation are viewed, and explore different ways to become an ally. The primary audience is monolingual Spanish-speaking older adults who do not identify as LGBTQ+ but is open to all aging adults.

To date, Openhouse has offered one Que es Cuir workshop, which took place June 16, 2025. By design, it served as a pilot and a learning opportunity. A total of 19 people participated, and 12 of these responded to a post-participation survey following the Que es Cuir training that Openhouse offered. The average age of respondents was 72 years old. Most (62%) identified as Hispanic or Latine, followed by Asian (15%), and Black or African American (15%), and Native American or Alaska Native (8%). Half of respondents (50%) did not answer the question about sexual orientation, whereas 25 percent responded gay or lesbian, and 25 percent identified as straight or heterosexual. In addition, 42 percent responded that they were assigned female at birth, 25 percent said male, and 33 percent said they were unsure or preferred not to answer. Half of all respondents said they did not

know or preferred not to answer when asked how they currently describe their gender identity. Another 25 percent identified as female and 25 percent as male.

The post survey asked respondents to answer a series of questions about their perceptions of the training. More than half (58%) of the respondents said they strongly agree that they learned a lot of information in this training about 2SLGBTQIA+ older adults; 17 percent said they agree, 8 percent were neutral, and 17 percent strongly disagreed. More than half (55%) of respondents said they strongly agree that they would recommend this training to a colleague; 18 percent agreed, 9 percent were neutral, and 18 percent strongly disagreed. Respondents were asked to rate the degree to which this training taught them how they relate to others (1=completely disagree, and 10=completely agree). Among all respondents, the average score was 8.6.

Key Lessons Learned

Participants demonstrated varied levels of engagement and learning outcomes. Several respondents highlighted gaining new knowledge about LGBTQ+ terminology and definitions, with multiple people noting they learned terms and distinctions they had not previously understood.

Cultural awareness was another key takeaway, with one participant learning about gender diversity in Nigeria, specifically that a third gender is recognized there. A significant theme emerged around the importance of respectful approaches to creating change, with responses emphasizing that "with love and respect, we can make a change or [achieve] acceptance" and "that to make a change, you have to put respect first." Some participants also gained practical skills, such as learning to recognize offensive language and how to defend against discriminatory terms. However, engagement was not universal, as some responses indicated limited learning or were unclear, suggesting that while the training effectively introduced new concepts and emphasized respectful inclusion practices for many participants, it may not have resonated equally with all attendees.

Additional Training Needs

Participants expressed a range of follow-up interests and concerns. Several respondents sought continued learning opportunities, asking for additional sessions and whether the workshop would be presented in other venues such as retirement homes, centers, and communities to provide broader help and assistance. Some participants wanted to deepen their understanding of core concepts like tolerance, acceptance, and respect for gender

diversity, with one noting they wanted to learn more about respecting and accepting "that there are many different genders."

There were also requests for practical support, including help with assisting family members navigate LGBTQ+ issues. Some responses, however, revealed ongoing tensions and misconceptions, with one participant expressing concern about perceived gender-based blame and discrimination, suggesting they felt men were unfairly criticized while women's negative behaviors were not equally addressed. Questions were raised about discrimination within the LGBTQ+ community itself. Some respondents indicated no further questions or learning needs.

Overall, while many participants showed enthusiasm for continued education and community outreach, the responses also highlighted the need to address lingering biases and providing more comprehensive understanding of complex gender and discrimination issues.

Intended Behavior Changes

Participants showed a mix of concrete behavioral commitments and some hesitation about implementation. Many respondents committed to more respectful communication practices, including learning to ask LGBTQ+ individuals directly how they prefer to be addressed and asking questions rather than making assumptions about people's identities. Several participants pledged to continue their education by reading more about LGBTQ+ topics and learning beyond what was covered in the training.

Key behavioral changes included commitments to avoid prejudging others and to better respect and understand gender differences. One participant specifically noted learning "the question of self-identification must be asked directly," showing understanding of the importance of letting people define themselves. The principle that "to make a change you have to put respect first and thus make a change" appeared again as a guiding philosophy for future actions. Other responses indicated concerns about challenges to implementation, with one participant noting "not much because of the ignorance that exists in societies," suggesting they feel constrained by broader social attitudes. A few respondents indicated they would change nothing, while others committed to creating safer spaces where LGBTQ+ individuals can express themselves "more freely and safely." Overall, the responses suggest the training successfully motivated many participants to demonstrate more inclusive behaviors, though some recognized ongoing societal barriers to full implementation.

Participants identified several concrete support strategies, though some responses remained general rather than specific. The most frequently mentioned approach was showing respect and acceptance, with multiple respondents emphasizing the importance of respecting everyone and accepting that "we are all different." Several participants highlighted the value of building supportive relationships, noting they learned to "support and be there family, friends, etc., and learn with them," which demonstrates understanding that allyship involves both emotional support and ongoing education.

Some respondents identified personal development as a form of support, mentioning being "more self-critical" and working to "understand more" as ways to better serve LGBTQIA+ communities. Non-discrimination emerged as another key support strategy, with participants recognizing that actively avoiding discriminatory behavior is a tangible way to help. One response simply mentioned "information," which could refer to sharing educational resources or staying informed about LGBTQIA+ issues. Other responses were quite vague ("nothing") or remained at a general level rather than identifying specific, actionable support methods.

Overall, while participants demonstrated awareness that respect, acceptance, and relationship-building are important forms of support, many responses lacked the specific, concrete actions that would constitute truly "tangible" ways to support LGBTQIA+ communities in practical, measurable ways.

Suggestions for Improvement

Participants offered several constructive suggestions for improvement. The most specific feedback centered on logistic enhancements, with one respondent requesting better "time control, start and finish on time," indicating some sessions may have run over schedule. There was interest in expanding the training format, with suggestions for "more frequent talks" and potentially dividing the content "in two parts as there are many questions and comments," suggesting participants found the material engaging but perhaps too compressed for a single session.

Some responses called for more comprehensive content, simply requesting more "information" to deepen their understanding; however, several responses were quite positive about the current format, with one noting "very good flow" and others indicating no changes were needed. Interestingly, some responses seemed to conflate training improvements with behavioral goals, mentioning "listen and accept and respect" as improvements, which suggests these participants may have interpreted the question as asking about personal development rather than training structure.

Overall, the feedback indicates that while many participants were satisfied with the training, there's clear interest in more extended formats that would allow for deeper exploration of topics and better accommodate the high level of participant engagement through questions and discussion.

Adult Day Program (Club75)

On Lok collaborated with Openhouse to develop two surveys—one for Club75 clients and one for caregivers of Club75 clients. A total of 11 clients and three caregivers responded to the surveys. The purposes of the surveys were to understand the extent to which participation in Club75 decreases isolation, improve caregiver respite, and increase the ability of frail LGBTQIA+ seniors to continue safely living at home.

Client Survey Data

Initial Enrollment

Clients were drawn to Club75 primarily through a combination of social isolation, personal advocacy, and the program's welcoming atmosphere. Many were motivated by loneliness and the need to "get out of the house," with one client describing their situation as "pretty desperate" and in need of "a solution." The desire for social connection was a major factor, with clients wanting to "become more social and be around people" and "being with seniors." Personal connections played a crucial role in initial enrollment, whether through friends who shared their positive experiences, friends who wanted to provide support, or advocates like those with power of attorney.

The program's reputation and atmosphere also influenced decisions, with one client noting that when they visited, "It felt like a safe place where people help each other." Interestingly, some clients had less deliberate paths to participation, with one noting they "somehow drifted into it," suggesting that once people encountered Club75, its benefits became apparent even without initial intentionality.

Overall, the responses indicate that clients typically arrived at Club75 through a combination of personal need for connection, trusted recommendations, and recognition of the program's supportive environment.

Activities

Most survey respondents (n=5, 45%) reported that they participate in Club75 activities three or four times per week, with one respondent participating daily and three others participating only once or twice weekly. Most respondents (n=6, 55%) said the schedule of activities at Club75 was excellent, two respondents (18%) said it was very good, three (27%) said it was good.

Respondents were asked what activities were most meaningful to them and why. Their responses highlight the value of activities that foster social connection, mental stimulation, and physical wellness. Social dining emerged as particularly meaningful, with one client noting that "having lunch together—it's better to eat with others," while coffee and conversation, show and tell sessions, and enjoying community at Openhouse events provided valuable opportunities for connection. Mental engagement through trivia, karaoke, and games was appreciated for keeping minds active and providing entertainment. Physical activities like exercise and tai chi were recognized for their strength-building benefits. Technology learning, including computer skills and accessing entertainment, offered practical value.

Overall, participants valued having "a place to go to keep myself busy" with diverse activities that combine social interaction and cognitive stimulation. In addition, most respondents (n=9, 82%) reported that the activities reflect and celebrate LGBTQIA+ culture and history extremely or very well.

The Adult Day Program clients' responses reveal that the most meaningful activities combine physical engagement, social connection, and expanded access to experiences. Physical activities like exercise, yoga, bowling, and dance were highly valued for maintaining strength and mobility, while community outings to places like Blue Heron Lake, the zoo, and museums were particularly appreciated because they provided access to spaces clients couldn't reach independently. Social elements emerged as equally important, with clients highlighting conversations with fellow participants, live musical performances, arts and crafts, and simply "feeling welcome" at Club75. Overall, the responses suggest that activities resonating most are those that offer both structured engagement and meaningful opportunities to connect with others while experiencing activities outside their typical reach.

Transportation, Accessibility, and Overall Comfort

Participants were asked about specific aspects of Club75, including transportation and the accessibility of the center. Most respondents (n=6, 55%) said that transportation services to and from the center were excellent, two participants (18%) said they were very good and one participant (9%) said they were poor. When asked how they would rate the physical accessibility of the center, 91 percent (n=10) said it was excellent, and one participant (9%) said it was good. Most respondents (82%) rated the overall comfort in the space as excellent or very good.

Supporting Connections

Club75 participants were asked a series of questions about the impact that participating in Club75 has had on their level of connectedness and isolation. All respondents reported feeling less isolated since joining Club75, and that they have made meaningful connections with other Club75 participants.

Supporting Independence

All respondents reported that participating in the program helped them feel more confident in managing daily activities at home and that the program has helped them maintain their independence. The Club75 clients identified several key ways that the program supports their ability to live safely at home, with responses highlighting both practical skills and emotional well-being.

Physical fitness activities like self-defense, ping pong, and balloon toss help strengthen the capacity for independence, while practical training in areas like cooking and mobility directly support daily living skills. Equally important were the psychological and social benefits: clients valued the positive attitudes they encountered, the emotional richness of the experience, and particularly the reduction of isolation. One client specifically noted how the self-confidence gained at Club75 helps them "move through life with confidence as a transsexual woman," illustrating how the supportive environment builds personal empowerment. Communication skills, follow-through support, and increased overall awareness were also cited as helping participants navigate daily life more effectively.

The responses suggest that Club75's impact on home safety comes through a combination of practical skill-building and the confidence and reduced isolation that comes from meaningful community connection.

Communication and Interaction with Staff

When asked how they would rate communication with staff, most (n=7, 64%) said excellent, 18% (n=2) said good, and 9% (n=1) said very good. Further, 91 percent said that staff understand and respect their identities “completely” or “very much.”

Other Impacts

When asked if they have noticed improvements in various areas since joining Club75, 64 percent (n=7) said their physical health and social connections had improved; 55 percent (n=6) of respondents said their quality of life had improved, 45 percent (n=5) said their mental health had improved, and 45 percent (n=5) said their ability to live independently had improved.

Club75 clients reported that they continue participating primarily because the program addresses their fundamental needs for social connection, meaningful engagement, and personal growth. Many emphasized that it provides an alternative to isolation, with responses like "it's better than being at home alone" and "gives me something to do besides sitting at home watching TV." The social aspect emerged as central, with clients valuing the friendships they've formed, feeling comfortable around other participants, and appreciating both "new acquaintances and old friends." The program's learning opportunities and ongoing skill-building activities attract those who "love learning anything new," while the strength-building components support physical well-being. Perhaps most significantly, clients described Club75 as a "safe place" with "wonderful staff" and "wonderful clients," suggesting that the supportive, welcoming environment creates a sense of belonging that motivates continued participation. The combination of daily structured activities, genuine relationships, and a positive atmosphere appears to fulfill clients' needs for purpose, connection, and personal development in ways that would otherwise be elusive goals.

Overall Feedback About Club75

Clients expressed overwhelmingly positive feedback about their Club75 experience, with responses reflecting deep appreciation and satisfaction. The staff received particular praise, with multiple mentions of them being "great," "wonderful," "very dedicated," and "caring." Clients appreciated both the intellectual quality of the program, noting that "the people and program are all very smart," and the practical amenities like "good lunches." The sentiment of gratitude was evident, with one client expressing being "glad Club75 exists for seniors like me" and another stating they "enjoy attending club75 so very much."

Clients viewed the program as "a very good pastime" with "wonderful activities," suggesting that Club75 successfully meets their needs without significant areas requiring improvement. The absence of specific suggestions for change, combined with the enthusiastic praise, indicates high satisfaction levels and suggests that clients feel their needs are being met through the current program structure and staff approach.

Caregiver Survey Data

Three caregivers responded to the survey. These caregivers bring their loved one to activities at Club75 to reduce isolation (their own, and their loved one’s). To varying degrees, caregivers said that Club75 has helped them attend to their own health needs, engage more in social activities, get adequate rest, manage household responsibilities, maintain their own emotional well-being, and decrease their stress level.

Based on the survey responses, all three caregivers of LGBTQIA+ older adults attending Club75 experienced a reduction in stress levels since their loved ones began the program, with two reporting slight decreases and one reporting a significant decrease. The caregivers identified three main factors contributing to this stress relief. First, Club75's comprehensive daily programming eliminated the burden of coordinating multiple senior programs across the city, replacing a complex logistics challenge with a single, reliable solution that didn't require constant schedule management.

Second, the program provided crucial respite time, allowing caregivers to decompress and engage in self-care activities while knowing their loved ones were safely engaged elsewhere.

Third, having professional Club75 staff provide daytime care gave caregivers peace of mind and relief from direct caregiving responsibilities during program hours. These responses highlight how Club75's structured approach addresses both the practical challenges of care coordination and the emotional needs of caregivers who require regular breaks to maintain their own well-being.

Caregivers reported being satisfied with communication from Club75 staff about their loved one’s day, with the responsiveness of Club75 staff to their questions and concerns, with transportation services, the program schedule and flexibility, and the overall support for them as caregivers.

Importantly, caregivers reported that the staff understand and support their loved one’s LGBTQIA+ identity extremely well, and that staff support their loved one’s cultural background. Caregivers felt that staff support their role and needs as a caregiver very well, and their family structure and dynamics.

Caregivers reported that attending Club75 has improved their loved one’s social engagement, physical activity levels, and overall well-being. Additionally, two of the three said that Club75 has made their loved one’s ability to continue living at home easier.

Based on the caregivers' responses, Club75 provides valuable support in three key areas:

1. Caregivers appreciate the peace of mind that comes from knowing their loved ones are in competent hands, with staff who maintain open communication and will reach out if they notice any concerns about the senior's care.
2. The program offers caregivers essential respite time for self-care while providing assurance that their loved ones are with trustworthy people who understand their family dynamics and experiences.

3. Club75 creates opportunities for caregivers to participate meaningfully in their loved ones' activities, such as assisting with field trips, which allows them to remain involved while sharing caregiving responsibilities with program staff.

These responses demonstrate how Club75 supports caregivers by addressing their need for reliable care, personal time, trusted relationships, and continued meaningful involvement in their loved one's life, ultimately creating a supportive partnership between families and the program.

One caregiver praised the staff's responsiveness, professionalism, and kindness when addressing questions or concerns. Another simply expressed their love for the Club75 program. These responses highlight both strong satisfaction with the program's quality and staff.

Additional Support Needs

Based on the caregivers' responses, there were mixed perspectives on additional support needs. One caregiver expressed complete satisfaction with Club75's offerings, praising the program's comprehensive and structured approach that effectively addresses senior isolation. This caregiver emphasized the value of the program's required attendance model rather than a drop-in format, comparing it with mandatory school attendance and noting that the structured nature ensures consistent participation that seniors might otherwise avoid. Another caregiver suggested specific program enhancements, including cooking classes and more outdoor walking activities when weather permits, indicating that their spouse would benefit from additional active programming options. A third caregiver did not provide input on additional support needs. These responses suggest that while some families feel fully supported by Club75's structure, others see opportunities for expanding activity offerings, particularly those involving physical activity and life skills like cooking.

In their final reflections on Club75, caregivers shared additional insights about their experience with the program. One caregiver expressed a desire for Monday–Friday programming to better align with their full-time work schedule, noting that they currently need to find alternative activities for their loved one on non-program days, though they acknowledged scheduling constraints because of other Openhouse events on Mondays. This same caregiver actively promotes Club75 within the LGBTQ+ community, recommending it to LGBTQ+ seniors and adult children of seniors, but expressed puzzlement about why more LGBTQ+ seniors are unaware of or enrolled in the program despite its excellent services.

Qualitative Findings

Transgender, Gender Nonconforming, and Intersex (TGNCI) Programming

TGNCI programming was assessed through focus groups and surveys conducted across three time periods: March 2023, August 2024, and April 2025. The March 2023 assessment included 21 participants in a 90-minute focus group. The August 2024 data collection involved both focus groups and surveys, with 18 survey respondents reporting involvement with Openhouse ranging from 2 months to over 10 years (average of just over 4 years). The April 2025 assessment combined focus groups with surveys available in English, Spanish, and Cantonese to accommodate participants who were uncomfortable speaking in large groups or unable to attend scheduled focus group times. Participants across all assessment periods represented diverse lengths of engagement, from recent participants to those involved for 15 years or more.

Key Findings

Organizational Transformation and Service Expansion

The most pronounced finding across all assessment periods was the dramatic evolution of Openhouse's TGNCI programming. Participants consistently described substantial growth in both quantity and quality of services. One long-term participant in 2025 observed: *"There's been just tremendous expansion of Openhouse, like consistent expansion of the services offered over the time that I've been coming here and I've watched it grow."*

This transformation extended beyond service proliferation to fundamental improvements in organizational culture and staff competency. By 2025, participants noted marked changes in staff respect for identities: "They have better people here now. They really

respect [our] pronouns and [way of] existing." A participant from 2023 emphasized the organizational impact: "Openhouse was the first place that made me feel accepted [as intersex]. Staff were helpful with locating housing when I had knee surgery and Openhouse provided education to the Salvation Army regarding what it was to be intersex when I faced some bias because of who I am. I owe my life to Openhouse."

The range of programming expanded substantially from the core Trans Resilience Group to include poetry groups, intergenerational writers' workshops, art workshops, language classes, mental health services, case management, food pantry services, and transportation assistance. Survey respondents in 2024 noted positive changes including increased active participation and positive outlook among members, more open discussions about real-life issues, growth in the size of the Trans Resilience Group, addition of more services and programs, and increased professionalism and dedication among the staff.

Community Building and Safe Space Creation

Across all assessment periods, participants emphasized Openhouse's unique success in creating authentic safe spaces for TGNCI individuals. The organization's ability to foster genuine belonging emerged as a central theme, with participants consistently contrasting Openhouse favorably to other programs. One 2025 participant shared: " I feel like I can let my hair down and talk about real personal stuff here that I wouldn't feel comfortable talking about another any other agency."

The family-like atmosphere became particularly evident among people needing crisis response. One community member who participated in a one-on-one interview, “D”, shared their experience of community support.

> *D’s connection to Openhouse runs deep through the Trans Resilience group, which she attends "pretty much religiously" every Wednesday. What draws her back consistently is the organization's reliability—a crucial factor for her given her life experience. The sense of family at Openhouse became particularly meaningful when a young transgender woman D had befriended was murdered. The way the community and staff came together to support each other during that tragedy cemented her commitment to the organization. "The way they've reached out, we all kind of healed together. I've never experienced that before," she recalled.*

Participants described the organization's conflict resolution capabilities: "At the end of these disputes, whatever the issues may be… when we came back together like family,

that's been that's been a reoccurring thing. We've all seen it." A 2024 focus group participant noted, "I like the group because I feel like I am in a family."

Transportation Services as Transformative Infrastructure

Transportation services emerged as one of the most valued and impactful offerings across all assessment periods. Participants described these services as removing critical barriers to participation and providing essential safety for a vulnerable population. A 2025 participant emphasized the access impact, stating, "Giving us transportation to and from Openhouse events has been [helpful]... it allows me to get access to Openhouse for groups instead of me being [at] home."

Safety concerns were consistently highlighted, with multiple participants noting discomfort with public transit. The transportation service addressed these concerns while removing financial barriers. Survey data from 2024 showed 100% of respondents affirmed that Openhouse sufficiently met their need for safe, reliable transportation. Focus group participants described the services as "very nice" and noted feeling safe, with one saying, "It's very smooth. The ride is fine. I love it. I feel safe."

Persistent Challenges in Inclusion and Representation

Despite significant improvements, representation gaps were discussed across assessment periods, particularly those affecting trans men, BIPOC individuals, and intersex community members. Trans men's visibility remained a recurring concern, with multiple participants highlighting exclusionary language. A 2025 participant noted: "I want everyone to be very inclusive of trans men... sometimes I felt excluded when somebody would say 'us girls.' If you're talking specifically about an issue that affects only trans women, cool, that's totally fine. But if you're talking about trans people, I want to be included in that."

BIPOC representation challenges were particularly evident in the 2023 assessment, where participants expressed concerns about historical exclusion and the need for improved outreach. Participants noted a need for more focused outreach to areas of the city where Black transgender seniors live, including the Tenderloin, and expressed that some Black individuals still may feel uncomfortable accessing services at Openhouse because of prior experiences of it being a space primarily serving cisgender and gay White men.

Intersex-specific needs also emerged as an ongoing gap. One 2024 survey respondent shared that after disclosing their intersex status, they were met with invasive and inappropriate questions about their body. Because this experience was so negative, the respondent never returned to the group. Another participant in 2024 expressed feeling

isolated due to the lack of specific programming or support for their unique needs as an intersex person, suggesting a gap in services for non-trans intersex individuals.

Group Dynamics and Management Challenges

The Trans Resilience Group's success created new operational challenges, particularly around size management and time allocation. By 2025, participants noted: *"It's a victim of its own success. The sheer size they have to manage, which you know is good and bad."* Time management concerns became prominent, with participants frustrated by lengthy check-ins consuming discussion time.

Participants offered specific solutions, including: "Some people will treat the check-ins as a monologue, which is fine, but I think it would behoove the group if we had [shorter] check-ins, maybe like one minute." Others suggested implementing timers: "Some of the groups that I've attended actually have a timer… but there's a lot of people that go over three minutes."

Cultural Competency and Immigrant-Responsive Services

The organization's success in serving immigrant populations was illustrated through another community member's experience, "K," which they shared during a one-on-on interview.

> K's path to Openhouse began during the pandemic through a referral chain that started with her therapist, led to another agency serving transgender women over 50, and ultimately connected her with Jan, who introduced her to Openhouse. Having immigrated from Mexico around 2000 after being expelled from high school at 16 for being transgender—along with several other transgender students—K has lived in California for about 25 years. What K values most about Openhouse is the absence of judgment and the presence of genuine care. "We realize that there's no judgment, [and that] makes us feel comfortable, confident, no matter if we are Latino, Black, Asian, White, African American. Everybody is more than welcome," she explained.

Mental Health Services and Accessibility Gaps

A significant disconnect emerged between available mental health services and participant awareness. Many long-term participants in 2025 were unaware of mental health offerings. One said, "I wasn't aware of that y'all had [mental health] services here." Some participants reported feeling excluded from services, with one saying, "I feel very left out, and everybody talks about all these services that are available, but I've never had access to them… It's kind of like an unwritten rule. You're not welcome."

Broader mental health access challenges persisted across assessment periods. The 2023 assessment identified ongoing difficulties accessing representative mental health providers, with participants noting that while representation is sometimes present in paraprofessionals or social workers, specialized care—especially psychiatric care—continues to primarily be provided by White and cisgender individuals.

Intergenerational Programming Success

Participants consistently valued the intergenerational aspects of programming across all assessment periods. A 2025 participant noted, "The most helpful thing is the intergenerational-ness of this… to get to hear what the elders have to say and then get to see how the people who are a lot younger than me react to that." Staff actively facilitated age-inclusive spaces, with participants observing, *"The staff really worked hard to insist that it was an intergenerational space."*

Organizational Reliability and Advocacy Response

Participants consistently highlighted Openhouse's reliability in service delivery and responsive advocacy. “A,” another community member who participated in a one-on-one interview, shared their experience with Openhouse’s organizational dependability:

> What distinguishes Openhouse from other organizations in A's experience is their fundamental reliability: "Every conversation that I've had with a staff member… if they say they're going to do something, they've been pure - point blank. Period. Point blank." This consistency is particularly meaningful for someone from "a community that has been let down by so many people," in her words. In A's experience, the contrast with other agencies is stark. While organizations failed to deliver promised resources, Openhouse has provided practical support including transportation to medical appointments, groceries, and crucial assistance with legal name change proceedings.

Rapid legal response was also noted. One person said, "I shared a story with the group about a month ago, and the next day, Openhouse sent their staff to talk to me and represent me in this situation about filing a complaint against the police."

Comparative Community-Building Approach

Participants consistently distinguished Openhouse from other programs that serve the TGNCI community through its community building, rather than service provision, model. A 2025 participant observed: *"Compared to the other institutional trans programs in the city, this is much better. This is not a program that makes it sound like all we are is an appendix and a footnote to the life of gay men."* Another emphasized the distinction: *"This is not a program, this is a community that's being built... The other [programs] simply give people money. They handed out food. They give us some clothes."*

Summary

The assessment of TGNCI programming reveals an organization undergoing significant positive transformation while navigating complex challenges inherent to serving a diverse and marginalized population. Openhouse has successfully evolved from a service provider to a genuine community builder, creating safe spaces that foster authentic belonging and family-like connections. The organization's strengths include transformative transportation services, effective intergenerational programming, reliable service delivery, and responsive advocacy support.

However, challenges around representation persist—particularly for trans men, BIPOC individuals, and intersex community members— and require continued organizational attention. The program's success has created new operational challenges around group size management and time allocation, while gaps in mental health service awareness and internal community dynamics present ongoing concerns. The trajectory demonstrates Openhouse's commitment to continuous improvement while highlighting the complexity of building inclusive community spaces that meet diverse needs and expectations across identity, cultural, and generational lines.

Synthesis of Findings

This evaluation employed a comprehensive mixed-methods design incorporating quantitative surveys, qualitative focus groups, individual interviews, and participant vignettes across multiple programs. Data were collected from diverse stakeholder groups including community members, caregivers, training participants, and program staff. The triangulation of methods and data sources provided robust evidence to address the evaluation questions while revealing both convergent and divergent findings across programs and populations.

Key Findings by Evaluation Question

Mental Health Program Impact on Depression and Social Interaction

Convergent Findings Across Data Sources: The Mental Health Program demonstrated consistent positive outcomes across both quantitative measures and qualitative reports. Quantitative data showed improvements in multiple domains from post-program to six-month follow-up, including:

- Reduction in days of poor mental health (8.75 to 5.88 days)
- Decreased loneliness across all three UCLA Loneliness Scale measures
- Improved life outlook scores on all ladder scale measures
- Enhanced perceived stress management capabilities

Qualitative Findings Reinforced Quantitative Results: Participants described "improved emotional regulation and self-awareness," with many reporting enhanced ability to manage triggers and express concerns. The therapeutic relationship quality was consistently praised, with participants noting their therapist's cultural competence with LGBTQ+ identities as a key differentiator from other mental health services.

Divergent Findings: Although overall trends were positive, some measures showed mixed patterns. Physical health perceptions declined from post-program (4.88 days of poor health) to 6-month follow-up (2.75 days), though this counterintuitive finding may reflect increased self-awareness rather than actual health deterioration.

Club75 Adult Day Program: Isolation, Caregiver Respite, and Aging in Place

Strong Convergence Across Client and Caregiver Perspectives: Both client surveys and caregiver reports demonstrated unanimous positive outcomes. All clients (100%) reported feeling less isolated and making meaningful connections. Caregivers universally reported stress reduction, with 67 percent reporting slight decreases and 33 percent reporting significant decreases in stress levels.

Quantitative-Qualitative Alignment: Survey data showing 64 percent of clients reported improvements in both physical health and social connections aligned with qualitative reports emphasizing the value of "social dining and community meal programs" and activities that "foster social connection, mental stimulation, and physical wellness."

Caregiver Respite Effectiveness: The program successfully provided caregiver respite, with all caregivers reporting improved ability to attend to personal health needs and maintain emotional well-being. Qualitative data revealed that the program eliminated "the burden of coordinating multiple senior programs" while providing crucial respite time.

TGNCI Programming: Engagement and Socialization

Consistent Evidence of Community Building Success: Both quantitative and qualitative data demonstrated strong engagement and socialization outcomes. Survey data from the Local Core evaluation showed high satisfaction with staff respect for identities, while qualitative findings consistently emphasized Openhouse's success in creating "safe spaces" and "authentic community connections."

Longitudinal Growth Evidence: Qualitative data revealed "tremendous expansion" of services over time, with participants noting marked improvements in staff cultural competency. The creation of a "genuine family atmosphere" emerged as a key theme, with participants describing Openhouse as creating "something that people didn't have through the natural way of being."

Transportation as a Critical Success Factor: Both data sources identified transportation services as transformative, described qualitatively as a "game changer" that provides safety, accessibility, and removes financial barriers for a vulnerable population.

TGNCI Access to Disability, Aging, and TGNCI-Specific Services

Mixed Findings Revealing Service Gaps: While participants demonstrated high engagement with available programming, significant gaps emerged in service awareness and access. A notable divergence appeared between service availability and participant knowledge, with some long-term participants saying they unaware of mental health services.

Barriers Beyond Programming: Qualitative data revealed that access challenges extended beyond service provision to include representation gaps, particularly for trans men and BIPOC individuals, and safety concerns in housing facilities.

Community Training Impact on Understanding

Positive Learning Outcomes with Implementation Gaps: The Culture of Care Training Series showed strong immediate learning outcomes, with 87 percent of participants agreeing they learned significant information about 2SLGBTQ+ older adults. Qualitative responses demonstrated comprehensive knowledge gains spanning terminology, cultural competency, and practical applications.

Divergent Implementation Intentions: While most participants (85%) indicated they would apply their learning to better serve 2SLGBTQ+ older adults, the Intersectionality Workshop revealed more mixed commitment to behavioral change, with some participants responding "I am not certain" or "very little" when asked how they would change their actions.

Variable Cultural Responsiveness: The Que es Cuir training showed strong engagement among Latino participants, with 75 percent rating their learning highly, though some responses revealed ongoing tensions and misconceptions requiring continued attention.

Cross-Program Convergent Themes

Safe Space Creation and Cultural Competency

Across all programs, the creation of culturally competent, safe spaces emerged as a fundamental strength, consistently reported in quantitative satisfaction measures and reinforced through detailed qualitative accounts of participants feeling understood and respected.

Intergenerational Programming Value

Multiple programs demonstrated the effectiveness of intergenerational approaches, with participants across age groups valuing the opportunity to learn from different generational perspectives while maintaining age-appropriate programming elements.

Transportation as a Critical Access Factor

Transportation services were universally identified as essential infrastructure supporting program participation across multiple initiatives, particularly for vulnerable populations.

Staff Quality and Consistency

High staff quality was consistently reported across programs, with participants noting reliability, cultural competency, and genuine care as distinguishing organizational characteristics.

Areas of Divergence and Concern

Service Awareness and Access Gaps

While programming quality was consistently high, awareness of available services varied significantly across programs and populations, suggesting the need for improved communication strategies.

Internal Community Dynamics

Qualitative data revealed concerning social hierarchies and discrimination within some programs, including issues related to passing ability, race, and popularity, which were not captured in quantitative satisfaction measures.

Representation and Inclusion Challenges

Despite overall positive outcomes, persistent gaps in serving trans men, BIPOC individuals, and other underrepresented groups emerged in the evaluation.

Scale Management Challenges

Several programs faced challenges related to their own success, with group sizes becoming difficult to manage effectively while maintaining quality programming.

Limitations and Unanswered Questions

Sample Size Constraints

Small sample sizes in several quantitative analyses (n=8–13 in various programs) limited statistical power and generalizability of findings, particularly for the Mental Health Program and some training evaluations.

Selection Bias Considerations

Participants who completed evaluations may represent those most engaged with programming, potentially overestimating positive outcomes while underrepresenting challenges faced by less engaged community members.

Implications for Future Programming

The evaluation demonstrates that Openhouse has successfully created a comprehensive support ecosystem that goes beyond service provision to authentic community building. However, continued attention to representation gaps, service awareness, internal community dynamics, and scaling challenges will be essential for maintaining and improving program effectiveness. The organization's strengths in creating safe, culturally competent spaces provide a strong foundation for addressing identified areas for improvement.

Discussion and Conclusion:

Discussion and Interpretation of Findings

This comprehensive evaluation of Openhouse's Community-Defined Evidence Program (CDEP) reveals a multifaceted organization that is successfully addressing the complex and intersectional needs of LGBTQ+ older adults through innovative, community-driven programming. The convergent findings across quantitative measures and qualitative reports demonstrate that Openhouse has developed an effective model for reducing social isolation, improving mental health outcomes, and creating authentic community connections among a population that faces disproportionate rates of loneliness, depression, and social exclusion.

The Mental Health Program's demonstrated impact—reducing poor mental health days from 8.75 to 5.88 and decreasing loneliness across all measured domains—provides concrete evidence that culturally competent, community-based interventions can effectively address the mental health disparities documented in the literature. These outcomes are particularly significant given that 31 percent of LGBTQ+ older adults report symptoms qualifying for a depression diagnosis compared with the general older adult population, which, according to recent data from the Centers for Disease Control and Prevention (CDC), is only 8.7 percent.[35] Based on qualitative data collected in this evaluation, the program's success appears rooted in its cultural competency and community-based delivery model, addressing the documented distrust many LGBTQ+ older adults have toward traditional mental health services after decades of discrimination and stigmatization.

The Adult Day Program's unanimous positive outcomes across both client and caregiver measures demonstrate the critical need for LGBTQ+-affirming aging services. With 100 percent of clients reporting reduced isolation and all caregivers experiencing stress reduction, the program addresses a fundamental gap in traditional aging services that often fail to welcome or affirm LGBTQ+ older adults. This finding aligns with research documenting that LGBTQ+ older adults often feel they must "go back into the closet" in traditional aging facilities, highlighting the transformative potential of identity-affirming services.

The TGNCI programming assessment reveals both remarkable organizational growth and persistent challenges in serving this particularly marginalized population. The tremendous expansion of services and creation of a genuine family atmosphere documented through participant voices demonstrates successful community building. However, the persistent

representation gaps for trans men, BIPOC individuals, and intersex community members reflect broader societal marginalization that extends into LGBTQ+ spaces themselves.

The unanimous identification of transportation services as transformative across multiple programs illuminates a critical but often overlooked barrier to service access. This finding has particular relevance for LGBTQ+ older adults who, lacking traditional family support structures and facing safety concerns on public transit, require specialized supports to access community resources.

Cultural Importance and Value of Findings

These findings hold profound cultural significance within the broader context of LGBTQ+ aging and community resilience. Openhouse represents what participant “D” described as creating "something that people didn't have through the natural way of being"—an alternative family structure that provides the support typically associated with biological families but often unavailable to LGBTQ+ older adults who have experienced rejection or estrangement.

The evaluation documents the creation of what amounts to a new model of aging for LGBTQ+ individuals—one that affirms, rather than erases, identity; builds community, rather than enforces isolation; and recognizes the particular strengths and vulnerabilities of a population that has survived decades of systematic oppression.

The evaluation documents the creation of what amounts to a new model of aging for LGBTQ+ individuals—one that affirms, rather than erases, identity; builds community rather than enforces isolation; and recognizes the particular strengths and vulnerabilities of a population that has survived decades of systematic oppression. The intergenerational programming success demonstrates the cultural value of preserving and transmitting LGBTQ+ history and resilience strategies across age cohorts, creating continuity in a community historically fractured by loss and trauma.

The distinction participants consistently drew between Openhouse and other organizations—describing it as "community building" rather than mere "service provision"—reflects a fundamental reimagining of social services for marginalized populations. This approach recognizes that for communities that have experienced systematic exclusion, healing and support must address not just individual needs, but also collective trauma and the rebuilding of social bonds.

Practical and Theoretical Importance of Findings

From a practical standpoint, this evaluation provides a replicable model for addressing LGBTQ+ aging disparities. The convergent positive outcomes across multiple programs demonstrate that culturally competent, community-driven interventions can effectively reduce isolation, improve mental health, and support aging in place for LGBTQ+ older adults. The specific program elements—transportation services, peer support models, intergenerational programming, and cultural competency training—offer concrete strategies for other organizations serving similar populations.

Theoretically, these findings contribute to minority stress theory and resilience frameworks by demonstrating how affirming community environments can serve as protective factors against the psychological impact of stigmatization. The success of peer-delivered services supports theories about the effectiveness of support from individuals with shared identity and experience. The intergenerational programming outcomes contribute to an understanding of how community resilience is transmitted across age cohorts in marginalized populations.

The training program findings reveal both the potential and limitations of educational interventions in promoting cultural competency. While immediate learning outcomes were strong, the mixed commitment to behavioral change suggests that knowledge transfer alone is insufficient for creating systemic change, supporting theories that emphasize the need for structural and policy interventions alongside individual education.

Relationship to Previous Research and Literature

These findings align with and extend previous research documenting the elevated rates of isolation and mental health challenges among LGBTQ+ older adults. The 2011 report cited in the introduction found that over half of LGBTQ+ older adults reported feeling isolated compared to 36 percent of cisgender, straight older adults, while this evaluation demonstrates that targeted interventions can effectively reduce these disparities (Fredriksen-Goldsen, 2011).

The success of the Mental Health Program supports previous research on the effectiveness of culturally adapted interventions. The program's emphasis on cultural competency addresses the documented mistrust many LGBTQ+ older adults have toward traditional providers, while its community-based delivery model aligns with evidence that marginalized populations often prefer services delivered within their own communities.

The Adult Day Program's success in providing caregiver respite while maintaining client engagement addresses a critical gap identified in previous research. LGBTQ+ older adults' reliance on chosen families rather than biological families for support creates unique

caregiving dynamics that traditional aging services often fail to understand or accommodate.

The TGNCI programming challenges around representation align with broader research on intersectionality within LGBTQ+ communities. The persistent gaps in serving trans men, BIPOC individuals, and intersex community members reflect patterns documented in other LGBTQ+ organizations where cisgender, White experiences become centered even within marginalized communities.

Recommendations for Future CDEP Implementation and Evaluation

Based on these findings, the following recommendations emerge for future programming and evaluation.

- **Service Awareness and Communication**: Implement systematic communication strategies to ensure all community members are aware of available services. The finding that long-term participants were unaware of mental health services suggests that current communication methods are not reaching everyone in the community.
- **Representation and Inclusion**: Continue to develop targeted outreach and programming that specifically addresses the needs of underrepresented groups within the LGBTQ+ community, including trans men, BIPOC individuals, and intersex community members. This initiative may require dedicated staff, specialized programming, and community partnership development.
- **Scale Management**: As programs grow, implement systematic approaches to maintain quality while accommodating increased participation, including developing multiple program sessions, implementing group management strategies, and training additional facilitators.
- **Training Follow-up**: Supplement initial cultural competency training with ongoing support, refresher sessions, and structural changes to reinforce learning and promote behavioral change beyond initial knowledge acquisition.
- **Transportation Expansion**: Given the universal identification of transportation as transformative, consider expanding these services and developing sustainable funding mechanisms to ensure continuity.
- **Evaluation Enhancement**: Future evaluations should include larger sample sizes where possible, longer follow-up periods to assess sustained impact, and data collection methods that better capture the experiences of less engaged community members to address potential selection bias.

Study Limitations

Several limitations should be considered when interpreting these findings, including:

- **Sample Size Constraints**: Small sample sizes in several quantitative analyses (N=8-13 in various programs) limited the ability to test for statistically significant differences. This constraint particularly affected the Mental Health Program evaluation and some training assessments. Future evaluations must continue to prioritize recruitment strategies to achieve adequate sample sizes for robust statistical analysis, potentially through extended recruitment periods or incentive structures.
- **Selection Bias**: Participants who completed evaluations likely represent those individuals who are most engaged with programming, potentially overestimating positive outcomes while underrepresenting challenges faced by less engaged community members. This bias may result in inflated satisfaction scores and missed opportunities to understand barriers to participation. Future evaluations should include targeted outreach to less engaged participants and alternative data collection methods such as brief intercept surveys or community listening sessions.
- **Temporal Limitations**: The evaluation captured programming at specific points in time but may not reflect longer-term sustainability or evolving community needs. Some positive outcomes observed immediately after the program may diminish over time, whereas other benefits may emerge only after extended participation. An opportunity for future evaluations is to incorporate longer follow-up periods and assess program adaptation over time to better understand sustained impact and organizational learning.

Critical Takeaways

Two fundamental insights emerge from this comprehensive evaluation:

1. **Community-Driven Service Models Can Effectively Address Health Disparities**: Openhouse demonstrates that when services are designed with and by the communities they serve, incorporating cultural competency and addressing structural barriers like transportation, meaningful improvements in mental health, social connection, and quality of life are achievable. These findings challenge deficit-based approaches to serving marginalized populations and support asset-based, community-driven models.
2. **Authentic Community Building Requires Ongoing Attention to Inclusion**: Although Openhouse has successfully created safe, affirming spaces that

participants describe as family-like, the persistent challenges around representation and internal dynamics demonstrate that inclusion is an ongoing process requiring continuous organizational commitment. The evaluation reveals that even within marginalized communities, additional marginalization can occur, requiring intentional efforts to center the most excluded voices and experiences.

These findings collectively demonstrate that comprehensive, culturally competent programming can significantly improve outcomes for LGBTQ+ older adults while highlighting the ongoing challenges and opportunities inherent in serving diverse, multiply marginalized communities. The Openhouse model provides a foundation for addressing LGBTQ+ aging disparities while illuminating the continued work necessary to achieve full inclusion and equity.

References

1. Movement Advancement Project & SAGE. *Understanding issues facing LGBT older adults.* Movement Advancement Project. 5

2. Fredriksen-Goldsen, K. I., Kim, H.-J., Emlet, C. A., & Petry, H. (2011). *The aging and health report: Disparities and resilience among lesbian, gay, bisexual, and transgender older adults*. Seattle: Institute for Multigenerational Health.

3. Brennan-Ing, M., Karpiak, S. E., & Seidel, L. (2011). *Health and psychosocial needs of LGBT older adults.* AIDS Community Research Initiative of America. https://www.centeronhalsted.org/SAGE.pdf

4. Grossman, A. H., D'Augelli, A. R., & Hershberger, S. L. (2000). Social support networks of lesbian, gay, and bisexual adults 60 years of age and older. *The Journals of Gerontology: Series B: Psychological Sciences and Social Sciences, 55*(3), P171–P179. https://doi.org/10.1093/geronb/55.3.P171

5. San Francisco Human Services Agency Planning Unit. (March 2016). *Assessment of the needs of San Francisco seniors and adults with disabilities—Part II: Analysis of needs and services*. San Francisco Department of Aging and Adult Services. https://www.sfhsa.org/file/202/download?token=GNZ5YMhI

6. Newport, F. & Gates, G. J. (March 20, 2015). *San Francisco Metro Area Ranks Highest in LGBT Percentage*. Gallup. https://news.gallup.com/poll/182051/san-francisco-metro-area-ranks-highest-lgbt-percentage.aspx

7. Horizons Foundation. (2018). *San Francisco bay area LGBTQ community needs assessment*. https://www.horizonsfoundation.org/wp-content/uploads/2019/03/SF-Bay-Area-LGBTQ-Needs-Assessment-Report-2018-.pdf

8. Bohn, S. & Thorman, T. (January 2020). *Income inequality in California*. Public Policy Institute of California. https://www.ppic.org/wp-content/uploads/income-inequality-in-california.pdf

9. Richardson, J., Mitchell, B., & Edlebi, J. (2020). *Gentrification and disinvestment 2020: Do Opportunity Zones benefit or gentrify low-income neighborhoods?* National Community Reinvestment Coalition. https://ncrc.org/download/76310/

10. Mikalson, P., Pardo, S., & Green, J. (2012). *First, do no harm: reducing disparities for lesbian, gay, bisexual, transgender, queer and questioning populations in California.* California Reducing Disparities Project. https://cpehn.org/assets/uploads/archive/lgbtq_population_report.pdf

11. Fredriksen Goldsen K., Jung, H., Hoy-Ellis, C. P., & Kim, H. (2018). The role of generativity as LGBT older adults navigate stigma, historical trauma, and identity management. *Innovation in Aging, 2*(S1), 597.

12. Hammack, P. L., Frost, D. M., Meyer, I. H., Pletta, D. (2019). Gay men's health and identity: Social change and the life course. *Archives of Sexual Behavior, 47*(1), 59-74.

13. San Francisco LGBT Aging Policy Task Force. (March 2014). *LGBT aging at the Golden Gate: San Francisco policy issues & recommendations.* San Francisco LGBT Aging Policy Task Force. https://sf-hrc.org/sites/default/files/LGBTAPTF_FinalReport_FINALWMAFINAL.pdf

14. Openhouse. (2020). *Nothing can stop us from connecting to our LGBTQ+ seniors: 2019-2020 Openhouse impact report.* https://static1.squarespace.com/static/5edfc8058a79fa72e7b4820e/t/5f9c2668b8fa64474a10644d/1604068974102/FY20+Impact+Report_compressed.pdf

15. U.S. Census Bureau. (2019). *San Francisco County, California*. Retrieved from https://www.census.gov/quickfacts/sanfranciscocountycalifornia

16. National Institute on Minority Health and Health Disparities. (October 2, 2018). *Community-based participatory research program (CBPR).* National Institute on Minority Health and Health Disparities. https://www.nimhd.nih.gov/programs/extramural/community-based-participatory.html

17. Duran, B., Wallerstein, N. (2003). The conceptual, historical and practical roots of community based participatory research and related participatory traditions. In N. Wallerstein, B. Duran, J. G. Oetzel, M. Minkler (Eds.), *Community-Based Participatory Research for Health: Advancing Social and Health Equity, 3rd Edition* (27-52). Jossey Bass.

18. Rhodes, S. D., Malow, R. M., Jolly, C. (2010). Community-based participatory research (CBPR): A new and not-so-new approach to HIV/AIDS prevention, care, and treatment. *AIDS Education and Prevention, 22*(3), 173-183.

19. Hughes, M. E., Waite, L. J., Hawkley, L. C., Cacioppo, J. T. (2004). A short scale for measuring loneliness in larger surveys. *Research on Aging, 26*(6), 655-672.

20. Centers for Disease Control and Prevention. (2016). *Behavioral Risk Factor Surveillance System Survey Questionnaire.* Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

21. Peterson, N. A., Speer, P. W., McMillan, D. W. (2007). Validation of A brief sense of community scale: Confirmation of the principal theory of sense of community. *Journal of Community Psychology, 36*(1), 61-73.

22. Masi, C. M., Hsi-Yuan, C., Hawkley, L. C., Cacioppo, J. T. (2011). A meta-analysis of interventions to reduce loneliness. *Personality and Social Psychology Review, 15*(3). doi:10.1177/1088868310377394.

23. Collins, C. C. & Benedict, J. (2006). Evaluation of a community-based health promotion program for the elderly: lessons from Seniors CAN. *American Journal of Health Promotion, 21*(1), 45-48.

24. Grossman, A. H., D'Augelli, A. R., & Hershberger, S. L. (2000). Social support networks of lesbian, gay, and bisexual adults 60 years of age and older. *The Journals of Gerontology: Series B: Psychological Sciences and Social Sciences, 55*(3), P171–P179. https://doi.org/10.1093/geronb/55.3.P171

25. Centers for Disease Control and Prevention. *Loneliness and social isolation linked to serious health conditions.* Centers for Disease Control and Prevention. https://www.cdc.gov/aging/publications/features/lonely-older-adults.html

26. National Academies of Sciences, Engineering, and Medicine. (2020). *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*. Washington, DC: The National Academies Press. https://doi.org/10.17226/25663.

27. Clancy, A., Simonsen, N., Lind, J., … & Johannessen, A. (2020). The meaning of dignity for older adults: A meta-synthesis. *Nursing Ethics.* https://doi.org/10.1177/0969733020928134

28. Lothian, K. & Philip, I. (2001). Maintaining the dignity and autonomy of older people in the healthcare setting. *BMJ, 322*(7287), 668-670.

29. Bower, K. L., Lewis, D. C., Bermudez, J. M., & Singh, A. A. (2021). Narratives of generativity and resilience among LGBT older adults: Leaving positive legacies despite social stigma and collective trauma. *Journal of Homosexuality, 68*(2), 230-251.

30. Scheer, J. R., Harney, P., Esposito, J., & Woulfe, J. M. (2020). Self-reported mental and physical health symptoms and potentially traumatic events among lesbian, gay, bisexual, transgender, and queer individuals: The role of shame. *Psychology of Violence, 10*(2), 131–142.

31. Vaportzis, E., Giatsi Clausen, M., Gow, A. J. (2017). Older adults' perceptions of technology and barriers to interacting with tablet computers: A focus group study. *Frontiers in Psychology, 8,* 1687.

32. Peek, S. T. M., Luijkx, K. G., Nieboer, M. E.,… & Wouters, E. J. M. (2016). Older adults' reasons for using technology while aging in place. *Gerontology, 62,* 226-237.

33. Roberts, L. M. & Christens, B. D. (2020). Pathways to well-being among LGBT adults: Sociopolitical involvement, family support, outness, and community connectedness with race/ethnicity as a moderator. American Journal of Community Psychology, 67(3-4), 405-418.

34. Maslow, A. H. (1943). A theory of human motivation. *Psychological Review, 50,* 370-396.

35. Centers for Disease Control and Prevention, National Center for Health Statistics. (2025, April 16). *New reports highlight depression prevalence and medication use in the U.S.* [Press release]. https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2025/20250416.htm