

# Final Progress Report for Research Projects Funded by Health Research Grants

Instructions: Please complete all of the items as instructed. Do not delete instructions. Do not leave any items blank; responses must be provided for all items. If your response to an item is “None”, please specify “None” as your response. “Not applicable” is not an acceptable response for any of the items. There is no limit to the length of your response to any question. Responses should be single-spaced, no smaller than 12-point type. The report **must be completed using MS Word**. Submitted reports must be Word documents; they should not be converted to pdf format. Questions? Contact Health Research Program staff at 717-783-2548.

1. **Grantee Institution:** Public Health Management Corporation
2. **Reporting Period (start and end date of grant award period):** 1/1/2011 – 12/31/2012
3. **Grant Contact Person (First Name, M.I., Last Name, Degrees):** Jennifer L. Lauby, PhD
4. **Grant Contact Person’s Telephone Number:** 215-985-2556
5. **Grant SAP Number:** 4100054868
6. **Project Number and Title of Research Project:** Project 1: *Assessment of Health Needs of LGBT Older Adults in Philadelphia*
7. **Start and End Date of Research Project:** 1/1/2011 - 12/31/2012
8. **Name of Principal Investigator for the Research Project:** Jennifer L. Lauby, PhD
9. **Research Project Expenses.**

9(A) Please provide the amount of health research grant funds spent on this project for the entire duration of the grant, including any interest earned that was spent:

\$ 17,081

9(B) Provide the last names (include first initial if multiple individuals with the same last name are listed) of **all** persons who worked on this research project and were supported with health research funds. Include position titles (Principal Investigator, Graduate Assistant, Post-doctoral Fellow, etc.), percent of effort on project and total health research funds expended for the position. For multiple year projects, if percent of effort varied from year to year, report in the % of Effort column the effort by year 1, 2, 3, etc. of the project (x% Yr 1; z% Yr 2-3).

Last Name	Position Title	% of Effort on Project	Cost
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Heather Batson	Research Associate	10%	8,323
Victor Sapelbweyar	Interviewer	5%	2,200

9(C) Provide the names of **all** persons who worked on this research project, but who *were not* supported with health research funds. Include position titles (Research Assistant, Administrative Assistant, etc.) and percent of effort on project. For multiple year projects, if percent of effort varied from year to year, report in the % of Effort column the effort by year 1, 2, 3, etc. of the project (x% Yr 1; z% Yr 2-3).

Last Name	Position Title	% of Effort on Project
Jennifer Lauby	Principal Investigator	5%
Lee Carson	Research Associate	10%

9(D) Provide a list of **all** scientific equipment purchased as part of this research grant, a short description of the value (benefit) derived by the institution from this equipment, and the cost of the equipment.

Type of Scientific Equipment	Value Derived	Cost
None		

**10. Co-funding of Research Project during Health Research Grant Award Period.** Did this research project receive funding from any other source during the project period when it was supported by the health research grant?

Yes \_\_\_X\_\_\_ No \_\_\_\_\_

If yes, please indicate the source and amount of other funds:

The project received \$3,500 from the Dr. Magnus Hirschfeld Fund which supports programs in the lesbian, gay, bisexual and transgender (LGBT) community. These funds were used to compensate study participants for their time and to cover expenses for the town hall meeting.

**11. Leveraging of Additional Funds**

11(A) As a result of the health research funds provided for this research project, were you able to apply for and/or obtain funding from other sources to continue or expand the research?

Yes \_\_\_\_\_ No \_\_\_X\_\_\_\_\_

If yes, please list the applications submitted (column A), the funding agency (National Institutes of Health—NIH, or other source in column B), the month and year when the application was submitted (column C), and the amount of funds requested (column D). If

you have received a notice that the grant will be funded, please indicate the amount of funds to be awarded (column E). If the grant was not funded, insert “not funded” in column E.

Do not include funding from your own institution or from CURE (tobacco settlement funds). Do not include grants submitted prior to the start date of the grant as shown in Question 2. If you list grants submitted within 1-6 months of the start date of this grant, add a statement below the table indicating how the data/results from this project were used to secure that grant.

A. Title of research project on grant application	B. Funding agency (check those that apply)	C. Month and Year Submitted	D. Amount of funds requested:	E. Amount of funds to be awarded:
None	<input type="checkbox"/> NIH <input type="checkbox"/> Other federal (specify: _____) <input type="checkbox"/> Nonfederal source (specify: _____)		\$	\$

11(B) Are you planning to apply for additional funding in the future to continue or expand the research?

Yes  No \_\_\_\_\_

If yes, please describe your plans:

The findings from this needs assessment will be used to apply for a grant from NIH for a longitudinal assessment of health care needs and access for LGBT older adults.

**12. Future of Research Project.** What are the future plans for this research project?

The recommendations developed by the project will be disseminated to health care agencies and departments, as well as to organizations serving older adults.

**13. New Investigator Training and Development.** Did students participate in project supported internships or graduate or post-graduate training for at least one semester or one summer?

Yes \_\_\_\_\_ No

If yes, how many students? Please specify in the tables below:

	Undergraduate	Masters	Pre-doc	Post-doc
Male				
Female				
Unknown				

<b>Total</b>				
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	Undergraduate	Masters	Pre-doc	Post-doc
Hispanic				
Non-Hispanic				
Unknown				
<b>Total</b>				

	Undergraduate	Masters	Pre-doc	Post-doc
White				
Black				
Asian				
Other				
Unknown				
<b>Total</b>				

**14. Recruitment of Out-of-State Researchers.** Did you bring researchers into Pennsylvania to carry out this research project?

Yes \_\_\_\_\_ No  \_\_\_\_\_

If yes, please list the name and degree of each researcher and his/her previous affiliation:

**15. Impact on Research Capacity and Quality.** Did the health research project enhance the quality and/or capacity of research at your institution?

Yes \_\_\_\_\_  \_\_\_\_\_ No \_\_\_\_\_

If yes, describe how improvements in infrastructure, the addition of new investigators, and other resources have led to more and better research.

This project has given our research team more knowledge about the health needs of older LGBT adults to enhance our prior experience gained by working with younger LGBT populations. The data gathered in this study will form the basis for future research proposals and partnerships.

**16. Collaboration, business and community involvement.**

16(A) Did the health research funds lead to collaboration with research partners outside of your institution (e.g., entire university, entire hospital system)?

Yes  No

If yes, please describe the collaborations:

Members of our Community Advisory Board included representatives from the Philadelphia Corporation for Aging. They provided important input on the development of study instruments and measures, as well as assistance with disseminating research results.

16(B) Did the research project result in commercial development of any research products?

Yes  No

If yes, please describe commercial development activities that resulted from the research project:

16(C) Did the research lead to new involvement with the community?

Yes  No

If yes, please describe involvement with community groups that resulted from the research project:

Our Community Advisory Board included representatives from organizations serving older adults, including the LGBT Elder Initiative and SAGE Philadelphia. In addition, the project sponsored two open house meetings at the start of the project and a town hall presentation at the end of the project to garner community participation and feedback.

### **17. Progress in Achieving Research Goals, Objectives and Aims.**

List the project goals, objectives and specific aims (as contained in the grant application's strategic plan). Summarize the progress made in achieving these goals, objectives and aims for the period that the project was funded (i.e., from project start date through end date). Indicate whether or not each goal/objective/aim was achieved; if something was not achieved, note the reasons why. Describe the methods used. If changes were made to the research goals/objectives/aims, methods, design or timeline since the original grant application was submitted, please describe the changes. Provide detailed results of the project. Include evidence of the data that was generated and analyzed, and provide tables, graphs, and figures of the data. List published abstracts, poster presentations and scientific meeting presentations at the end of the summary of progress; peer-reviewed publications should be listed under item 20.

This response should be a DETAILED report of the methods and findings. It is not sufficient to state that the work was completed. Insufficient information may result in an unfavorable performance review, which may jeopardize future funding. If research findings are pending

publication you must still include enough detail for the expert peer reviewers to evaluate the progress during the course of the project.

Health research grants funded under the Tobacco Settlement Act will be evaluated via a performance review by an expert panel of researchers and clinicians who will assess project work using this Final Progress Report, all project Annual Reports and the project's strategic plan. After the final performance review of each project is complete, approximately 12-16 months after the end of the grant, this Final Progress Report, as well as the Final Performance Review Report containing the comments of the expert review panel, and the grantee's written response to the Final Performance Review Report, will be posted on the CURE Web site.

**There is no limit to the length of your response. Responses must be single-spaced below, no smaller than 12-point type. If you cut and paste text from a publication, be sure symbols print properly, e.g., the Greek symbol for alpha ( $\alpha$ ) and beta ( $\beta$ ) should not print as boxes ( $\square$ ) and include the appropriate citation(s). DO NOT DELETE THESE INSTRUCTIONS.**

The project had the goal of exploring the health needs and barriers faced by sexual minority older adults in the Philadelphia region. The specific aims of the project were to:

1. Examine health care services currently accessed by lesbian, gay, bisexual and transgender (LGBT) older adults in Philadelphia, including care for chronic illnesses, preventive care, screenings, and mental and behavioral health care. We will compare the services received by sexual minority older adults to those received by older adults in the general population.
2. Document barriers to care, including homophobia and racial discrimination, financial concerns, legal barriers and lack of appropriate health care providers.
3. Explore LGBT older adults' concerns and plans for the future, including health care and long term care, housing, and end-of-life decisions.
4. Assess differences in these experiences and concerns by age (55 – 64 vs. 65 and over), race/ethnicity, and for women who have sex with women (WSW), men who have sex with men (MSM) and transgender individuals.

These aims were achieved by collecting qualitative and quantitative data from LGBT persons 55 years of age and older. As described below, the project's research results were used to develop a set of recommendations for healthcare and social service providers to better meet the needs of LGBT older adults.

#### Qualitative data collection and analysis

In depth qualitative interviews were completed with 18 individuals from the LGBT older adult community, 11 men and 7 women, including 3 transgender women. Interviews lasted 60 to 90 minutes and were audio recorded. Interviewers used a semi-structured guide to collect information about access to healthcare and other resources, and experiences of discrimination

and barriers to care, in addition to questions about social support and isolation and concerns about getting older.

Staff conducted three focus groups that addressed similar questions. One group included 13 Caucasian men who have sex with men, the second group included 10 men of color who have sex with men, and the third group included 9 females who have sex with women. Audio recordings of focus groups were transcribed and summarized for the project report.

### Quantitative data collection and analysis

To collect quantitative information from a larger sample of LGBT older adults, project staff created a survey instrument, with assistance from the project's Community Advisory Board. The survey was available on the internet, using Survey Monkey, as well as in paper form. Potential participants could request the survey be mailed to them with a stamped return envelope, or could complete the survey at a number of community organizations. Those who completed the survey in person received compensation of \$10 for their time. The data collection period was from September 2011 through May 2012.

The final sample included 213 LGBT older adults; 31% completed the survey online, 19% completed a mailed survey and the rest completed the survey at a community organization. The sample included 16 transgender persons, 46 females, 140 males. Fifteen participants did not answer the gender question. Over half (55%) of the sample identified as white, 28% as black or African American, and 7% as Latino.

Persons 55 years of age or older were eligible to participate. One third (32%) of the sample was 55 to 59 years of age, 25% was 60 to 64, 18% was 65 to 69, and 15% was 70 or older.

### Summary of research results

The following is a summary of the main findings from the project.

#### *Overall themes:*

LGBT older adults face the same types of problems with aging as heterosexual older adults. However, a combination of personal history, social norms, and family issues may put LGBT older adults at a higher risk for some problems compared to heterosexual peers, and may make standard interventions more challenging. For example, LGBT older adults are more likely than heterosexual adults of similar age to live alone. They are less likely to have biological family members, especially children, nearby, and they may be more likely than other groups to have social ties mostly among people of a similar age. All of these social factors increase the risk of social isolation and related health and well-being challenges for older LGBT adults. Furthermore, for those who have experienced discrimination before, seeking health care or social services can sometimes feel like it is not worth the risk.

LGBT older adults are not a monolithic group. One size does not fit all. In the Philadelphia area, we talked to older adults who were well off and those who struggle financially; they lived in every neighborhood in Philadelphia; they were from different racial/ethnic backgrounds, had different religions and different amounts of education. Some have physical disabilities, others

enjoy hiking. Some are raising their grandchildren and others were isolated, having outlived chosen family or being estranged from biological family. For many people, being LGBT is not the only reason they have experienced challenges or discrimination. Unfortunately, many of the older adults that we talked to who faced more challenges with income, health status, or other factors were also likely to report facing more LGBT-related discrimination. For this reason, all social and medical services should be LGBT friendly and competent as possible, but also know where to refer someone if a client has a challenge that is too specialized. Similarly, all LGBT community organizations should be prepared to engage many different types of LGBT people.

*Specific findings:*

Access to health care: For some LGBT older adults, paying for health care is a financial stretch, and for many who are currently able to pay, it is a future worry. Although most older adults had health insurance (83%) and prescription coverage (83%), dental insurance was less common (55%). Furthermore, more than 1 in 5 of the older adults in the 55-64 range is lacking health insurance and prescription coverage. Many of the interview and focus group participants felt that Philadelphia's health care was excellent, but these participants often described the difficulty of finding the right health care providers, concern about needing to see specialists in the future, and fears that their provider might retire. Although most (92%) of the survey participants said they had a "regular place" for health care, only 85% had visited a "regular place" in the past 12 months. About 1 out of 5 participants in the survey reported delaying medical care (19%) or prescriptions (22%) because of the cost of this care.

Discrimination in health care settings: About 4 in 10 (39%) of the survey participants reported at least one of a series of lifetime discriminatory experiences at a health care provider, including being denied care (13%), needing to "hide" who they were from the provider (22%), and abusive language (11%), among others. Many of these were reports of relatively recent (within the past 5 years) experiences. About 1 in 10 reported 4 or more of these types of experiences. Most participants (64%) attributed this treatment to LGBT related discrimination. Similarly, many of the focus group and interview participants reported at least one negative experience, and often expressed fears that they would experience these (or worse) if/when they needed help beyond outpatient doctor's visits.

Older LGBT adults and health screenings: Rates of receipt of preventive health screenings varied dramatically based upon many factors such as gender, age and nature of the exam. Overall however, on average more than half our participant pool is receiving the appropriate screening exams for their age group in the appropriate time period. Respondents reported receiving blood pressure screenings on an annual basis at the highest rate (87%). Screening exams with the lowest rates of receipt in the past year were tuberculosis tests (23%) and screening exams for sexually active participants to test for sexually transmitted diseases (29%). Lower rates of preventive health screenings indicate a need for increased dissemination of information concerning the importance of preventive health care and screening for older adults 55+. This is especially true as there were individuals who for every screening exam believed that they "did not need" that particular screening test. In addition, these data indicate a need for increased access to health care for older LGBT adults, and increased effort on the part of health care providers to communicate the importance of receiving regular preventive health screening exams.

*Emotional and social well-being:* Although many of the focus group and interview participants reported excellent emotional well-being and a high level of social involvement, many study participants had concerns about what would happen later, if their health challenges increased, they lost friends to illness, or they became less mobile. Similarly, most of the survey participants were satisfied with their social involvement and time spent with friends and in the community, but a substantial minority (about 1 in 3) were not. Furthermore, about 1 in 3 participants in the survey have experienced recent symptoms of depression (29%). Finally, some older adults who wanted to receive emotional health care were not able to obtain these services (about 17% of the survey participants). Together these findings suggest that there are unmet social and emotional needs among LGBT older adults that social services and community organizing may be able to improve. These forms of well-being are extremely important to health outcomes, particularly among older adults.

*Social services and challenges of daily living:* Many of the older adults who participated in the survey were regularly involved in the care of another older adult: about one in 3 (32%) reported providing care to a family member or friend. A minority of participants reported that they themselves had challenges with daily living, including walking and climbing stairs (23%); cognitive tasks, like remembering or making decisions (15%) or doing errands alone (8%). About 1 in 20 survey participants reported that they needed, but did not receive, senior-specific services.

*Living situation and housing:* Although most participants reported owning a home or having an apartment of their own, about 1 in 8 (13%) of the survey participants reported that they lived in a less stable type of environment, like a rented room, shelter, or lived with a partner or family member but were not on the lease/deed. Furthermore, some of the interview and focus group participants expressed concerns about their housing, including issues such as repair status or rent increases, and almost half (48%) of the survey participants reported that it was at least “somewhat difficult” to pay for their housing. A majority (56%) of the participants reported that they lived alone, with an additional 35% living with a partner (and sometimes additional individuals). Given this information, a housing crisis for a subgroup of older LGBT adults may emerge as this population gets older and retires, making LGBT friendly senior housing an important issue going forward, even when considering the current construction of the John C. Anderson apartments.

In conclusion, our findings support those of others. In short, despite the enormous resilience and creativity of LGBT people, access to community, health care, and other supportive resources may be a challenge for LGBT older adults, with some vulnerable individuals paying a particularly heavy toll. However, there are things that we can do in our communities and our city to make this access less difficult and support the health and well being of elders.

*Policy recommendations based on research findings:*

The research team with the assistance of the Community Advisory Board developed a set of policy recommendations based on the project’s research findings. The recommendations are grouped into three sections. The first has to do with health care access. Specific

recommendations for serving transgender persons are included in this section. The second section deals with access to social services and housing. The final section includes recommendations for increasing cultural competence and includes issues that are important for health care and social service providers.

Please note that when we use the term “transgender”, we mean this to include persons who may identify themselves as transgender, gender variant, gender non-conforming or transsexual. Additionally we note that for each recommendation below, the needs of persons living with disabilities such as visual, hearing and mobility impairments must be taken into account. Where possible, we provide resources that can be used to fulfill that particular recommendation. We also provide some targeted resources to community members, policymakers and/or providers.

## **Section I: Healthcare Access**

### **I-1 Increasing awareness about health screenings**

#### **Awareness of need for recommended screening procedures**

Study participants expressed the need for more information about screening procedures, particularly screening for colon cancer, bone density tests and HIV and STI testing. Overall, in this study, sexually active older adults had low rates of HIV and STI testing. Although the need for testing for STIs and HIV should be determined by individual risk assessments that were not possible with our survey, the low rates of testing suggest that some at-risk older adults are not having these tests as needed.

*Medical Provider recommendation:*

*The Gay and Lesbian Medical Association (GLMA) has developed a guide for medical providers on clinical considerations for LGBT populations:*

[http://glma.org/data/n\\_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf](http://glma.org/data/n_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf)

### **I-2 Increasing self advocacy and collateral support in medical settings**

Many people benefit from having another person attend medical appointments as a witness and advocate, but older adults who have experienced past or ongoing poor treatment or trauma at the hands of medical providers may especially benefit from bringing a family member, friend or formal advocate. We recommend a peer advocacy training program focused on skill building for older adults and their collaterals to better advocate for their health needs in general and those related to their sexual orientation.

*Provider recommendation: It is recommended that community based organizations collaborate to create a guide and/or training that older LGBT adults can use to increase their ability to advocate for themselves and to educate their family members and/or other supports on how to be an effective support and advocate for their aging loved one.*

### **I-3 Insurance coverage access**

#### **Access to Insurance**

We recommend that programs in the state that help to connect older adults to insurance programs do a better job of reaching out to LGBT older adults. In our study, there were a significant number of older adults who did not have full insurance coverage. Although a few participants

(10%) age 65 or older did not have health insurance, 40% of them did not have dental insurance. Additionally, far too many participants age 55-64 do not have insurance. Although the Healthy People 2020 goal is to have coverage for 100% of older adults, 22% of participants in this age group didn't have health insurance, 21% didn't have prescription drug coverage, and 45% didn't have dental insurance.

*Community member resource: If you have questions about healthcare coverage as an older adult, contact the APPRISE program at (215) 456-7600 or (215) 686-8462 or follow this link: [http://www.pcacares.org/pca\\_ss\\_apprise.aspx](http://www.pcacares.org/pca_ss_apprise.aspx)*

### **Preventing spousal impoverishment related to Medicare/Medicaid eligibility**

Many participants in our study worry about what will happen to their finances if a partner becomes ill and will need Medicaid or Medicare resources. Presently there are regulations in place by the Centers for Medicare and Medicaid Services (CMS) that allow for the ill spouse to receive insurance without the healthy spouse having to drain their financial resources to pay for the care first. This benefit is known as "Spousal Impoverishment Protections". This benefit was not extended to same sex couples initially, however in June 2011, CMS granted states the ability to extend some of these benefits to same sex couples. We recommend the state of Pennsylvania extend these benefits to same sex couples to protect the financial well being of these couples.

*Community member resource: Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders (SAGE) has an initiative to bring same sex protections to every state. To learn more visit their website: [sageusa.org/spousalimpoverishment](http://sageusa.org/spousalimpoverishment) or call SAGE at (212) 741-2247.*

### **I-4 Access to behavioral health services**

#### **Access to Emotional Health Care and Support**

We recommend that greater access to mental health care be provided for persons as they age, given there may be a number of phase-of-life challenges in the older adult population. 17% of respondents reported needing emotional health care, but were not able to access it. Furthermore, nearly 1 in 3 survey participants were at risk for depression, based on responses to a screening inventory. Both financial and lack of appropriate providers appear to be issues in access.

### **I-5 Addressing sexual health among older adults**

#### **Sexual Health Information**

Health care providers should receive training and support in addressing sexual health specific issues with LGBT older adults. 43% of study participants had a sexual health concern in the past year and 19% had a concern that they did not discuss with a health care provider. We also recommend that more sexual health information related to older adults and sex be made available. Information on topics such as how to have a healthy sex life as a senior, how to negotiate safer sex and information on HIV and STIs would enhance sexual safety among older adults. Printed materials should have easy readability and should have large print options available.

*Community member resource: You can learn more about HIV/AIDS and older adults by reading this CDC fact sheet: <http://www.cdc.gov/hiv/topics/over50/resources/factsheets/pdf/over50.pdf>*

*Let's Face It: Older Adults Talk About HIV:* [http://www.acria.org/files/LFI\\_0.pdf](http://www.acria.org/files/LFI_0.pdf)

*Provider Resources:*

*Philadelphia FIGHT has a training they provide to older adults related to HIV. Philadelphia FIGHT can be contacted at (215) 985-4448, website: [www.fight.org](http://www.fight.org).*

*Action AIDS provides a sexual health education program for older adults that extends beyond HIV. A workshop can be scheduled at your facility with clients. The contact person is Theresa Clark, (215) 981-0088, [www.actionaids.org](http://www.actionaids.org)*

*The AIDS Community Research Initiative of America (ACRIA) has a video and accompanying guide titled "Older and Wiser: Many Faces of HIV" that provides information on how direct service providers can engage older adults in discussions about HIV/AIDS.*

*Booklet: <http://www.acria.org/files/olderwiser2.pdf>*

*Videos: <http://www.youtube.com/user/acriavision>*

*More videos and information can be found on ACRIA's Facebook page: [www.facebook.com/AgeisnotaCondomACRIA](http://www.facebook.com/AgeisnotaCondomACRIA)*

### **Impact of HIV/AIDS on aging**

We recommend that more information on how HIV/AIDS impacts the body as one ages be collected and publicized. HIV/AIDS is a significant concern expressed by several respondents, some of whom are aging with HIV. Additionally, as HIV becomes more of a chronic disease and people live to older ages with HIV, both HIV specialists and gerontologists must increase their knowledge on how to effectively treat older adults living with HIV/AIDS.

*Medical Provider Resources:*

*The Policy Issues and Social Concerns Facing Older Adults with HIV-  
<http://www.sageusa.org/resources/publications.cfm?ID=113>*

*Recommended Treatment Strategies for Clinicians Managing Older Patients with HIV:  
[http://www.aahivm.org/Upload\\_Module/upload/HIV%20and%20Aging/Aging%20report%20working%20document%20FINAL%2012.1.pdf](http://www.aahivm.org/Upload_Module/upload/HIV%20and%20Aging/Aging%20report%20working%20document%20FINAL%2012.1.pdf)*

## **I-6 Recommendations for Transgender Older Adults**

### **Impact of Extended Use of Hormones**

We also recommend that more information on the use of hormones over the life span be collected and published. Not much is known about the effect of taking hormones for transition for an extended period of time, or how to best modify a hormone regimen for optimal health and well-being. Similarly, not much is known about long term care for some transition-related surgeries. Both gerontologists and doctors working with older adults who are undergoing a gender transition or maintaining a gender change need to be aware of possible complications and effectively treat older adults who have had these medical treatments or are currently being treated.

### **Insurance coverage for transgender persons**

We recommend that during this era of healthcare reform, insurance providers cover necessary procedures for persons who have undergone gender transition, but still have body organs of their biological sex. There have been numerous cases locally and nationally where a transgender person was denied coverage to receive a necessary treatment because the needed procedure did not match the gender on their medical records. For example, a person who is female according to medical records and has both breasts and a prostate will need prostate exams. However, this necessary screening will likely be denied because of the current limitations insurance companies place on screenings that will be covered based on gender.

### **Access to screenings for transgender older adults**

Both health care providers and older adults need to understand what screenings gender variant, transgender and transsexual older adults need to receive. More education and outreach is needed to increase awareness of the fact that health specialists indicate that anyone with ovaries, a uterus, and/or a cervix needs to have regular pelvic exams; anyone over 40 with breast tissue (including transgender men who have had chest surgery that was not a complete mastectomy) needs to have exams and mammograms to screen for breast cancer; anyone with a prostate continues to require prostate exams; and anyone with testicles needs to receive testicular cancer screenings. In addition, these services should be provided in a culturally competent way that affirms a patient's gender identity to the extent possible. Finally, we recommend that insurance companies be required to cover these screenings for anyone with the relevant organs, whether or not their presence is expected based on the sex/gender in someone's medical records.

#### *Provider Resource:*

*The World Professional Association for Transgender Health has created extensive guidelines for providing both behavioral and medical health care to transgender persons. These guidelines can be found here: <http://www.wpath.org/documents/Standards%20of%20Care%20V7%20-%202011%20WPATH.pdf>*

## **Section II: Access to Social Services and Housing**

### **II-1 Increasing knowledge about and access to older adult services**

#### **Unmet social service needs**

There were some services study participants wanted to access, but found themselves unable to do so. For example, of those aged 55-64, 7% reported needing transportation services, but not able to get them, 9% needed housing services they were unable to obtain and 5% wanted senior helpline information, but didn't receive it. Those aged 65 and older were slightly more likely to have received the services they needed, though 8% reported not having access to needed transportation services and 6% reported needing access to meal or food service programs, but were not able to obtain them. No older adults should have barriers to basic social services. We recommend that greater education be provided to older adults on what services are available to them based on their age and how to access them when needed.

*Community member resource: For information on older adult services in Philadelphia, visit the website for Philadelphia Corporation for Aging (PCA) at [http://www.pca cares.org/pca\\_ss\\_Landing.aspx](http://www.pca cares.org/pca_ss_Landing.aspx) or call 215-765-9000*

### **Making services LGBT affirming**

A barrier that may exist for some older LGBT adults accessing social services is fear of homo or trans phobia. In our study, 20% of respondents reported that they experienced or feared they would be treated poorly in an older adult service setting. This fear may create a barrier to even learning about potentially helpful programs. We recommend that senior service programs become LGBT affirming in order to reduce negative experiences that may impede LGBT seniors from accessing social services. This can be achieved by being LGBT affirming, acknowledging LGBT affirming status in service advertising, and providing programs acknowledging the needs of LGBT seniors, among other strategies.

### **Cross-generational support and reducing age stigma**

Some LGBT older adults depend on people of their own generation for support because they do not have biological children, and their lives were focused on their peer group. However, as a generation ages, individuals with fewer ties outside their age group have an increased risk of loneliness and isolation. We recommend formal mentoring/buddy programs to foster cross-generation friendships and support networks, as well as events and projects that recognize the history and contributions of all kinds of LGBT older adults.

## **II-2 Increasing access to social services**

### **Overcoming Barriers to Accessing Services**

Organizations serving LGBT populations should make sure their programs and services are welcoming to older adults and explore new ways to involve older adults in social activities. Older adults may need assistance with transportation, accessibility, or face other barriers to participating in these spaces even when programs exist.

*Community member resource: You may be eligible for CCT Connect, which is a transportation service provided by SEPTA that can take you to appointments and other activities. To see if you're eligible, call (215) 580-7145 or for more information visit <http://www.septa.org/service/cct/>.*

## **II-3 Access to supportive culturally competent housing**

### **Access to housing-related services**

A substantial minority of participants over age 65 (9%) as well as those under 65 (15%) had accessed housing-related services successfully in the past year. However, one in 10 participants under age 65 reported an unmet need for social services related to housing, home repair, or utilities. As this population ages, the need for housing-related services is likely to grow, even for older adults who are able and desire to stay in their own home.

### **LGBT Friendly Public Housing**

We also recommend that expanded housing options for older adults are made available. No older LGBT adult should be in danger of homelessness. The John C. Anderson Apartments are an important step toward ensuring LGBT older adults are not in danger of losing their housing. However, many participants, including many with lower incomes, lived outside of center city, and may prefer to live in the communities that feel like home. All older adult housing staff should be trained in LGBT issues.

## **Housing Options and Legal Issues**

Some LGBT older adults have developed larger households with a mixture of chosen family, biological family, and/or friends for mutual support, to combine resources, and to combat loneliness. This concept of combining households with housemates can be complicated, and therefore should be made easier so that more LGBT older adults could consider this approach. Furthermore, some LGBT older adults are at risk of not having a place to live if a friend or partner dies because they are not on the lease or named as a co-owner. Community support and resources and legal aid organizations to help people deal with the legal, emotional, and practical issues should be easily available, and they should be ready to help LGBT older adults protect their rights before a worse-case scenario occurs.

*Community member resource: The Senior Law Center provides a variety of legal services for older adults including tenant/landlord disputes, wills and power of attorney among other services. For more information on legal services provided contact (215) 988-1242 or visit their website <http://seniorlawcenter.org/>.*

## **Continuing Care Retirement Communities (CCRC)**

CCRCs may be a viable living option for LGBT older adults that have the resources as long as these settings are accepting and will treat all residents with respect regardless of sexual orientation. Also, since many older LGBT adults may not have children or other family caretakers, CCRCs may be an increasingly attractive option as more baby boomers age. An effort should be made to engage CCRCs in the metropolitan Philadelphia area to see how welcoming and competent they are related to LGBT residents who are open about their sexual orientation and/or gender identity. This acceptance should include residents who may express their gender in ways that don't conform to traditional standards of how a male or female should dress and/or behave.

### **II-4 Long Term Care**

LGBT older adults have concerns about finding a nursing home or long term care facility that is welcoming and supportive of them, their partners and friends. Facilities providing these services should make sure that their staff receives sensitivity training as well as training in the special health needs of this population. The challenges of finding an appropriate environment may be heightened for transgender, transsexual, or gender variant older adults.

### **II-5 Home Health Care**

Given the difficulties associated with finding an appropriate assisted living environment, and the preference of many older adults to remain in the community, many LGBT older adults will need assistance caring for themselves from an outside home health aide (HHA) or personal care attendant (PCA). HHA and PCAs should also be trained in sensitivity and cultural competence, and especially be prepared to care for transgender or transsexual older adults.

## **Section III: Cultural Competence in Service Provision**

### **III-1 Guidelines for healthcare and social service providers**

In order to improve healthcare outcomes for older LGBT adults, we recommend guidelines be created and broadly distributed to healthcare practitioners and social service providers, along with training on how to provide sensitive and appropriate care to LGBT older adults. More specifically, medical and service providers for older adults should be trained in both cultural competence and medical issues that may be unique to transgender and transsexual older adults. This is particularly an issue for specialists and gerontologists, who may not be expecting to see LGBT patients. In our study, of the respondents that reported negative experiences with providers, 64% of them attributed this mistreatment to their sexual orientation or gender presentation or identity. This suggests homo and trans phobia in the healthcare system that should be addressed through policy, healthcare guideline regulations and training.

*Provider Resources:*

*Inclusive Services for LGBT Older Adults: A Practical Guide to Creating Welcoming Agencies-* <http://www.sageusa.org/resources/publications.cfm?ID=107>

*Gay and Lesbian Medical Association 4 part cultural competence practice with LGBT populations webinar series:*

<http://www.glma.org/index.cfm?fuseaction=Page.viewPage&pageId=1025&grandparentID=534&parentID=940>

*Fenway Institute Guide to LGBT Health Series. Module 6 focuses on providing services to LGBT older adults:* <http://www.lgbthealtheducation.org/wp-content/uploads/Module-6-Caring-for-Older-LGBT-Adults.pdf>

**III-2 Creating welcoming environments**

We recommend that senior social service programs in all geographical areas work toward creating welcoming environments for all walks of life, including LGBT older adults. Not all LGBT older adults want to receive services in an LGBT space. General older adult service organizations should have access to training and materials that will help them create programs and environments that are LGBT affirming—and take advantage of these resources. 16% of participants said they had problems accessing senior services because of their sexual orientation or gender presentation. Furthermore, senior centers and other older adult programs should reach out to LGBT older adults in their communities when they are ready to provide services to them.

*Policy recommendation: It is recommended that as part of Pennsylvania's licensing requirements, that senior services providers undergo cultural competence training that includes training on LGBT populations.*

*Provider Resources:*

*SAGE publication: Inclusive Services for LGBT Older Adults: A Practical Guide to Creating Welcoming Agencies-* <http://www.sageusa.org/resources/publications.cfm?ID=107>

*The National Resource Center on LGBT Aging provides training to organizations on LGBT cultural sensitivity through William Way LGBT Community Center. They provide a training to senior service organizations who want to be more competent with LGBT populations and also to*

LGBT organizations that want to be more competent with seniors. For more information on these trainings contact Ed Miller at (215) 732-2220 or at [emiller@waygay.org](mailto:emiller@waygay.org).

LGBT Elder Initiative's **Silver Rainbow Project** is uniquely designed to each provider or agency's needs, structure and size, this cultural sensitivity training delivers the information and skill building tools needed to create a more welcoming environment that recognizes the diversity of all client populations, thereby improving the quality of care to all clients regardless of their sexual orientation or gender identity. For more information, contact Terri Clark at 267-546-3448 or at [tclark@lgbtei.org](mailto:tclark@lgbtei.org).

#### Presentations of project results

Saturday, October 20, 2012, the project sponsored a town hall meeting to present the project's research results and recommendations. The audience of approximately 70 people included members of the LGBT community and service providers from both LGBT-serving organizations and organizations that serve older adults. Organizations were given tables and time before the formal presentation to share information about their programs. Comments from the audience focused on the need for more research like this and suggested some specific details to be added to the recommendations, such as addressing the needs of persons with disabilities.

Project findings were also presented at the American Public Health Association annual meeting.

Lauby, J., Batson, H., Carson, L., Brown, J. Sapelbweyar, V., Browne C. Health Care and Service Needs of LGBT Older Adults. Presented at the American Public Health Association annual meeting, San Francisco, October, 2012.

**18. Extent of Clinical Activities Initiated and Completed.** Items 18(A) and 18(B) should be completed for all research projects. If the project was restricted to secondary analysis of clinical data or data analysis of clinical research, then responses to 18(A) and 18(B) should be "No."

18(A) Did you initiate a study that involved the testing of treatment, prevention or diagnostic procedures on human subjects?

Yes  
 No

18(B) Did you complete a study that involved the testing of treatment, prevention or diagnostic procedures on human subjects?

Yes  
 No

**If "Yes" to either 18(A) or 18(B), items 18(C) – (F) must also be completed.** (Do NOT complete 18(C-F) if 18(A) and 18(B) are both "No.")

18(C) How many hospital and health care professionals were involved in the research project?

\_\_\_\_\_Number of hospital and health care professionals involved in the research project

18(D) How many subjects were included in the study compared to targeted goals?

\_\_\_\_\_Number of subjects originally targeted to be included in the study

\_\_\_\_\_Number of subjects enrolled in the study

**Note:** Studies that fall dramatically short on recruitment are encouraged to provide the details of their recruitment efforts in Item 17, Progress in Achieving Research Goals, Objectives and Aims. For example, the number of eligible subjects approached, the number that refused to participate and the reasons for refusal. Without this information it is difficult to discern whether eligibility criteria were too restrictive or the study simply did not appeal to subjects.

18(E) How many subjects were enrolled in the study by gender, ethnicity and race?

Gender:

\_\_\_\_\_Males

\_\_\_\_\_Females

\_\_\_\_\_Unknown

Ethnicity:

\_\_\_\_\_Latinos or Hispanics

\_\_\_\_\_Not Latinos or Hispanics

\_\_\_\_\_Unknown

Race:

\_\_\_\_\_American Indian or Alaska Native

\_\_\_\_\_Asian

\_\_\_\_\_Blacks or African American

\_\_\_\_\_Native Hawaiian or Other Pacific Islander

\_\_\_\_\_White

\_\_\_\_\_Other, specify: \_\_\_\_\_

\_\_\_\_\_Unknown

18(F) Where was the research study conducted? (List the county where the research study was conducted. If the treatment, prevention and diagnostic tests were offered in more than one county, list all of the counties where the research study was conducted.)

**19. Human Embryonic Stem Cell Research.** Item 19(A) should be completed for all research projects. If the research project involved human embryonic stem cells, items 19(B) and 19(C) must also be completed.

19(A) Did this project involve, in any capacity, human embryonic stem cells?  
 \_\_\_\_\_ Yes  
  X   No

19(B) Were these stem cell lines NIH-approved lines that were derived outside of Pennsylvania?  
 \_\_\_\_\_ Yes  
 \_\_\_\_\_ No

19(C) Please describe how this project involved human embryonic stem cells:

**20. Articles Submitted to Peer-Reviewed Publications.**

20(A) Identify all publications that resulted from the research performed during the funding period and that have been submitted to peer-reviewed publications. Do not list journal abstracts or presentations at professional meetings; abstract and meeting presentations should be listed at the end of item 17. **Include only those publications that acknowledge the Pennsylvania Department of Health as a funding source** (as required in the grant agreement). List the title of the journal article, the authors, the name of the peer-reviewed publication, the month and year when it was submitted, and the status of publication (submitted for publication, accepted for publication or published.). Submit an electronic copy of each publication or paper submitted for publication, listed in the table, in a PDF version 5.0.5 (or greater) format, 1,200 dpi. Filenames for each publication should include the number of the research project, the last name of the PI, the number of the publication and an abbreviated research project title. For example, if you submit two publications for PI Smith for the “Cognition and MRI in Older Adults” research project (Project 1), and two publications for PI Zhang for the “Lung Cancer” research project (Project 3), the filenames should be:

- Project 1 – Smith – Publication 1 – Cognition and MRI
- Project 1 – Smith – Publication 2 – Cognition and MRI
- Project 3 – Zhang – Publication 1 – Lung Cancer
- Project 3 – Zhang – Publication 2 – Lung Cancer

If the publication is not available electronically, provide 5 paper copies of the publication.

**Note:** The grant agreement requires that recipients acknowledge the Pennsylvania Department of Health funding in all publications. Please ensure that all publications listed acknowledge the Department of Health funding. If a publication does not acknowledge the funding from the Commonwealth, do not list the publication.

Title of Journal Article:	Authors:	Name of Peer-reviewed Publication:	Month and Year Submitted:	Publication Status (check appropriate box below):
1. None				<input type="checkbox"/> Submitted <input type="checkbox"/> Accepted

				<input type="checkbox"/> Published
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20(B) Based on this project, are you planning to submit articles to peer-reviewed publications in the future?

Yes \_\_\_X\_\_\_ No \_\_\_\_\_

If yes, please describe your plans:

We plan to submit an article to a peer-reviewed journal based on the presentation we prepared for the American Public Health Association meeting. The article will focus on the changing health and social service needs of LGBT older adults.

**21. Changes in Outcome, Impact and Effectiveness Attributable to the Research Project.**

Describe the outcome, impact, and effectiveness of the research project by summarizing its impact on the incidence of disease, death from disease, stage of disease at time of diagnosis, or other relevant measures of outcome, impact or effectiveness of the research project. If there were no changes, insert “None”; do not use “Not applicable.” Responses must be single-spaced below, and no smaller than 12-point type. DO NOT DELETE THESE INSTRUCTIONS. There is no limit to the length of your response.

Our project has raised awareness of the health and social service needs of LGBT older adults in Philadelphia. Because of the limited scope and timeline of our project, we are not able to document the effects of this increased awareness on the healthcare and services provided. However, we believe that the dissemination of the project’s recommendations will have an impact on the care and services provided to LGBT older adults in the future.

**22. Major Discoveries, New Drugs, and New Approaches for Prevention Diagnosis and Treatment.** Describe major discoveries, new drugs, and new approaches for prevention, diagnosis and treatment that are attributable to the completed research project. If there were no major discoveries, drugs or approaches, insert “None”; do not use “Not applicable.” Responses must be single-spaced below, and no smaller than 12-point type. DO NOT DELETE THESE INSTRUCTIONS. There is no limit to the length of your response.

None

**23. Inventions, Patents and Commercial Development Opportunities.**

23(A) Were any inventions, which may be patentable or otherwise protectable under Title 35 of the United States Code, conceived or first actually reduced to practice in the performance of work under this health research grant? Yes \_\_\_\_\_ No  X

If “Yes” to 23(A), complete items a – g below for each invention. (Do NOT complete items a - g if 23(A) is “No.”)

- a. Title of Invention:
- b. Name of Inventor(s):
- c. Technical Description of Invention (describe nature, purpose, operation and physical, chemical, biological or electrical characteristics of the invention):
- d. Was a patent filed for the invention conceived or first actually reduced to practice in the performance of work under this health research grant?  
Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, indicate date patent was filed:

- e. Was a patent issued for the invention conceived or first actually reduced to practice in the performance of work under this health research grant?  
Yes\_\_\_\_\_ No\_\_\_\_\_
- If yes, indicate number of patent, title and date issued:  
Patent number:  
Title of patent:  
Date issued:

- f. Were any licenses granted for the patent obtained as a result of work performed under this health research grant? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, how many licenses were granted? \_\_\_\_\_

- g. Were any commercial development activities taken to develop the invention into a commercial product or service for manufacture or sale? Yes\_\_\_ No\_\_\_

If yes, describe the commercial development activities:

23(B) Based on the results of this project, are you planning to file for any licenses or patents, or undertake any commercial development opportunities in the future?

Yes\_\_\_\_\_ No\_\_\_X\_\_\_\_\_

If yes, please describe your plans:

**24. Key Investigator Qualifications.** Briefly describe the education, research interests and experience and professional commitments of the Principal Investigator and all other key investigators. In place of narrative you may insert the NIH biosketch form here; however, please limit each biosketch to 1-2 pages. *For Nonformula grants only – include information for only those key investigators whose biosketches were not included in the original grant application.*

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## BIOGRAPHICAL SKETCH

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NAME Jennifer L. Lauby ERA COMMONS USER NAME JLLauby	POSITION TITLE Senior Research Scientist
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EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)*

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	DATE	FIELD OF STUDY
Douglas College, Rutgers University	A.B.	1972	Sociology
University of Philippines	M.A.	1977	Sociology
Harvard University	Ph.D.	1987	Sociology

### **B. Positions and Honors**

#### **Positions:**

1974 - 1976	Development Academy of the Philippines; Manila, Philippines <u>Research Associate</u> - Social Indicators Project
1975 - 1976	University of the Philippines; Quezon City, Philippines <u>Project Coordinator</u> - Status of Women National Survey
1976 – 1981	De La Salle University, Manila, Philippines <u>Assistant Professor of Sociology</u>
1987 - 1994	Albert Einstein College of Medicine, Bronx, NY <u>Assistant Professor and Research Associate</u> Prevention Intervention Research Center
1994 - Present	Public Health Management Corporation, Philadelphia, PA Division of Research & Evaluation <u>Senior Research Scientist</u> Principal Investigator for the following projects: <ul style="list-style-type: none"> <li>- CDC Prevention of HIV in Women and Infants Demonstration Project (1994-1997)</li> <li>- CDC Barriers to HIV Testing Research Project (1998-2000)</li> <li>- CDC Correlates of HIV Risk among African American MSM (2001-2006)</li> <li>- NIMH Identifying Targeted Strategies to Increase HIV Testing (2000-2003)</li> <li>- CDC Evaluation of Innovative HIV Prevention Interventions for High-Risk Minority Populations (2004-2006)</li> <li>- CDC Using Respondent-Driven Sampling to Reach Black and White Bisexually-Active Men (2006 – 2008)</li> <li>- CDC Evaluation of Connections: A new HIV prevention intervention for Black MSMW (2008 – 2013)</li> <li>- AHRQ Adapting Hypertension and Diabetes Guides for Hard-to-Reach African American Men (2010- 2013)</li> <li>- NIDA Addressing Young Men’s Substance Use and HIV Risk (2005 - 2010)</li> </ul>

#### **Honors, Consultations and Community Collaborations**

2006	CDC HIV/AIDS Prevention Research Synthesis Community-Level and Structural-Level Intervention Consultation
2006 – 2008	Co-chair Planning and Priorities subcommittee, Philadelphia Community Planning Group
2007	CDC Consultation to Address Intervention Strategies for HIV/AIDS Prevention with African Americans
2009	Consultant for Advancing HIV Prevention Intervention Research with MSM, CDC and NIMH
2009 – 2012	Special Emphasis Review Panel member, CDC and NIH

### C. Selected Peer-Reviewed Publications

1. **Lauby, J.L.**, Marks, G., Bingham, T., Liu, K.L., Liao, A., Stueve, A., Millett, G. A. Having Supportive Social Relationships is Associated with Reduced Risk of Unrecognized HIV Infection Among Black and Latino Men who have Sex with Men. *AIDS and Behavior* 16, 508-515, 2012.
2. Jeffries WL 4<sup>th</sup>, Marks G, **Lauby J**, Murrill CS, Millett GA. Homophobia is associated with sexual behavior that increases risk of acquiring and transmitting HIV infection among black men who have sex with men. *AIDS and Behavior*. DOI: 10.1007/s10461-012-0189-y
3. **Lauby, J.L.**, Smith, P.J., Stark, M., Person, B. and Adams, J. A Community-Level HIV Prevention Intervention for Inner-City Women: Results of the Women and Infants Demonstration Projects. *American Journal of Public Health*, 90:216-222, 2000.
4. **Lauby, J. L.**, Milnamow, M. Where MSM Have Their First HIV Test: Differences by Race, Income and Sexual Identity. *American Journal of Men's Health*, 3 (1) 50-59, 2009.
5. Bond, L., **Lauby, J.**, Batson H. "Individual-Level and Systems- Level Predictors of HIV Testing in a Community-Base Sample of 1643 Adult Men and Women." *AIDS Care*, 17:125-140, 2005.
6. **Lauby, J.**, Bond, L., Eroglu, D., Batson, H. Decisional Balance, Perceived Risk and HIV Testing Practices. *AIDS and Behavior*, 10:83-92, 2006.
7. **Lauby, J.L.**, LaPollo, A., Herbst, J.H., Painter, T.M., Batson, H., Pierre, A., Milnamow, M. Preventing AIDS through Live Movement and Sound (PALMS): Efficacy of a theater-based HIV prevention intervention delivered to high-risk male adolescents in juvenile justice settings. *AIDS Education and Prevention*, 22, 402-416, 2010.
8. Semaan, S., **Lauby, J.** and Liebman, J. "Street and Network Sampling in Evaluation Studies of HIV Risk-Reduction Intervention." *AIDS Rev.* 4:213-23, 2002.
9. **Lauby, J. L.**, Millett G. A., Bodas LaPollo, A., Bond, L., Murrill, C. S. and Marks, G. Sexual Risk Behaviors of HIV-Positive, HIV-Negative, and Serostatus-Unknown Black Men Who Have Sex With Men and Women. *Archives of Sexual Behavior*, 37(5):708-19, 2008.
10. Han, C.S., **Lauby, J**, Bond, L., LaPollo, A. and Rutledge, S. E. (2010) Magic Johnson doesn't worry about how to pay for medicine: experiences of black men who have sex with men living with HIV', *Culture, Health & Sexuality*, 12, 387-399, 2010.

### Additional Recent Publications of Importance to the Field

1. **Lauby, J. L.**, Batson H., Milnamow, M. Effects of drug use on sexual risk behavior: Results of an HIV outreach and education program. *Journal of Evidence-Based Social Work*, 7, 88-102, 2010.
2. **Lauby, J.L.**, Semaan, S., Cohen, A., Leviton, L. Gielen, A., Pulley, L., Walls, C., and O'Campo, P. "Self- Efficacy, Decisional Balance, and Stages of Change for Condom Use Among Women at High Risk for HIV Infection." *Health Education Research*, 13:343-356, 1998.
3. **Lauby, J.L.**, Semaan, S., O'Connell, A., Person, B., Vogel, A. "Predictors of Self-Efficacy for Use of Condoms and Birth Control Among Women at Risk for HIV Infection." *Women and Health*, 34:71-91, 2001.
4. Semaan, S., **Lauby, J.**, O'Connell, A.A., and Cohen, A. "Factors Associated with Perceptions of and Decisional Balance for Condom use with Main Partner Among Women at Risk for HIV Infection." *Women and Health*. 37:53-70, 2003.
5. Millett, G. A., Ding, H. Marks, G. Jeffries, W., Bingham, T., **Lauby, J.**, Murrill, C., Flores, S., Stueve, A. Mistaken Assumptions and Missed Opportunities: Correlates of Undiagnosed HIV Infection Among Black and Latino Men Who Have Sex With Men. *JAIDS* 58, 64-71, 2011.

## BIOGRAPHICAL SKETCH

NAME <b>Lee Carson</b>	POSITION TITLE <b>Research Associate</b>
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EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.)*

INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	DATE	FIELD OF STUDY
State University of New York, Brockport, NY	B.S.	1996	Health Science-Chemical Dependency Counseling
Nazareth College/State University of New York at Brockport Collaborative Program	M.S.W.	2004	Family & Community Practice

### **Positions and Honors**

**1996 – 2000 East House Corporation, Rochester, NY**

1996 - 1999 Counselor

Performed case management duties such as treatment planning and linkages to community resources to meet individual client needs; Provided clients with mental health and chemical dependency education and counseling; Facilitated individual and group counseling sessions

1999 – 2000 Assistant Program Supervisor

Ensured a quality treatment program; Supervised two of the counseling staff including performance appraisals, identification of training needs, and provided support as needed to maintain professionalism; Evaluated prospective clients to assess appropriateness for program

**2000 – 2003 Men Of Color Health Awareness Project, Inc., Rochester, New York**

Communications & Development Coordinator

Maintained and updated the agency's website; Developed a sensitivity training targeted toward human service providers on how to work effectively with African American sexual minorities; Organized and facilitated HIV/STD prevention groups for gay and bisexual men of color, including Many Men, Many Voices, a theory-based specific group level HIV/STD prevention intervention for gay and bisexual men of color.

**2003 – 2004 Main Quest Treatment Center, Rochester, New York**

Evaluations Specialist

Completed psychosocial evaluations for persons entering into the agency for treatment.; Utilized the DSM IV-TR to provide appropriate diagnoses; Utilized level of care determination forms to guide treatment recommendations; Provided referrals to other treatment providers as necessary; Facilitated inpatient and outpatient chemical dependency and MICA groups as needed.

**2004 AIDS Community Health Center, Rochester, New York**

Medical Social Worker

Worked closely with physicians in medical clinic to meet the psychosocial needs of patients, including provision of referrals as needed; Provided medical case management for approximately 150 patients; Provided HIV education and prevention information and testing, including pre/post test counseling in accordance with state regulations; Served as project manager for a grant the agency received to educate the Rochester community on HIV Vaccine Trial research.

**2004-Present Public Health Management Corporation, Philadelphia, PA**

Research Associate

***Current Projects:***

Addressing Young MSM's Substance Use & HIV Risk (Get REAL Project); Black Men's Health Promotion Project; Physical and Emotional Health Needs of Transgender Individuals in Philadelphia

**2004-Present Public Health Management Corporation, (continued)**

***Completed Project:***

Epidemiologic HIV/AIDS Research in African American and Hispanic MSM (Brothers y Hermanos Study); See the project support section for project details.

**2006–2012 Mazzoni Center, Philadelphia, PA**

**Mental Health Therapist**

Provide mental health treatment to individuals in a community based Lesbian, Gay, Bisexual and Transgender health clinic; Responsible for completing thorough biopsychosocial assessments, treatment plans and therapeutic interventions tailored to the needs of each client; Utilize the DSM IV-TR to provide diagnoses to help guide treatment directions; Utilize several therapeutic techniques, including Cognitive Behavioral Therapy and Narrative Therapy all provided through the lens of strengths-based practice.

**2008-Present Temple University's School of Social Administration, Philadelphia, PA**

**Adjunct Instructor**

Teach in the graduate school of social work. As an instructor I am responsible for developing class lectures and learning activities for the students, creating grading rubrics, developing and grading exams and papers and helping the students explore their potential as graduate level social workers. I have student evaluation reports provided to me by the university for each of my classes and I can provide them upon request.

Courses taught: Health/Mental Health Practice Spring '08, '09 & '11; Health/Mental Health Policy Summer '08; Human Behavior and the Social Environment Summer '08; Foundation of Social Work Practice Fall '11.

**PROFESSIONAL DEVELOPMENT**

- Licensed Social Worker (Pennsylvania) license #SW125607
- Work as a consultant hired to do group facilitation of Many Men, Many Voices for People of Color in Crisis, a Brooklyn, NY based CBO.

**Selected Professional Presentations**

"Black Men who have Sex with Men in Philadelphia: Results from the 2005 Black Men's Health Survey"- AIDS Education Month Prevention Summit, Philadelphia, PA (June 2006).

"Using Respondent Driven Sampling to Assess HIV Risk Among Gay and Bisexual Black Men"- Meeting of the Minds Conference (University of Pennsylvania), Philadelphia, PA (June 2006).

"HIV infection rates among Black MSM: An examination of risk factors"- Pennsylvania Public Health Association Conference, Harrisburg, PA (September 2006).

"A Crisis in our Midst: The HIV Epidemic Among Black Men who Have Sex With Men in Philadelphia"- AIDS Activities Coordinating Office Program Directors Meeting, Philadelphia, PA (July, 2007).

"Intimate Partner Violence and Sexual Abuse Among Black men who have sex with men"- American Public Health Association conference, Washington, DC (November, 2007)

"The Use of Eco-Mapping in HIV Prevention Interventions for Black Bisexually Active Men"- Centers for Disease Control and Prevention Conference, Atlanta, GA (August 2011)

## BIOGRAPHICAL SKETCH

NAME <b>Heather Batson</b>		POSITION TITLE <b>Research Associate</b>	
EDUCATION/TRAINING ( <i>Begin with baccalaureate or other initial professional education, such as nursing, include postdoctoral training and residency training if applicable.</i> )			
INSTITUTION AND LOCATION	DEGREE (if applicable)	DATE	FIELD OF STUDY
Bryn Mawr College, Bryn Mawr, PA	BA	1997	Biology/Sociology Minor
Rutgers University	PhD candidate		Sociology

### A. Positions and Honors

#### Positions

- 1998 – Present Philadelphia Health Management Corporation; Philadelphia, PA  
Division of Research and Evaluation
- Research Assistant
- CDC Barriers to HIV Testing Study (1998-2001)
- Research Associate
- NIMH, Identifying Targeted Strategies to Increase HIV Testing (FACT) (2000-2004)
  - SAMHSA/CSAT, Targeted Capacity Expansion HIV/AIDS Outreach Grant (New Pathways Project) (2002-2007)
  - CDC, Evaluation of Innovative HIV Prevention Interventions for High-Risk Minority Populations (2004-2006)
  - Philadelphia Foundation and City of Philadelphia, LGBT Data Assessment and LGBT Youth Assessment (2005-2007)
  - NIDA, Addressing Young MSM's Substance Use & HIV Risk (Get REAL Project) (2005-2010)
  - LGBT Older Adult Health Assessment (CURE grant)
- 2010-present Rutgers University  
Ph.D candidate, Sociology

### B. Selected Peer-Reviewed Publications/Manuscripts in Press

- Carr, D., Murphy, L., **Batson H.**, and Springer, K.W. (In Press). "Bigger Isn't Always Better: The Effect of Body Mass Index on the Sexual Well-Being of Adult Men in the U.S." *Men and Masculinities* (Special Issue on Obesity and Masculinities).
- Lauby, J. L., **Batson H.**, & Milnamow, M. (2010). "Effects of drug use on sexual risk behavior: Results of an HIV outreach and education program." *Journal of Evidence-Based Social Work*.
- Lauby, J.L., Bond, L., Eroglu D. & **Batson, H.** (2006). Decisional balance, perceived risk and HIV testing practices. *AIDS and Behavior*, 10:83-92.
- Bond, L., Lauby, J., & **Batson H.** (2005). Individual-level and systems-level predictors of HIV testing in a community-based sample of 1643 adult men and women. *AIDS Care*, 17(2):125-140.

## **C. RESEARCH SUPPORT**

### Completed Research Support

2005 – 2010                      Addressing Young Men’s Substances Use and HIV Risk  
(Get REAL)

Position/Title:                Evaluation Coordinator

Agency:                        NIDA

This project developed, implemented and evaluated a community-level intervention focused on substance-related sexual risk for HIV among young Black and White men who have sex with men.

2000 – 2004                      Identifying Targeted Strategies to Increase HIV Testing  
(FACT)

Position/Title:                Data Manager

Agency:                        National Institute of Mental Health

The goal of this study was to evaluate the HIV testing practices of three risk groups, MSM, IDUs and heterosexuals at risk, in order to identify key predictors of testing/not testing for HIV. Three domains of potential determinants are pertinent to this research: 1) sociodemographic characteristics, 2) psychosocial factors, and 3) community/structural barriers/facilitators of testing.

2004 - 2007                      Evaluation of Innovative HIV Prevention Interventions for  
High-Risk Minority Populations

Position/Title:                Data Manager

Agency:                        Centers for Disease Control and Prevention

2005 - 2007                      LGBT Data Assessment and LGBT Youth Assessment  
Projects

Position/Title:                Research Associate

Agency:                        The Philadelphia Foundation and the City of Philadelphia