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Implications for Public Policy Regarding Gay Seniors Living in Suburban Florida

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Abstract

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MPA, Walden University, 2009

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Dissertation Submitted in Partial Fulfillment

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Public Policy and Administration

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Abstract

In less than 20 years over 6 million lesbian, gay, bisexual, and transgender (LGBT) individuals will be over 65 years old designated as seniors according to the Older Americans Act. Yet, when public policies for the aging population are implemented, LGBT individuals are forgotten, especially those living in nonmetropolitan areas. Using a purposeful convenience sample and a phenomenological approach, 7 gay seniors residing in Florida suburban areas were interviewed to explore their lives as they age. Aging policies were investigated through the social construction of deservedness lens to ascertain individual political power while exploring (a) the challenges of living in suburban areas, (b) government services used as aging occurs, and (c) connection to the larger LGBT community as these men moved away from metropolitan areas and age. Using a phenomenological interpretive design, findings illustrated these men can choose different constructions, yet seldom disclosed their sexuality for fear of being labeled as a deviant. Four major themes emerged: each man recognized aging is difficult for all seniors but gay men living in suburban areas deal with a lack of gay friendly services; daily discrimination causes many to go back into the closet; government policies for the aging include anti-discrimination against sexual orientation but does not encourage free expression of sexual orientation; and, active involvement in LBGT communities often ceases. Positive social change emerges by using these findings to provide lawmakers with information regarding current aging policies and the realized marginalization of policy constituents in hopes of crafting supporting legislation that is more inclusive of the nonmetropolitan-residing LGBT community.

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Dedication

This dissertation is dedicated to all the LGBT activists, scholars, and allies who have given their lives for the pursuit of equity, especially M. David Stein.

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Chapter 1: Introduction to the Study

There is limited data on lesbian and gay (LG) seniors living in a rural county or a suburban municipality, called nonmetropolitan areas. Most research on sexuality and age has been conducted in metropolitan areas. Also, research on sexuality almost exclusively focuses on LG adolescents including young children or LG adults prior to becoming seniors. However, scholars and advocates agree that LG people live everywhere (Boso, 2014; Hughes, Harold, & Boyer, 2011; Jerke, 2011; King & Dabelko-Schoney, 2009; Rowan, Giunta, Grudowski, & Anderson, 2013). As of 2015, only four studies on age, nonmetropolitan areas (suburban and rural), and nonheterosexuality were conducted in the United States (AARP, 2015; National Center for Lesbian Rights, 2015; Rowan et al., 2013). Therefore, what is currently unknown are the challenges LG seniors face while aging in rural counties and suburban municipalities throughout the United States.

According to Bardach (2005), in order to sufficiently address a social problem, the first requirement is to define the problem as it relates to public policy. Then, evidence can be gathering. If there is no evidence or research on a particular population, then a good starting point is to interview the target populations to find out from them the definition and scope of the problem (Birkland, 2001; Smith, 2010). This study concentrated on understanding the importance of defining the public policy problem from the participants' point of view. This phenomenological interpretive study explored the day-to-day experiences of LG seniors living in Florida's nonmetropolitan areas in order to gather information to elucidate potential policy problems.

This chapter covers the following topics: background, problem statement, purpose statement, research questions, theoretical framework, nature of the study. The first subsection, background, provides a critical examination of the most up-to-date information on sexuality, aging, and nonmetropolitan regions.

Background

Research on LG Seniors and Nonmetropolitan Areas

At least six million lesbian, gay, bisexual, or transgender (LGBT) people will become seniors (65+) in the United States (U.S. Census, 2010). As a result, more research and advocacy are being done because the Baby Boomer generation will have a large and visible LGBT senior community (AARP, 2014; Adams, 2010). Scholars noted that LGBT seniors often share the same concerns as heterosexual seniors, but LGBT seniors have two additional barriers to overcome; namely, limited social support as they age and discrimination throughout the entire senior support system (Adams, 2010; Anetzberger, Ishler, Mostade, & Blair, 2004; Barker, Herdt, &deVries, 2006; Fenkle, 2012; SAGE, 2014; Smith, McCaslin, Chang, Martinez, & McGrew, 2010). These two barriers, limited support and discrimination, make it harder for LGBT seniors to *age with dignity*, a declaration explicitly stated in the preamble to the Older Americans Act of 1965 (AARP, 2015; SAGE, 2014; Witten & Eyler, 2012). The Older Americans Act creates a network of services and programs for older people in the United States to help with transportation, aging at home, among other programs. Twenty years earlier, the Social Security Act of 1935 created financial benefits for older Americans and social

services for the disabled and seniors, creating benefits for spouses. Yet it was not until

22015 that same-sex partners were allowed to have each other benefits.

Before the United States Supreme Court ruled the Defense of Marriage Act

(DOMA) of 1996 unconstitutional in 2015, same-sex couples could not get married and

receive each other's old age benefits, causing many LGBT seniors to lose homes and

financial stability if their partner died (Gay and Lesbian Advocate Defenders, 2015).

Additionally, since the repeal of DOMA, there has been more advocacy and research on

helping LGBT seniors age with dignity. However, most of the research is focused on

LGBT seniors living in metropolitan or urban areas, because this population is much

more visible and accessible (Boso, 2014). Boso (2014) and Jerke (2011) explained that,

even though same-sex marriage is positive for the LGBT community, the community is

marginalized in rural areas because people believe that being gay is compatible only with

city living. Therefore, laws get passed in rural areas that punish members of the LGBT

community, such as religious exemption laws. These laws allow companies and

government agencies to deny services based on religious bias making them inhospitable

places for any LGBT person, let alone a LGBT senior (Adams, 2010). These LGBT

seniors are invisible to local public policy makers, and this invisibility means limited or

no research is carried out and public policy protections are not granted (Smith, 2010;

Stone, 2002).

As of 2016, only four studies in the United States have looked at the intersection of

nonmetropolitan life, the LGBT community, and seniors. In the basis for their study,

Rowan et al. (2013) noted that, since 2008, only three studies considered the intersection

of rural, seniors, and nonheterosexual orientation. Rowan et al. (2013) added to the literature with a case study of a gay man in his 80s who lived his entire life in different rural areas. They traced his lifespan and investigated the role discrimination played. The man, who was in his 80s, did not feel as though he had ever been discriminated against, but admitted that he was extremely selective about sharing his sexual preference. In other words, as Rowan et al. (2013) noted was not able to be truly open.

Moore (2002) examined how LG caregivers in rural areas deal with discrimination. Butler and Hope (1999) and Comeford, Hensen-Stroud, Sionainn, and Wheeler (2004) explored the lives of lesbians living in rural areas. The crux of the Butler and Hope (1999) study was to identify and explore the healthcare needs of older lesbians in Maine, and the authors stated that discrimination based on sexuality and gender played significant roles in healthcare decisions, such as delaying treatment in order to not deal with misogynist and heteronormative medical providers. Comeford et al. (2004) interviewed older lesbians in Vermont to explore the different networks that lesbians create while they age. and the authors found that lesbians create informal families of choice that help them with daily living, health care decisions, getting to appointments, and staying social. These four studies comprise the literature about the intersection of rural living, homosexuality, and aging.

The research on suburban life, seniors, and LGBT is even scarcer. At the 2015 National Aging in America Conference a roundtable on suburban communities and aging took place, but there was no mention of sexual orientation (Eisenstein et al., 2015). There are no studies on sexuality, suburban areas, and aging. However, there is an

acknowledgement that the LGBT community lives everywhere—rural, suburban, and

urban. Even though LGBT individuals are leaving city's "gayborhoods" for suburban

areas, due to gentrification and increased cost of living, research continues to be

nonexistent (Madhani, 2014, para. 1). One theory is that the U.S. Census does not define

suburban areas; it is lumped together with rural areas with the term "nonmetropolitan"

(U.S. Census, 2010).

Two legal scholars, Boso (2014) and Jerke (2011), supported the inclusion of sexual

orientation as a criterion for implementing and clarifying laws and public policies in

nonmetropolitan areas. Moreover, they cautioned advocates and decision makers to keep

in mind that LG people live in all parts of the United States. Boso (2014) suggested that

metrocentrism—the belief that metropolitan areas are superior to nonmetropolitan areas--

was a motive for not conducting research on the LGBT community in nonmetropolitan

areas. Jerke (2011) coined the term, "queer ruralism," to identify the discrimination

toward LGBT people living in rural areas (p. 260). Ultimately, many people within and

outside of the LGBT community believe that living in rural areas is incompatible with

nonheterosexual orientation. Seeing a need for at least some information on rural LGBT

communities, the National Center for Lesbian Rights in partnership with the US

Department of Agriculture (USDA) started a series of conferences as a way to collect

information on people living in rural areas who are gay and to call attention to the

challenges LGBT people face in rural areas. The National Center for Lesbian Rights and

USDA's campaign along with scholars and advocates have started to critically examine

the metrocentrism in the LGBT research agenda or research focused on the LGBT

community. But, as of now, LGBT seniors continue to be overlooked.

Research on Public Policy and Invisibility

A public policy usually tries to mitigate a problem. Yet, a problem can only be

solved, at least with respect to public policies, if the group, community, or population is

visible (Bardach, 2005; Smith, 2010; Stone, 2002). Because LGBT nonmetropolitan

communities are not the norm or majority of the LGBT community, they are often not

visible during the construction of public policies (Boso, 2014; Jerke, 2011; Rowan et al.,

2013). According to Jerke (2011), when policy makers reinforce, clarify, or change a

public policy, it is often detrimental to unseen, obscure groups. And as Jerke (2011)

argued, this is usually the LGBT community in United States' nonmetropolitan areas.

The Social Security Act of 1935 is an example of how moving from invisibility to

visibility helped a group, specifically the elderly, receive policy protections. Prior to the

research on the plight of the elderly during the Great Depression, little was known about

seniors and their challenges (Social Security Administration, 2014). However, the Great

Depression of the 1930s brought the plight of older people to the attention of decision

makers, namely one in two people over 55 were living in poverty (Social Security

Administration, 2014). After the information was ascertained about the scope of elderly

poverty advocacy begun to garner attention and support from policy makers. It was the

step of moving from being invisible to being visible that galvanized legislators' attention

(AARP, 2015). In this example, identifying the needs, problems, and concerns of the

elderly helped to define the problem (too many seniors in poverty) creating visibility for senior leading to public policies that created a social safety net for the elderly.

Significance of the Study

In this dissertation, I defined the problem as follows: LG seniors in Florida's rural counties and suburban municipalities (nonmetropolitan areas) have more challenges as they age, challenges that are not addressed by current public policies. The first and second steps in the creation of a public policy or strengthening existing public policies is defining the preliminary problem and then gathering information from a multiple of sources creating a list of solutions to the problem (Bardach, 2005). Interviewing participant to ascertain Information and gather evidence are necessary when there is little or no information about a problem or the community the problem affects. Therefore, this study explored the day-to-day experiences of LG seniors in Florida's rural counties and suburban municipalities as a way of assessing their needs.

Problem Statement

Currently, there is a limited amount of data exploring what it is like to age as an LG senior residing in rural, suburban, or nonmetropolitan areas of the United States. As a result, many remain invisible, both within and outside the LGBT community and, by extension, to public policy makers Yet many researchers identify the study of nonmetropolitan LGBT communities, both younger and older, as part of the future research agenda (Hughes, Harold, & Boyer, 2011; King & Dabelko-Schoney, 2009; Knochel, Croghan, Moone, & Quam, 2012; Meyer, 2010). When developing public policies, if policymakers are not aware of a problem, then the problem stays hidden from

the public agenda (Anderson, 2003; Kingdon, 1995; Stone, 2002). Problems with a public policy solution must be thoroughly and rigorously studied or be an elected official's pet project (Kingdon, 1995). In other words, if a problem is not defined then public policy solutions cannot be suggested. Gosling (2003) stated, "Problem definition is a crucial stage in the process of rational decision making. We must know what problem it is we are attempting to solve" (p. 75). LG seniors in nonmetropolitan areas are invisible when policymakers are developing public policies about the aging. In addition to giving a voice to this minority within a minority, the purpose of this study was to explore the thesis that, in order to receive the rights outlined by Schneider and Ingram (1997), a group must be first socially constructed.

<div align="center">**Purpose of the Study**</div>

This phenomenological interpretive study explored the day-to-day experiences of LG seniors in Florida's rural counties and suburban municipalities. I gathered evidence as part of the second step to formulating a public policy that will ultimately inform the first step, defining the problem. The selection criteria were adults, 60 years old and older, who identify as lesbian or gay, and live in one of Florida's rural counties or suburban regions, as defined by the U.S. Census, Florida Department of Elder Affairs, and Office of Management and Budget. The rationale for using Florida and LG seniors are explored fully in Chapter 2.

Research Questions

Three research questions guided this study. The symbol R(#) is the central research question and the symbol r(letter) represents related subquestion(s):

R1: What are the day-to-day experiences of LG seniors in Florida's rural or suburban areas?

ra: What challenges are faced by LG seniors?

rb: What opportunities are faced by LG seniors?

R2: What government services do LG (LG) seniors in Florida's rural and suburban areas access?

rc: What other supports or services are needed?

R3: What is the connection of LG seniors in Florida's rural and suburban to the broader LGBT movement?

rd: What is the importance of being visible within the larger LGBT movement?

Theoretical Foundation

Berger and Luckmann first developed social construction theory in 1967. Schneider and Ingram (1993) then used social construction theory to examine how public policies were designed for different populations and developed *social construction of deservedness* theory. This theory states that a group has a social identity with certain political and social capital. Therefore, these socially constructed groups try to keep and get more political and social capital for when public policy makers create bills and laws as a way to continue to have laws passed that supports the group.

Social construction of deservedness identifies four distinct social statuses assigned to groups or communities (Schneider & Ingram, 1997). It is through these socially acceptable constructions that policy is created: (a) the *advantaged* group receives the majority of protections from public policies, (b) the *contender* population sometimes acquires protections and sometimes acquires encumbrances because this population is not fully vetted or trusted by decision makers, (c) the *dependent* group usually receives protections in public policies; however, they are usually limited to help the group gain more independence, (d) finally, the *deviant* population has no protections because they are not well-regarded; in fact, they are seen as moral failures.

Social construction is important in public policy, equally important is being visible. If a community is not visible, then policy makers may know they exist but can easily ignore their needs. For many communities, moving from invisible to visible is the first part of the process of gaining any assistance. According to Smith (2010), policymakers and decision makers do not help populations that are invisible because decision makers do not know there is a problem or if they know they exist they may just willfully ignore their problems. See Chapter 2 for a thorough exploration of the social construction of deservedness, the social status of invisibility, and the lack of power and public policy protections.

The central argument in this study is that nonmetropolitan LG seniors are not represented in current public policies for the aging, even though they might face more challenges, such as added discrimination, as they age. Moreover, the lack of research on rural and suburban LG seniors exacerbates their non-representation.

Nature of the Study

This study's methodology uses a phenomenological interpretive research design with semistructured interviews. With this type of qualitative research design, I was able to explore and then examine, in depth, the daily challenges senior gay men in Florida's suburban areas. Creswell (2007) and McNabb (2008) explained that a sample size of 5–25 participants is proper, as long as data saturation is achieved.

In addition, McNabb (2008) recognized that public administration uses qualitative research to begin to identify the needs of a community, and often to elucidate its problems. In other words, people's stories create strong emotional responses. Consider the "It Gets Better" program by the Trevor Project with its mission of combatting suicide in the LGBT community (Trevor Project, 2015). After the death of several gay teens, the "It Gets Better" program became an internet sensation as celebrities told LGBT teenagers that life does get better and never to give up, instead, get help (Trevor Project).

This qualitative study was a first step in identifying the needs of LG seniors living in Florida's nonmetropolitan areas. Thus, this study's sample frame was limited to participants who met three criteria: (a) Florida residency in either a rural county or suburban municipality, (b) lesbian or gay, and (c) 60 years or older. Since interviewing participants in all 50 states would be impractical for the scope of this project, I chose Florida for several reasons.

First, Florida ranks as the state with the third highest concentration of seniors—almost 25% of the population is 60 years or older (U.S. Census, 2010). Second, Florida's rural Monroe County has the highest concentration of same-sex couples (Bishop, 2011b;

U.S. Census, 2010). Third, Florida does not have some basic protections for LGBT people, such as employment antidiscrimination laws, making Florida more politically conservative (Human Rights Campaign, 2013). Fourth, Florida's Department of Elder Affairs (2012) acknowledged there is a need to provide services for LGBT elderly people. Pasco-Pinellas County is one of the eleven Planning & Service Areas (PSAs) of the Florida Department of Elder Affairs. In 2013, this PSA was charged with the LGBT Elders Initiative, whose objectives are to educate the community of LGBT elderly about their unique needs and to create services to support LGBT elderly people (Area Agencies of the Aging of Pasco-Pinellas, 2013). However, it is metropolitan focused, excluding nonmetropolitan areas. Chapter 3 and Appendix A contain a list of counties and municipalities with breakdowns on LGBT rights, demographic information on seniors within the county or municipality, and senior services provided by the government.

The second criterion is sexual orientation. Seniors must self-identify as lesbian or gay. This sample excludes bisexual and transgender seniors (BT, respectively) of the LGBT community. I included LGs even though Martin and D'Augelli (2009) suggested studying each grouping—lesbians, gay men, bisexual people, and transgendered individuals—individually. Grossman (2008) argued that lesbian, gay men, bisexual people, and transgender individuals should not be lumped together because aside from having nonheterosexual orientations, there are no more similarities. Equally important is having enough participants to draw meaningful conclusions (Creswell, 2009; Martin & D'Augelli, 2009; Patton, 2001). It is for this reason that I choose to examine the lives of gay and lesbian seniors.

The final sample frame and criterion was age. Each participant was over the age of 60. The Older Americans Act of 1965 (2006) defines seniors as 60 years old and older. Thus, in order to receive services through the Older Americans Act of 1965 (2006), a person must be at least 60 years old. Consequently, I decided to use 60 years and older as the standard for this qualitative study.

NVivo 10 was used to code transcripts from the participant interviews. From the transcripts, thematic codes were developed, making analyzing the data easier. This study helped to reduce the gap in literature by providing more data on the needs facing gay seniors in nonmetroplitian areas as they age. Chapter 3 explains the coding process in detail. Next are relevant definitions.

Definitions

The pertinent definitions for this research study are as follows:

Elderly, elders, seniors: An elderly person, elder or senior means any person 60 years of age or older. The U.S. Census collects information on elderly people and puts them into ten year decades, ex. 60-70 years old. The Older Americans Act of 1965 (2006) authorizes services for seniors reaching the age of 60 years old with specific guidelines on meeting seniors with the most social, emotional, and economic needs. In order to get a meaningful sample, LG elders aged 60 years old and older were chosen because they are on the cusp of retirement, which usually results in a diminished social network and eligible for services under the Older Americans Act of 1965 (2006).

Heteronormativity (heteronormative assumptions): Phelan (2001) described heteronormativity as the assumption that everyone is heterosexual, thus creating a permanent second-class citizenship of those individuals who do not define their sexual orientation in this manner. In a related context, The Older Americans Act of 1965 (2006) is based on the assumption that seniors are heterosexual and will have family members to care for them as they age. For the purpose of this research these contextual uses of the term heteronormalism will be used interchangeably unless otherwise specified.

Lesbian, Gay, Bisexual, or Transgender, LGBT; gay, lesbian, bisexual, and transgender, LGBT; this study LG: LGBT is the umbrella term used for each group within the LGBT spectrum; that is, lesbians, gays, bisexual men and women, and transwomen and transmen (Shankle, 2006). Most major organizations use the umbrella of LGBT or GLBT to signify its inclusiveness of all nonheterosexual peoples. These organizations include the Human Rights Campaign, the largest United States LGBT rights organization and Services & Advocacy for Gay, lesbian, bisexual, and transgender Elders or SAGE, the largest United States LGBT elderly organization. Parks, Hughes, and Werkmeister-Rozas (2008) noted the use of LGBT or GLBT was to provide visibility through identification for research purposes. It is easier to use LGBT in research than spell out each group separately. In this study, only LG (LG) seniors will be interviewed. The rationale for the inclusion of only LG is above in the Nature of the Study section.

Metrocentrism and rural queerism: Boso (2014) explained metrocentrism is the over-emphasis on urban areas while neglecting rural and suburban areas in research, especially research on the LGBT community. Jerke (2011) coined the term "queer

ruralism," which acknowledges that research is conducted in urban areas to the detriment

of rural and suburban areas (p. 270). Both legal scholars, Boso and Jerke, describe the

importance of research to be done in rural and suburban areas, especially in the fight for

LGBT equality. Unfortunately, research focusing on the LGBT community is mostly

done in urban areas then that information is extrapolated to rural and suburban areas.

Boso (2012) identified metropolitan or urban areas as places where research occurs with

LGBT people because of the assumption that LGBT people leave rural areas as soon as

they are able to leave.

Metropolitan areas or urban area: The U.S. Census (2010) identifies major

metropolitan areas or urban areas of more than 50,000 people in a densely packed area.

Nonmetropolitan areas: Nonmetropolitan areas refer to the suburbs and

rural areas or areas that are not in urban areas (U.S. Census, 2010).

Public policy makers or decision makers: Any governing body that has the

responsibility and authority to make laws and public policies. In most states, such as

Florida, the House and Senate, collectively called the Legislative Branch, are the

policymaking authority (Florida Legislature, 2014). Local governments have several

different governing bodies, at the town and county level. According to the National

Association of Counties (2014), there are over 3,000 county governments in the United

States that are responsible for different aspects of government services, such as

healthcare, senior services, and marriage licenses. In Florida, County government is

overseen by County Commissioners, and they make the decisions on finances,

regulations, and laws (Florida Association of Counties, 2015). According to the Florida

League of Cities (2013) "the elected municipal governing body is responsible for the policy-making function of city government. Municipal governing bodies in Florida are titled council, commission, board of aldermen, or councilor" (p. 24). The legislative power to make and pass laws remains as a function of Commissioners at the County level (Florida League of Cities, 2013). The townspeople usually elect the Commissioners.

Rural area: The U.S. Census identifies a rural area as any place "outside of urban areas" with less than 10,000 people, open spaces, and up to 500 people per square mile (Florida Department of Health, 2014; Gottschalk & Newton, 2009; Reynnells, 2014).

Suburban area: U.S. Census (2010) uses "urban clusters" and "micropolitan statistical areas" (Statistical Areas section, para. 1). More precisely, a suburban area is defined as having a population with over 10,000 but less than 50,000 with heavily concentrated housing stock within the area (National Center for Education Statistics, 2015; U.S. Census, 2010). The National Center for Education Statistics (2015) defines suburban areas as small, medium, and large, having anywhere from "less than 100,000 people to 250,000 people or more" and outside of a city (New Urban-Centric Locale Codes Section, paras. 4-6). In examining various suburban areas, many of the towns and areas had less than 10,000 people but were right outside of the city.

Assumptions

Based on the literature review, I postulated several assumptions. The initial assumption was that all participants were honest in speaking about their experiences, challenges, and opportunities. This assumption was necessary because in qualitative research the researcher assumes participants are being honest and want an opportunity to

tell their stories. Another assumption was the Older Americans Act of 1965 (2006)

mandates are implemented without regard to sexual orientation.

<center>**Scope and Delimitations**</center>

Bisexual and transgender seniors were excluded from this study. There is some

information on gay and lesbian seniors in rural and suburban areas; however, there is no

information on bisexual and transgender seniors. The reason for this is partly because

bisexual people are thought to be able to be heterosexual due to their relationship status

with both the same and opposite sex. Therefore, it makes it extremely difficult to

determine who these seniors are and equally difficult to conduct research on them

(Martin & D'Augelli, 2009). For transgender seniors, their needs are numerous from

physical concerns, due to hormone therapy, to identity concerns, which would make it

difficult to connect with gay and lesbian seniors (Probst, Samuels, Moore, & Gdovin,

2014). Furthermore, Martin and D'Augelli (2009) explained that due to the numerous

differences in each group of the LGBT community, research should not lump them

together rather treat them as separate groups with its own ideologies, hardships, and

identities. Furthermore, I was concerned for transgender individuals' safety considering

rural and suburban areas are normally less accepting of non-binary gender norms.

A qualitative study was used since there is very limited information on this

demographic. For a larger study to be conducted, it is important to know the questions to

ask, and since there has been no formal study, understanding what these men went

through from their point-of-view is important. Moustakas (1994) explained when limited

information is known and more information needs to be collected then a qualitative study

is warranted.

Social construction of deservedness was the framework used rather than other

frameworks, such as advocacy coalition theory, because social construction of

deservedness focuses on identity and group participation (Schneider & Ingram, 1993).

This theory allowed for multiple points of investigation depending on the participants'

understanding of the phenomena.

Limitations

There were several limitations in this study. Maxwell (2005) noted since the

researcher is the instrument and plays a significant role in the research, he or she must be

prepared to understand and discuss any biases they bring to the research for not doing this

will cause the researcher to bring the biases into the research causing credibility concerns.

He further noted it is important to recognize these limitations and to not dismiss them but

to use them to enhance the study. To this end, I grew up in a less-than-hospitable

nonmetropolitan area of New York during the 1980s and 1990s. During these decades,

the discussion of gay rights was derogatory with the typical sermon on how AIDS was

retribution for the sin of homosexuality. The reverend at the Catholic Church I attended

and in which I was actively involved constantly preached about the demise of family and

rise of sinfulness, mainly homosexual behaviors. I left for a city as soon as I was able to

leave. This upbringing in this part of New York allowed me to think more about the

challenges that face LGBT people in rural and suburban areas. Patton (2001) lauded the

self-discovery that comes from qualitative study, but, also, cautioned that qualitative researchers to dedicate themselves to "balance, fairness, and completeness" (p. 51).

In order to achieve "balance, fairness, and completeness," I practiced interview questioning. I conducted a pilot study with two participants to ensure that the questions gave me the information I needed. Also, when the transcripts were done, a colleague reviewed each transcript to ensure they were complete. Finally, while participants had the option of reviewing transcripts to ensure accuracy, none opted to do so. Lincoln and Guba (1985) suggested journaling during the entire process—from writing the literature review to final analysis. It is particularly important to journal after conducting the interviews. Journaling before, during, and after interviews assists with the mitigating of any biases brought into the research and any biases that were not evidence through before starting the research allowing for more dependability and credibility of the research. Furthermore, journaling helps to see connections between the literature and interview transcripts. I did journal through the entire process of writing, collecting data, and analyzing the interviews.

Another limitation was time. Patton (2001) encouraged researchers to stay in the field for a long time interviewing and re-interviewing participants in order to have data completeness. Unfortunately, due to time and material resources, staying in the field for an extended time was not possible. Therefore, this study was limited to seven participants who were willing to tell in depth stories of their lives as gay seniors living in nonmetropolitan areas of Florida.

Significance

The crux of the Older Americans Act of 1965 and its subsequent amendments was to create equity and equality for elderly people living in the United States. However, LG seniors in rural and suburban areas continue to be overlooked to the point of invisibility in this and other similar public policies. This qualitative study was a step toward exploring the day-to-day experiences of this population. Social change is about creating more equity through our public system because ideally the United States holds as an essential value the dignity and human worth of every human being (Stone, 2002). Insights from this study helped to elucidate common concerns of gay elders living in suburban areas of Florida. As a final points this study moved forward the step for equity and equality. After signing the Shepard-Byrd Hate Crimes Prevention Act of 2009 and during the bill signing's public ceremony, President Obama explained that this new law would assure all LGBT people would not be afraid to show public displays of affection with the person they love anywhere in the United States (Zeleny, 2009). All communities—metropolitan and nonmetropolitan—should be safe for the LGBT community.

Summary

Throughout the last decade there has been a renewed interest in the elderly populations. This renewed interest has included the way minority population age and the supports they need to age with dignity, as the Older American Act of 1965 Preamble denotes. One minority group garnering some more support and acceptance is the LGBT community, as there is a recognition that due to discrimination in many parts of the

United States, LGBT elders age less dignified than their heterosexual peers (Meyer, 2010). Even though there is a renewed interest in helping this minority group, it is often within the cities or metropolitan areas in which this help is mostly given; however, the LGBT community lives in all areas, cities, suburbs, and rural. Yet, only four studies have been conducted intersecting sexuality, nonmetropolitan areas, and age. Bisexual seniors were excluded from this study because of the impossibility of finding participants since many bisexual people feel marginalized by the LG community. Moreover, transgender seniors were excluded mostly because their safety could not be assured since they are now targets of aggressive punitive public policies (Probst et al., 2014). Lesbians were included in the original plan but no one identifying as a lesbian agreed to be interviewed. As a result, this phenomenological interpretive study interviewed seven gay men living in Florida's suburban areas to explore their needs as they age. These needs give insight into the theoretical framework, social construction of deservedness, and how to incorporate sexuality into public polices for the aging.

Chapter 2 reviews the current literature, using Rudestam and Newton's (2007) "long, medium, and short" arrangement (Chapter 4, Section 5, para. 1-3). They suggested giving a short understand of the larger problem, then paring it down to a smaller examination of the problem, and finally, the actual focus, which incorporates the intersections of residence, sexual orientation, and age in the state of Florida. Chapter 3 discusses the methodology I uses and the data collection rubrics. Chapter 4 presents the data and findings. Finally, Chapter 5 gives a conclusion about how these study data and

interpretive findings helps to minimizes the literature gap and describes opportunities for

future research directions.

Chapter 2: Literature Review

In 2015, 3 million seniors identified as LGBT, and they have lived through unprecedented changes (Fenkle, 2012; Fredricksen-Goldsen & Muraco, 2010; Services & Advocacy for GLBT Elders or SAGE, 2014). Now there are federal and some state employment and housing anti-discrimination laws protecting the LGBT community (White House, 2015). Support for same-sex marriage continues to rise; in some parts of the United States, acceptance is over 50% following the U.S. Supreme Court's 2013 decision in making same-sex marriage legal in all states (Pew Research Center, 2014; U.S. Supreme Court). Finally, activists on behalf of LGBT seniors are pushing to include LGBT in the Older Americans Act of 1965 (2006) under "vulnerable populations." Gerontology researchers and public policy scholars are gathering data on the needs and concerns of LGBT seniors (Barker, Herdt, and deVries, 2006; Fredricksen-Goldstein & Muraco, 2010; Fox, 2007; SAGE, 2014). Seniors who are lesbian, gay, bisexual or transgender in metropolitan areas are organizing and demanding equal treatment and increased funding from the government (Hu, 2015).

Boso (2014), Jerke (2011)**,** and Rowan et al. (2013) discussed the lack of data on the rural and suburban LGBT communities. These scholars pointed out the importance of including this group, nonmetropolitan LGBT, in public policy and research on the LGBT community. This phenomenological interpretive study is expected to add to the limited but growing literature on nonmetropolitan LGBT communities. This study used in-depth interviews to examine the day-to-day experiences of LG seniors in Florida's rural

counties and suburban municipalities. This chapter is the literature review. The literature search strategy, theoretical framework, and public policies on aging were examined.

Literature Search Strategy

To identify the relevant literature, I used the following databases: Academic Search Complete, Dissertations & Theses, ERIC, Expanded Academic ASAP, FDsys, LegalTrac, LGBT Life with Full Text, Project Muse, ProQuest Central, Political Science Complete, ProQuest, PsycINFO, SAGE Premier, and SocINDEX. I used the following keywords: *gay elders, lesbian elders*, *LGBT elderly*, *LGBT and elderly and rural areas*, *urban areas*, *social construction theory*, *social construction theory and public policy*, *suburban areas*, *aging public policies*, *nonmetropolitan areas, needs assessments-LGBT, elderly*, *older Americans*, *older LGBT*, and *Older Americans Act*. To receive only the most current information, I typically limited the articles to those published in the past 5 years. Sometimes more than 5 year old articles and books dealing with aging and sexuality were used to give a historical context.

For U.S. public policies and Florida public policies, original and amended laws were reviewed from U.S. Code Book, Florida's Statues, or local government (county and municipal) codes. Additionally, an analysis of U.S. Supreme Court decisions and lower court decisions including U.S. Court of Appeals and U.S. District Courts was conducted. Furthermore, supporting documents, such as debates around a particular law, legislative histories, and presidential remarks, added to the extensiveness of the search. I read, in depth, all original versions and subsequent versions of the Older Americans Act of 1965,

Social Security Act of 1935, Defense of Marriage Act of 1996, and Florida's Older

Americans Act.

There has been sporadic research on the LGBT seniors since the 1970s. The first

and last studies I examined was Berger's (1984) groundbreaking study on LG older

adults (age 40 and older), and SAGE's study from 2014, a survey of over 2,300 LGBT

and heterosexual Americans 45–75 years old. Interestingly, from 1982-2011 only a very

small number of studies about LGBT seniors and aging were completed. Although still

not saturated with information, 2011 had more studies on LGBT seniors.

This extensive search allowed led me to expose a substantial gap in the research

that created the basis for this study. The biggest hurdle was finding research on LGBT

elders living in rural and suburban areas. It was very minimal. In order to study the issue

of LG seniors in Florida's nonmetropolitan areas, I used social construction of

deservedness as the theoretical framework, which will be explored next.

Theoretical Framework

Social Construction of Deservedness

Social construction of deservedness (Schneider & Ingram, 1997) for the creation

of public policy was the theoretical framework for this study. More pointedly, the lack of

visible or the invisibility of a group of a minority population and their inability to get

basic protections were developed. Simply, social construction of deservedness is the way

public policies are designed based on socially accepted perceptions of the beneficiary

group. However, the fundamental question was what happens if a group is invisible

within a minority community? To obtain a richer understanding of the theory and how it

is incorporated into this study, I explored the theory and its orientation with public policy, and developed the invisibility theory.

Schneider and Ingram developed social construction of deservedness in 1997 based on social construction theory developed by Berger and Luckmann (1966). Schneider and Ingram (1997) used social constructions as a framework to examine the winners and losers in public policies. They contended that individuals are placed into groups, labeled social constructions, based on societal perceptions. Furthermore, Schneider and Ingram posited that from these social constructions public policies are developed and implemented as either a value or encumbrance for that particular social construction. The particular group tries to keep or gain more social and political capital in order to get more supportive public policies passed. Four distinctive groups with a range of power that each have, that is, having a lot of power to having a limited amount of power or to having no power were discovered. After an individual is identified with one certain group, he or she is placed on a continuum where policy makers create policies to support the group's growth and protection, limit the power of group or disempower the group by making policies that are detrimental. It was under these theoretical precepts in which Schneider and Ingram (1993) first developed deservedness related to public policy creation. The following is an examination of the four distinct groups discussed by Schneider and Ingram.

The first group has the most political power and, usually, public policies are created to help this group (Schneider & Ingram, 1997). However, there are times when public policies are encumbrances for people in this group based on having too much

power and needing to diminish this power. This group classification is the advantaged

group, which consists of business people, the elderly, lawyers, and elected officials

(Schneider & Ingram, 1997, p. 135). The people who have been constructed into this

group have the highest amount of political and social capital whereas public

policymakers create public policies that usually benefit them (Schneider & Ingram,

1997).

The Older Americans Act of 1965, the law that guides federal, local, and state

agencies to provide care and material resources to U.S. citizens 60 years and older is one

example of public policy creation for an advantaged group (Schneider & Ingram, 1997).

During the Great Depression of the 1930s, the plight of the older American was

highlighted. Although the Older Americans Act of 1965 would not be created and

implemented for almost thirty years after the Great Depression, the Social Security Act of

1935 was established. The Social Security Act of 1935 created a mechanism to provide

financial means and coordinated some services for older Americans (Social Security

Administration, 2015). Additionally, the Social Security Act of 1935 galvanized and

organized older Americans that ultimately led to advocacy leading to new social

constructions deserving public policy protections. The result was the Older Americans

Act of 1965 (AARP, 2014). Also, policy makers began seeing the elderly as a group that

could be cultivated. In other words, they deserved public policy protections because they

are organized, and they provide a large group of voters (Hudson & Gonyea, 2012). Any

target group that is socially constructed in the advantaged group usually has enough

resources and visibility to gain protections from public policies.

The second group is the contenders (Schneider & Ingram, 1997, p. 137). The people in this group hold some power, but, at times and in certain places, are considered suspicious and lose power. Policymakers either give this group more power or take away power in the form of public policy protections or policy encumbrances (Schneider & Ingram, 1997). Schneider and Sidney (2009) noted local policymaking is important for individuals in this group because can work with policymakers to reconstruct themselves in a more positive light. Nationally, this has happened to LG Americans. The Pew Research Center (2014) explained that support for same-sex marriage has increased to more than 50% (or at the very least not disapproving) in America. In many parts of Florida, especially in the more conservative panhandle, LG people are still considered suspect and there is disproving of nonheterosexuality. Administrators in several counties have discontinued performing wedding ceremonies, but citing budget cuts (Kleine, 2015). Furthermore, there is an assumption from the administrators that LG people do not live in these counties, and they do not want to compromise their conservative values (Burger, 2016).

The third group with no political power but get sympathy is the dependent group (Schneider & Ingram, 1997, p. 109). The people in this group are often seen as needing help. Additionally, they have circumstances out of their control that make it impossible for them to sustain a desirable quality of life (Schneider & Ingram, 1997). Yet, this group is further divided into *deserving, dependents* and *undeserving, dependents* (Schneider & Ingram, 1997). The deserving, dependent people include children, people with intellectual disabilities, and people with physical disabilities (Schneider & Sidney, 2009).

In other words, the deserving, dependent groups are people born into circumstances beyond their control that renders them unable to take care of themselves without some assistance. The undeserving, dependent group is the second sub-category of the dependent group. People in this group are not entirely at fault for their situation, but bear at least some responsibility (Schneider & Sidney, 2009). Additionally, usually policy protections are limited to this second category. Seniors living in rural areas fall within the deserving, dependent category; however, public policies are limited, and the expectation is for poor rural people to improve their circumstances within a few years (Rowan, et al., 2013).

The socially constructed group with absolutely no power, and, in fact, is rescinded power is the devian*t* group (Schneider & Ingram, 1997, p. 143). Public policies are developed to deter or punish individuals in this group because their behavior is deemed as unacceptable. Prior to the 1974 removal of homosexuality as a mental illness by the American Psychiatric Association, LG people were considered part of this deviant group (Berger, 1984). Luckily, now in 2015, in most places the LGBT community is no longer constructed as deviant; however, there are exceptions. Religiously conservative places, such as rural areas in Florida's panhandle, still construct gays and lesbians as deviant (Moon, 2014). Mostly because of reinforcing the stereotype that gays don't live here and do not need public policy protections (Jerke, 2011). A common theme in each of these social constructions is that the group must be recognized, and through this recognition they become part of one of these social constructions (Deleon & Varde, 2009). Social construction with public policy design admits that in crafting and implementing public

policies, a person's perceived desirability leads to either having power or the lack of power.

Invisibility and Social Construction of Deservedness

I theorize public policies are not cognizant of this sub-subsection of the LGBT community. As a result, LG seniors in nonmetropolitan areas are not constructed as advantaged, contenders or dependent because policymakers do not believe they exist. Interestingly, LG seniors residing in nonmetropolitan areas are invisible in the LGBT community based on the fact that there is little to no information on this group. Specifically, local policy makers do not consider LGBT elders in nonmetropolitan areas when crafting public policies related to aging (Jerke, 2011). This non-social structure is based on the belief that LGBT people do not live in nonmetropolitan places. Through conducting research, analyzing data, constructing plausible solutions, and picking a resolution, a public policy is crafted. Accordingly, after creating a problem definition, a systematic and scientific review of the current literature is undertaken. When there is invisibility of a population the needs are unknown by policymakers, and, therefore, research is limited or not conducted, resulting in the population continuing to be overlooked. I use the term Cycle of Invisibility to denote the circuitous sequence that keeps LG seniors invisible and not socially constructed to receive benefits. Figure 1, below, explains the invisibility cycle of populations.
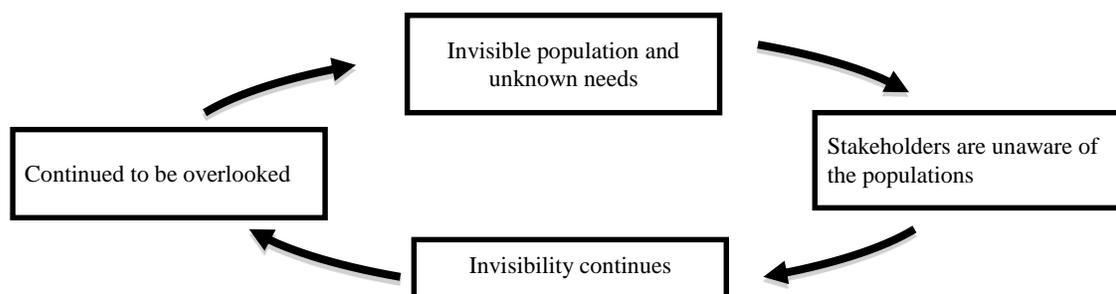
Figure 1. Cycle of invisibility that creates continued invisibilty of a minority population causing public policies encombrances to be enacted.

This cycle of invisibility is particularly concerning since identifying and understanding a problem is the first step in creating a public policy solution (Bardach, 2005; Stone, 2002). The policy definition is, Florida's LG seniors in nonmetropolitan areas are invisible when planning of aging services to create and implement public policies thus rendering them outside the social construct of deservedness. In other words, they do not exist. Using this theory, three areas of study is being explored, aging as an LG person, public policies related to sexuality, aging or nonmetropolitan places, and living in nonmetropolitan areas.

The first area of research is aging as a member of the LGBT community. The research noted some of the same concerns LGBT elders have that are congruent with the concerns of heterosexuals. These concerns included, being able to age outside of nursing home, having enough money to live comfortably in retirement, aging with grace, and being useful in older age (Fredriksen-Goldstein & Muraco, 2010; Knauer, 2009; SAGE, 2014). However, two stark differences between LGBT aging and heterosexual aging will be more fully explored in the next section.

Current Literature on LGBT Seniors

Berger, in 1982, was the first scholar to begin dispelling myths of older LGs, specifically noting that this population existed culminated with an in-depth look at LG individuals over 40 in his 1984 book. In this book, he advocated for the inclusion of LG older adults in research and the importance of dispelling the myths surrounding current research on this population. Moreover, he stressed that gerontology, social work, and psychology do not discuss how to help LG people age with dignity. In the last thirty-three years since Berger's articles and book were published not much has been written about aging LGBT seniors. The last 10 years, though, there have been more research conducted on this population.

The last 10 years have brought about more interest, more research, and more data on aging and the LGBT community. Primarily the renewed zeal is an acknowledgment the United States is aging. Also, the Baby Boomer generation will include a large number of self-identified visible LGBT seniors (Coalition of Diverse Elders, 2015). There are substantial connections between heterosexual seniors and LGBT seniors; specifically, in term of housing, aging, and retirement savings. However, there are two areas in which there is a vast difference, support networks and discrimination (Fredricksen-Goldstein & Muraco, 2010; SAGE, 2015).

Concern 1: Support Networks

Having support from family and friends is essential to healthy living while aging and has been correlated with a reduction in being admitted to a nursing home or similar institutions (Fredriksen-Goldsein & Mauro, 2010; Masini & Barrett, 2008; Smith,

McCaslin, Chang, Martinez, & McGrew, 2010; White, Philogene, Fine, Sinha, 2009).

White et al. (2009) analyzed survey responses from over 3,000 sixty-year-olds and older

people and determined having a social support system contributes to improved physical

and mental health. In other words, when older people have support from family and

friends they have better self-esteem, better coping skills, and better abilities to take care

of oneself. Additionally, in order to keep out of the institutional system (i.e., nursing

homes), having informal caregiving is necessary. Caregiving in the United States is

provided informally through mostly family and sometimes friends. Not having a network

to support them or provide caregiving, if needed, also created anxiety for LGBT seniors

(Fredriksen-Goldsein & Mauro, 2010; Masini & Barrett, 2008; Smith et al, 2010).

During the 1950s-1970s, when the majority of current LGBT seniors were coming

of age, they needed to be cautious and subtle about their sexual orientation.

Homosexuality was illegal and being gay was rarely discussed other than using

derogatory terms. If a person was found out as having a "homosexual inclination" they

were often hospitalized and "treated" with various conversion therapies to cure the person

(Barker, Herdt, & deVries, 2006). As a result, LG individuals married opposite-sex

partners in order to hide their sexuality, became estranged from their birth family, or

sidestepped talking about being homosexual with their bio-family (Smith et al., 2010;

Witten & Eyler, 2012).

This has had lasting repercussions, namely, many in the LGBT community do not

have automatic caregivers in terms of family members because either they are estranged

from their families or have no children (Berger, 1984; Fredriksen-Goldsein & Mauro,

2010). If an LGBT person does have contact with family members or had a heterosexual

relationship prior to coming out, they are significantly less likely to receive caregiving

from family members (Witten & Eyler, 2012). For many in the LGBT community, being

out and proud meant severing bio-family relationships. So instead the current seniors of

the LGBT community created *families of choice* or social networks of friends that

provide support and assistance (Clay, 2014; Fredriksen-Goldsein & Mauro, 2010; Masini

& Barrett, 2012; Smith et al., 2010).

　　　　Compiling data from secondary sources, Barker et al. (2006) concluded that many

LGBT elders had informal caregiving networks or family of choice support networks (p.

2). Lesbian, gay, bisexual, and transgender older adults use networks of friends or

families of choice to provide caregiving and support as they age. Although many of the

current LGBT seniors have friends who act like family and may provide care while the

individual ages, these networks diminish over time. One result of diminished caregiving

informal networks is LGBT people end up in long-term care facilities earlier than

heterosexual individuals (Barker et al., 2006).

　　　　Prior to going to a long-term facility, seniors usually receive assistance (dressing

self, bathing, preparing meals, cleaning) from different agencies. However, the expense

and perceived or real discrimination keeps them from soliciting this support and often

this support is too late and they end up in nursing homes (Clay, 2014; SAGE, 2014). This

means that LGBT seniors hide their medical problems until they are exacerbated, which

impedes their ability to age-in-place (SAGE, 2014). Even when they do have caregiving

from friends, these friends are sometimes unable to provide dedicated support due to their

infirmities or because they unable to afford taking time off from work (Barker et al., 2006; Clay, 2014). Unfortunately, most states do not allow for informal support systems (friends, lovers) to take time off with pay to care for a loved one not related by blood or marriage (AARP, 2014; Witten & Eyler, 2012). In 2014 AARP (2014) began supporting and backing the CARE Act, which is Caregiver Advise, Record, Enable (para. 1). Among other things, this Act seeks to include informal support networks in the decision-making and caregiving of older Americans (AARP, 2014). However, currently, as noted, many LGBT seniors are going to long-term care facilities before they need to because they have inadequate caregiving. The next broad theme from the literature is discrimination.

Concern 2: Discrimination

Aging networks and the medical system are heteronormative or assume all people are heterosexual (Clay, 2014). Discrimination based on sexual orientation is a real and perceived concern for many in the LGBT senior community (Fredriksen-Goldsein & Mauro, 2010; Metlife, 2010). Discrimination in aging networks exists in senior centers, a major component of elder care in the United States, and long-term care facilities, another major component of U.S. elderly care.

For some LGBT seniors, senior centers are not places where LGBT seniors feel comfortable because of perceived and real discrimination. Interestingly, many senior centers administrators felt that advertising to or with same-sex couples would drive revenue down or the administrators believe that LGBT people do not live in their counties (Hughes et al., 2011). Many LGBT elders reported an overwhelmingly negative experience when accessing senior centers, and some others have refused to contact senior

services for fear of a negative experience (Anetzberger et al., 2004; Landers, Mimiaga, & Krinsky, 2010). The hesitation of accessing aging services for LGBT seniors would decrease loneliness and depression as the result of social isolation (Landers et al., 2010). In large cities, such as New York and San Francisco, advocates are demanding local governments to fund, or at least include, LGBT seniors by providing senior citizen centers free from discrimination or creating LGBT only senior spaces (Espinoza, 2012). However, due to constant lack of fiscal resources to have separate places for LGBT people, many governments have declined to take action. As a result, Espinoza suggested creating safe spaces in all senior centers for LGBT seniors, which would be a healthy compromise especially in rural and suburban areas.

The United States' long-term care system is a patchwork of facilities that offer continuing care for elderly people. Competent healthcare remains the most prominent concern in this system, which is a concern for all sexual orientations (Hinrich & Vacha-Haase, 2009; Stein, Beckerman, & Sherman, 2010). The diverging issue with regard to sexuality and aging is that LGBT seniors have to endure heteronormativity or discrimination (Barker et al, 2006). SAGE (2010) surveyed 769 LG elders in long-term care and found that many went back in the closet rather than face discrimination. Additionally, SAGE (2010) found that if an elder was feeling courageous and asserted his or her right to care based on sexuality sensitivity then they faced possible neglect and possible abuse from staff. In addition, Hinrich and Vacha-Haase (2009) conducted a qualitative study using various scenarios to discuss sexuality with 218 employees at a Colorado long-term care facility. The scenarios were all the same, but the sexual

orientation of the two individuals changed. For example, they gave employees different

stories of a male-female couple, a male-male couple, and a female-female couple to

determine the employee's reaction to the stories of couples having sex in the facility.

They used a rating system to arrive at several themes: "surprised, comfortable,

acceptable, ignore, and intervene" (Hinrich & Vacha-Haase, 2009, p. 782). Hinrich and

Vacha-Hasse found that approximately 85% of employees found sexual relations between

men unacceptable and would report the sexual interaction to a supervisor so that the

offending parties would be sanctioned or punished. The words used to describe same-sex

couples were more harsh and negative, ranging from disgust to being appalled, than when

it was a man and woman engaged in sexual intercourse. Interestingly, they concluded that

LG couples were looked down upon and viewed more negatively than heterosexuals.

Many administrators, executives, and employees believe that a same-sex couple living

together is inappropriate (Stein, Beckerman, & Sherman, 2010). The result is that many

decide to go back into the closet. Even though many of the current LG seniors are open,

they are forced to go back into the closet (Jacobs, Rasmussen, & Holman, 1999; Tolley &

Ranzijn, 2006).

An outcome of these discriminatory practices is most staff lack sensitivity and

cultural competency training to create a welcoming environment for LGBT elders.

Insensitivity can be subtle, assuming everyone entering is heterosexual, or outright

hostile, refusing to allow same-sex couples to live together (Landers et al., 2010; Tolley

& Ranzijn, 2006). One long-term care facility leader noted that having sensitivity training

would be nice, but regulations make sure there is no "wiggle" room for trainings other

than the ones already required (Landers et al., 2010, p. 324). In other words, there is not a

priority to include sexuality sensitivity and LGBT focused sensitivity training. SAGE

(2014) and Funders for LG Issues (2004) recommended quality and consistent training

for all LTC employees in order to make LGBT elders feel within the facility. In addition

to the discrimination, there are issues with the system that exacerbate concerns LGBT

elders have.

Discrimination in the medical establishment or healthcare is a complex topic

because of both real and perceived judgment. Forty percent of gay seniors over the age of

60 do not tell their providers about their sexual orientation for fear of receiving

substandard care (SAGE, 2014). Being harassed or denied healthcare services because of

being sexual minorities happened to 13% of LGBT people, according to a national study

(Fredriksen-Goldsen, Kim, & Barkan, 2012). Additionally, roughly 30% of LGBT people

(45 years old and older) are worried that if they disclose their sexual orientation or gender

identity they would be discriminated against by a healthcare provider (Metlife, 2010;

SAGE, 2014). These findings are significant considering physical and mental health

disabilities are higher for LGBT seniors than heterosexual seniors (Fredriksen-Goldsen et

al., 2012). Other studies have noted higher rates of suicidality, obesity, lung cancer,

alcoholism, and substance abuse (Brennan-Ing, Karpiak, & Seidel, 2011; Fredriksen-

Goldsen et al., 2012; SAGE, 2014).

Summary of LGBT Seniors and Social Construction of Deservedness

The current research illuminates many concerns dealing with aging and being

lesbian, gay, bisexual or transgender. Even though LGBT seniors have some of the same

concerns as heterosexual seniors, diminished support networks and discrimination within aging networks and medical establishments are two broad concerns for LGBT seniors (Brennan-Ing, Karpiak, & Seidel, 2011; Fredriksen-Goldsen et al., 2012; Landers et al., 2010; SAGE, 2014). At the core of these two concerns is heteronormativity or the assumption that all seniors are heterosexual and, therefore, services for aging target heterosexuals forgetting about LGBT communities (Meisner & Hynie, 2009). Cruikshank (2009) noted that heterosexism is pervasive in society. Knauer (2009) advanced that part of the problem is the LGBT rights movement has set up the paradigm that gay people are exactly the same as the rest of the population. In order words, differences do not exist between heterosexuals and homosexuals; therefore, there is no reason for services for this population.

Schneider and Ingram (1997) explained that groups are constructed, first, in one of the four deservedness identities--advantaged, contenders, dependent, and deviant. However, even before an identity can be constructed, the population must be visible. In terms of public policy there must be a problem to solve that affects a community (Bardach, 2005). Smith (2010) agreed by noting the importance of defining a problem specific to a community as the first step in writing public policies and the step that is constantly refined. Furthermore, they noted that if a community is not seen as different or are completely invisible from policy makers' agenda then it is impossible for public policies to be enacted (Bardach, 2005; Smith, 2010). Knauer's (2009) observation of the blurring of the distinctions between heterosexual and homosexual in order to win rights and how that strategy has complicated aging and LGBT seniors is suitable. Even though

the LGBT senior community has received more recognition and more people are advocating to include LGBT seniors in the policy process related to aging, yet it is metrocentric; that is, centered in the metropolitan areas. If an LGBT senior resides outside of the metropolitan area, they are basically invisible to both the gay rights movement and society. The next section is the current public policies, part of the triangle of research for this study.

Public Policies

Legislators enact pubic policies in order to mitigate a problem or lessening something that is problematic usually for a group of individuals. The Social Security Act of 1935 and the Older Americans Act of 1965 are the two major public policies creating services and fiscal support for the elderly. The Social Security Act of 1935 (SSAct) is a compilation of laws and regulations creating funds, mandates, and programs with costs shared among the federal and state governments and taxpayers (Social Security Administration, 2015). The Older Americans Act of 1965 (OAA) is a group of regulations and mandates among federal, state, and local governments creating services for elderly people in the United States. These public policies, SSAct and OAA, are examined as they relate to the LGBT community or living in a nonmetropolitan area, but prior to examining these public policies, I assess the role of defining a problem worthy of creating a legal solution and gathering data.

Creation of Public Policy

Ordinary citizens can petition the government to mitigate grievances, usually through their representatives in national, state, or local executive and legislative

governmental levels. The representative agrees to address the grievances of his or her constituents, the people who elected him or her. The creation and implementation of a public policy or a legally binding contract is one-way citizens working through their representatives get complaints addressed (Bardach, 2005; Smith, 2010). Although this seems simplistic, it is anything but simplistic. The majority of legislation never leaves a committee or never receives a full vote from the legislature, necessary steps to become law (Birkland, 2001). Nonetheless elected official continues introducing public policies as a solution to a grievance. However, the public policy goes through several steps that can take months, years, or even, decades. Prior to any political or legal action taken by the representative, information gathering takes place.

This information gathering begins with defining the problem. Without defining the policy issue (problem) and gathering evidence, a solution to alleviate a citizen or group of citizens' concerns continues without a resolution. The well-defined and documented steps are:

1. Describe the concern that needs to be mitigated concentrating on why a law is needed, who the law would benefit, and how a public policy can be effective.

2. Collect stories and data illustrating the scope of the problem.

3. Create and test various solutions to the problem.

4. Select the best course of action that will mitigate the problem.

5. Figure out the costs of action verse inaction and explicitly give rationales how the public policy solution will alleviate the problem.

6. Adopt the course of action or public policy while persuading people with the authority and power (national, state, or local representatives) to adopt the policy.

7. Conduct a media campaign to rally stakeholders, the public, people in power, and gatekeepers to take action.

8. Secure a vote on the public policy and, if passed, develop regulations.

9. Perform evaluations on the policies effectiveness. (Birkland, 2001; Bardach, 2005; Kingdon, 1995)

Smith (2010) simplified the steps into three categories, which are articulating the problem, implementing a solution, and evaluating the public policy. Within each of these steps are subcategories. Smith (2010) cautioned that the process from defining the problem to evaluating the implemented public policy is not simple. Defining a widespread problem and, then, gathering data to explain the problem are two points of agreement among these scholars. The Social Security Act of 1935 provides an example of how first defining the problem then gathering data led to the creation of widespread public policies.

The Great Depression of the 1930s underscored the financial and health vulnerabilities retired and elderly Americans faced. Additionally, advocates working with poor and marginalized populations emphasized the difficulties of aging in the United States. The Great Depression and advocacy sparked political and social unrest that ultimately led to demanding viable action by elected officials (Thompson, 2012). The creation and implementation of SSAct of 1935 transpired because advocates continued to

use stories of how ordinary Americans lost everything just because they were no longer

employed; therefore, the narrative became this could be you (Agresti & Cardone, 2011).

The culmination of the defining through evidence gathering and highlighting those stories

to make an impact was the Social Security Act of 1935 (Agresti & Cardone, 2011).

Consequently, the U.S. older adult population went from an unknown, invisible minority

to being a visible, dependent minority group. The act of ascertaining data and describing

the problems would reverberate many decades later to help create the Older Americans

Act of 1965.

Although the SSAct of 1935 provided service to older Americans, many

advocates felt it did not go far enough in alleviating the problems associated with aging.

Three different streams of influence came together to create the perfect environment to

create the Older Americans Act of 1965. This included advocacy by the newly formed

American Association of Retired Persons (now AARP) in 1958, sympathetic Executive

Branches (Truman, Eisenhower, Kennedy, and Johnson) and older members of the

Legislative Branch helped to spur action (U.S Department of Health & Human Services,

Administration on Aging, 2015; S. REP. NO. 96-55, 1978). The culmination was the first

annual White House Conference on the Aging in 1961 (U.S. Department of Health &

Human Services, 2015). Advocates at the conference provided the lawmakers with a list

of services that ensured Americans could age with dignity and worth, and generated a

blueprint for the Older Americans Act of 1965 (S. REP. NO. 96-55, 1978). The

conference and subsequent OAA blueprint provided data and stories designed to invoke

sympathy, and most importantly accomplishment, to lessening the burden of being old in

the United States (AARP, 2015; S. REP. NO. 96-55, 1978, U.S. Department of Health & Human Services, 2015). Although the most important accomplishment was older Americans were being seen as a group tremendous power and resources, essentially moving them socially from being a dependent status to an advantaged status (Schneider & Ingram, 1993). The elderly, as a group, moved from hiddenness to prominence, and it began with problem defining and data collection. Next in this public policy section, SSAct in conjunction with the Defense of Marriage Act of 1996 are examined to explicate the invisibility thesis.

Social Security Act of 1935 and Defense of Marriage Act of 1996

The aim of the SSAct is to help vulnerable U.S. citizens, with an emphasis on the aging and disabled, to have adequate financial and health care assistance (Grundmann, 1985). Medicaid and Medicare are central components of SSAct (Centers for Medicaid & Medicare Services, 2015). Nothing in any of the twenty-one titles requires an exemption or inclusion based on sexual orientation or place of residence. In other words, the only requirements for retirement benefits or health insurance are income, age, or disability, now. Prior to the U.S. Supreme Court's decision in *United States v. Windsor* (2013), same-sex couples were not considered married according to federal or state laws. *United States v. Windsor* (2013) invalidated a section of the Defense of Marriage Act (DOMA) of 1996.

The Defense of Marriage Act of 1996 defined marriage between one man and one woman. For example, if a one woman and one woman were legally married in Canada they were not recognized as legal spouses in the United States (Human Right Campaign,

2013; Lambda Legal, 2013). Consequently, same-sex married couples were excluded from many federal benefits. These benefits, in relation to the SSAct, include spousal protections related to Medicaid, surviving benefits related to Social Security Income (SSI), and *retirement spousal benefit* related to SSI (Family Equality Council, 2014; Social Security Administration, 2015). If one spouse entered the nursing home and the couple was of the opposite-sex, the law legally protected the non-infirmed spouse from losing his or her house and assets through a benefit called spousal protection (Cahill & South, 2002). If the couple was of the same sex, then there were no legal protections, and the non-infirmed spouse was considered a roommate or friend without legal protections. In other words, if the house was in the name of the informed person, the non-infirmed spouse had to find alternative places to live as assets were sold off to meet the limited asset requirement required by Medicaid statues (Cahill & South, 2002; Family Equality Council, 2014). Two other federal benefits denied to same-sex couples were related to retirement and death.

When a person dies, the surviving spouse receives a death benefit. When a spouse dies, and is on SSI, they surviving spouse is entitled to a death benefit. Several conditions apply, but surviving spouse is entitled to a lump sum of less than $300.00, called the death benefit, and a monthly amount based on the surviving spouse's income, age, and disability status along with the dead spouse's work history (Social Security Administration, 2015). The intent behind the death related benefits is to help surviving family members, when the primary wage earner dies, maintain an adequate standard of living. Similarly, the retirement benefit works in the same way. This is called the

retirement spousal benefit (Lambda Legal, 2013). Essentially, if one spouse either never

worked or is a low-wage earner compared to the other spouse, he or she is entitled to the

increased amount of Social Security benefit earned by the high-wage earning spouse

(Lambda Legal, 2013). However, the spousal benefit is only for a spouse that makes less

than 50% of the other spouse's income (Social Security Administration, 2015). Both of

these benefits were not given to same-sex couples because they are not legally married

under the definitions and provisions of DOMA. After the repeal of Section Three of

DOMA on June 26, 2013 all three benefits were afforded to same-sex couples regardless

of where they live. In 2015, same-sex marriage became legal in Florida; therefore, same-

sex couples have the same rights and responsibilities afforded to heterosexual couples.

The second major public policy affecting the elderly is the Older Americans Act of 1965.

Older Americans Act of 1965 (OAA) and the LGBT Community

The Older Americans Act of 1965 or OAA (2006) created programs and services

for elderly Americans through intergovernmental (federal, state, and local) cost sharing.

The intent of the law has not changed in its 50 years, which is to ensure older Americans

have "adequate housing...adequate income...dignity in aging...full citizenship" for all

elderly people (OAA, 2011, p. 5). Some of the programs and services include long-term

care regulations, elder abuse regulations, and community services rules; grants to help

groups with special needs achieve a quality of life, which includes Native Americans,

Hispanic communities, and Holocaust survivor; and services supporting the independence

and longevity of older Americans (O'Shaughnessy, 2012). The Older Americans Act of

1965 (2006) provided financial awards to Department of Aging or Elder Affairs in each

U.S. state and territories. Award money is dispersed to local governments (mostly County governments), and then County governments award grants to nonprofit organizations or government agencies tasked with the care of older Americans (Older Americans Act of 1965, 2006; O'Shaughnessy, 2012). The services and programs provided by the Older Americans Act of 1965 (2006) include special consideration for socioeconomically disadvantaged elders, especially older people in rural areas. Although sexual orientation is not included and does not preclude older Americans from procuring services, many advocates suggest including LGBT elderly to the definition of *greatest social need* in Title I (Adams, 2010; Older Americans Act, 2006, p. 5). Greatest social need specifies the following:

> The need caused by noneconomic factors, which include (A) physical and mental disabilities; (B) language barriers; and (C) cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that (i) restricts the ability of an individual to perform normal daily tasks; or (ii) threatens the capacity of the individual to live independently. (42 USCS § 3002)

Title I direct federal, state, and local resources to older adults meeting the above criteria; therefore, by including the LGBT elderly more resources, services, and programs would be directed to the LGBT aging community. The current OAA was reauthorized in 2006 for five years, and a new authorization was due in 2011.

Even though OAA was supposed to be reauthorized in 2011, as of 2015 it had not been reauthorized, despite numerous bipartisan bills being introduced in both Houses of Congress. Senator Sanders (I-VT), in 2011, introduced a bill that included the LGBT

aging community in OAA, but it was never introduced to the full Senate for a vote. The bill introduced by Senator Sanders and 18 Republican and Democratic co-sponsors would have reauthorized OAA while including, "Lesbian, Gay, Bisexual, and Transgender" and "People with HIV or AIDS" as part of the greatest social need definition of OAA (Civic Impulse, 2015b). Sanders noted that including these groups under the greatest social need definition would see improve services and increases funding for LGBT and HIV+ aging communities. All efforts have stalled in committee, despite the fact there has been wide support for the passage of this legislation from organizations: such as the National Council on Aging, Services & Advocacy for GLBT Elders (SAGE), Consumer Voices for Quality Long-Term Care, and AARP, just to name a few. The 2015 bill, "Older Americans Reauthorization Act of 2015 (S. 192) was introduced by Senator Lamar Alexander (R-TN) in January 2015 (Civic Impulse, 2015a). Unfortunately, this latest reauthorization bill does not include LGBT older adults in the vulnerable populations section of the act. In April 2016, the Older Americans Act Reauthorization Act of 2016 became public law.

In an attempt to circumvent the reauthorization process because it seemed the Older Americans Reauthorization Act of 2011 would not pass, Senator Bennet (D-CO) introduced LGBT Elder Americans Act of 2012 (S.3575) in September 2012. This legislation's intent was to create equality for LGBT Older Americans by directing the Administration on Aging to include this community in the OAA's definition of greatest social need. Essentially, the legislation was an amendment to the OAA. A spokesperson for SAGE in 2012 commended Senator Bennet for his amendment hailing it as an

important step in helping LGBT older Americans as they age. Yet, this legislation never made it out of committee. Using the powers of the executive branch, President Obama directed the U.S. Department of Health & Human Services (HHS) and the agencies responsible for elderly services and programs, namely the Administration for Community Living and Administration on Aging, to provide some funds and programs for LGBT seniors.

Secretary Greenlee (2013) of the Association for Community Living (ACL), the new U.S. Department of Health & Human Services agency for disabled and older Americans, stated that the reauthorization allows for a four or five-year review by Congress to help account for changes in the elderly population and advances in gerontology research. Secretary Greenlee urged Congress to pass this the Older Americans Reauthorization Act of 2011 and 2012, but explained that the indecision of Congress would not prevent ACL from modernizing as needed and within the confines of the law. Unfortunately, reducing the challenges facing LGBT elders was not included in ACL's latest strategic plan; however, the U.S. Department of Health & Human Services is disseminating information on LGBT older Americans. Although, the information is only as guidance and not actual law the gesture is extremely important. There is at least an acknowledgement that LGBT elderly people need some special assistance due to the discrimination and stigma still facing them in certain areas in the United States. As a result of this guidance, the Administration on Community Living instructed state Departments of Elder Affairs to include the LGBT elderly when planning aging services. This is certainly significant since OAA is an intergovernmental initiative that is

ultimately most helpful at the state and local levels. Next is an examination of Florida's

Department of Elder Affairs and implementation of the OAA as it relates to sexual

orientation.

Florida's Older Americans Act of 1965 (2006)

In Florida, the Department of Elder Affairs implements the requirements of the

Older Americans Act of 1965 (2006). There are 11 Planning and Service Areas (PSAs)

that coordinate care for elderly (and disabled) people in Florida, which are based on

geographic location (Florida Department of Elder Services, 2015). Each of the respective

PSAs coordinates with county and local government officials to identify what needs of

the elderly within the respective counties. If a PSA has more than one county represented

(a vast majority do), then each county has at least one representative (Florida Department

of Elder Services, 2015). The PSAs partner with both nonprofit and proprietary

organizations that provide services to the elderly population. The Older Americans Act of

1965 (2006) Title III specifies that every state must develop and revise a strategic plan up

to four years. The strategic plans explain services for their respective elderly populations

with special consideration for economically disadvantaged and people with the greatest

social need, provide written evaluations of state plan goals, and to conduct a needs

assessment (Older Americans Act of 1965, 2006). Florida's last strategic plan was

revised in May 2013.

A survey was given to 100 people within each of the 11 PSAs, showing the needs

of Floridians. There was considerable effort and outreach to get "hard to measure

[elderly] populations" to fill out the assessments/surveys (Florida Department of Elder

Affairs, 2012, p. 6). Therefore, there was an oversampling of vulnerable and minority populations that included Hispanic, African-Americans, poor, and rural elderly people. There were no questions or data collected on LGBT elders. This assessment led to the creation of the strategic plan outlining the goals and objectives from 2013 to 2016.

Florida's Strategic Plan 2013-2016 noted that in the previous years that Florida spent the majority of the $756 million on direct care with particular attention to elderly people in rural areas. This plan guides the Florida Department of Elder Affairs and the PSAs in six broad goals: (a) Providing relevant, up-to-date and evidence-based material to consumers; (b) Continuing programs that encourage aging-in-place while ensuring quality care; (c) Helping elderly Floridians make healthier choices and live longer; (d) Ensuring Floridians know their legal rights in respect to fraud and abuse; (e) Encouraging involvement in community services and elderly services, such as senior centers; and (f) Cutting agency waste without sacrificing quality.

Although the assessments did not ask questions about sexual orientation or the needs of the LGBT community, the Florida Department of Elder Affairs Strategic Plan (2012) noted the need to ensure that LGBT older Americans prepare for end-of-life and long-term care, but no specific details were given. Although not discussed in the Strategic Plan, PSA 5 (Pasco and Pinellas Counties) created an "LGBT Elder Initiative." The objectives are to identify the needs of the counties LGBT aging community and start a dialogue with stakeholders on providing and considering services that incorporates cultural competency for LGBT elders (Area Agency on Aging of Pasco & Pinellas, 2013, para. 1). This program makes no mention of nonmetropolitan areas and LGBT seniors

living within those regions. Engaging both heterosexual and homosexual seniors who are living in nonmetropolitan regions has been difficult according to the Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis that is part of Florida's Department of Elder Affair's Strategic Plan. Under the weaknesses section of the SWOT Analysis, there was an acknowledgement that there is a consistent lack of outreach and assistance to hard-to-reach populations, such as LGBT (although not mentioned) and elders living in rural areas. Additionally, one threat to Florida's elder care system recognized was the lack of services for specific populations (Florida Department of Elder Affairs, 2012). Florida's Strategic Plan with its SWOT Analysis exposes critical gaps in services for the elderly in nonmetropolitan areas or LGBT seniors. The LGBT Initiative, Florida's Department of Elder Affairs, and Florida's Strategic Plan do not mention any intersection between sexuality, specifically homosexuality, and place of residence, specifically rural counties or suburban municipalities. They, LG seniors living in Florida's nonmetropolitan areas, are invisible to public policymakers.

Summary of Public Policy and Social Construction of Deservedness

Social construction theory of deservedness posits the importance of having some recognition to obtain certain guarantees from the United States political system. Recognition is an important part of social construction of deservedness (Schneider & Ingram, 1993). The development of the Older Americans Act of 1965 (2006) ensured that older Americans received services to help them age with dignity. The precursor to the OAA was the Social Security Act of 1935. In order to communicate the challenges facing seniors, researchers, advocates, and legislators used a combination of stories and data to

tell individual stories, and this lead to a sustained effort leading to the drafting of the SSAct of 1935. Accordingly, the U.S. policy, and political structures mobilized providing legal solutions, namely these two public policies. While using Rudestam and Newton's (2007) framework of providing broad to specific context, the next section identifies the literature on rural and suburban areas to Florida's LG communities in nonmetropolitan areas.

Nonmetropolitan Areas, Seniors, and the LGBT Community

Nonmetropolitan areas encompass both rural counties and suburban municipalities for the purposes of this study. The U.S. Census (2010) uses nonmetropolitan to denote any areas outside of a metropolitan area or city. Although an official definition of rural counties and suburban areas might seem simple, in actually it is extremely difficult since many of the major government agencies cannot agree upon a single definition. This creates a few difficulties when defining these areas. This section identifies the definition of nonmetropolitan areas, the current scholarship on nonmetropolitan areas, LGBT community and urban bias, and LGBT community, seniors and nonmetropolitan areas.

Definition of Nonmetropolitan Areas

The official definition of a rural area and a suburban area is difficult to ascertain because the U.S. Census Bureau, U.S. Department of Agriculture (USDA), U.S. Health and Human Services (HHS), Administration on Aging (AOA), and U.S. Office of Management and Budget (OMB) all define these areas differently. Interestingly, the definition of a rural area is much easier to ascertain over a suburban area because of the

concentrated efforts by the aforementioned agencies to define a rural area. The only point of agreement among these agencies is the use of the common term: nonmetropolitan or nonmetro, which means an area outside of a large metropolitan city (U.S. Census, 2012). There have been numerous attempts to create one definition for a rural area.

The Food, Conservation, and Energy Act of 2008 set up a commission of people from different government agencies and sociologists to help define, at a minimum, a rural area. This commission also failed to create a precise definition just like the commissions in the decades before were unable to create a precise definition (Brown & Schafft, 2011; Food, Conservation, and Energy Act of 2008). Ultimately, the commission's members agreed that each agency from all levels of government form their own definition that satisfies their needs. The result was several modified definitions that are still in use from the commission or slightly modified since the commission's report.

The U.S. Census's (2012) definition started with the definition of an urban area; namely, an area with considerable developed land, a densely populated square mile, and mixed, multiuse residential and business areas. From the urban area definition, the U.S. Census (2012) defined a rural area as any region outside of those parameters or any area outside of an urban area. Commonly, areas are considered metropolitan, urban area, or nonmetropolitan, rural area.

The USDA uses one definition but allows areas to consider themselves "areas in rural character" that allows agency department heads to make broader decisions about what is rural (Cowen, 2014, p. 6). For the USDA analyzing rural happens at the county level; that is a county classified as either rural or urban with a rural area having an open

landscape with limited or no development and up to 2,500 living in the town (Reynnells, 2014).

Also, OMB does not use a rural classification rather they use the terms *metropolitan statistical area*s and *micropolitan statistical areas* (Reynnells, 2014). Zients (2013) explained that the changes in terminology and area resulted from including economic and social factors along with geographic factors. Figuring out and telling the difference among urban, suburban, and rural areas for counties did not include the fact that many counties have a mix of all three (Zients, 2013). The metropolitan statistical areas consist of an urban center with over 50,000 people with dependency on social and economic vitality with surrounding areas (Reynnells, 2014). The "micropolitan statistical areas have at least one urban cluster of at least 10,000 but less than 50,000 population, plus adjacent territory that has a high degree of social and economic integration with the core as measured by commuting ties" (Reynnells, 2014, Office of Management and Budget section, para 4).

Finally, HHS uses a hybrid of the U.S. Census Department's definition and its own definition. The U.S. Department of Health & Human Services, Health Resources and Services Administration (n.d.) definition of a rural area is "least 400 square miles in area with a population density of no more than 35 people" (para. 1).

Sociologists add yet another definition to the existing current 24 different definitions. Brown and Schafft (2011) explained that a geographic definition is only half of accurate measurements for areas: the other half must include social elements, as rural areas have distinctions not found in urban-metropolitan communities. People living in

rural areas have more politically conservative views toward sexuality and other social issues, tend to be older, and are more homogenous (Boso, 2014; Brown & Schaft, 2011; Martinson, 2000). Sociologists explain that a rural area's definition should not only be based on geographic location because these areas have distinct and different character than other areas. The definition of a suburban area is even more obscure than a rural area.

Most of the aforementioned government agencies do not define suburban areas. The U.S. Census (2012) defines a suburban area as *urban clustered area*, which means there is a metropolitan area and in the surrounding area there are town centers that are autonomous from the urban area. Groves (2011), former director of the U.S. Census Bureau, noted that having an urban and rural delineation allows for urban areas and rural areas with nothing in between, but this delineation should not stop researchers from creating exact definitions or researching the areas. However, study still is limited and mostly focuses on the negative aspects of suburban living (Martinson, 2000). Although many government agencies either focus on rural or urban areas, Rog et al. (2013) used "communities still inside the MSAs (Metropolitan Statistical Area) but outside the principal cities" (p. 5) as the definition.

Kneebone and Berube (2014) noted suburbs became a reality mostly because of the car as it led to promise of property ownership. As a result, Frank, Kerr, Rosenberg, and King (2010) suggested suburbia must be synonymous with owning a house and having a car. Once again, the definition of a suburban area is difficult to describe, and even more difficult distinguish from rural areas, at least with government agencies.

Together with a rural area, most suburban and rural areas are considered

nonmetropolitan.

The word *nonmetropolitan* is a common term used among each of the different

government agencies. Nonmetropolitan areas or nonmetro refers to any place outside of

the city center, including suburban and rural areas (U.S. Census, 2010). There have been

several critiques of use of term nonmetropolitan to describe suburban and rural areas

(Brown & Schafft, 2011; Carr & Kefalas, 2009). Because nonmetro is used as an

umbrella term for outside of the city, Boso (2014) noted that it means governments and

nonprofit agencies focus their material resources and research dollars on the inner city,

forgetting about rural and suburban areas and their needs. Boso (2013) noted, especially

concerning LGBT individuals, there is an ″urban bias″ or metronormativity where

resources, research dollars, and data are concentrated in metropolitan areas in which

LGBT people in rural and suburban areas are forgotten (p. 1).

This continues to create individuals who are invisible. The concern, as Phelan

(2001) noted, is that public policies are passed and interpreted by courts without regard to

minority groups residing in nonmetropolitan areas. Boso (2014) and Jerke (2011) both

explained several court cases that ignored the nonmetropolitan residing LGBT

communities. One example that Jerke (2011) stated was a child custody case in Georgia

where a judge ordered the removal of a child from her lesbian mother because of the

"stigma" associated with being raised in a "small, rural town" by someone who "openly

engages in a homosexual relationship" (p. 297). The result of this case and other cases is

that it reinforces the stereotype that the LGBT community is part of the inner city; therefore, rural and suburban areas can continue to be places of intolerance.

Many LGBT individuals residing in rural or suburban areas do not feel comfortable telling neighbors about their sexuality. Preston and D'Augelli (2012) noted that making any generalizations about living in a rural area, as a sexual minority is difficult; however, many of the 15 men they interviewed found it challenging to get acceptance for their sexual orientation. Most of the 15 men agreed that they did not fear for their lives, yet they did not feel comfortable disclosing their sexuality to just anyone (Preston & D' Augelli, 2012). Rowan et al.'s (2013) interview with a gay man in his 80s who has only lived in rural areas admitted that he does not feel comfortable telling most people he is gay. Although Preston and D'Augelli or Rowan et al. do not talk about metrocentrism, Jerke (2011) acknowledged that the over-emphasis on the LGBT urban-dwelling community creates difficulties for LGBT rural (suburban) dwelling communities simply because the latter group is invisible. In other words, an easy escape from providing services or assisting LGBT communities, especially seniors, is that homosexuals do not live in the rural or suburban areas. The next section examines the current scholarship about rural communities, the LGBT community, and seniors.

Rural Areas, Seniors, and LGBT Community

The Older Americans Act of 1965 and the Social Security Act of 1935 focused on aging in the U.S. and heightened examination about rural communities and seniors in rural communities. Because of this heightened examination, there has been interest and research focusing on rural communities. Several trends and areas of research have

occurred, including in-migration, an older population, and insufficient rural health care system (Berry, Kirschner, & Glasgow, 2006; Brown & Schafft, 2011; Carr & Kefalas, 2009).

In-migration, people moving from urban areas to rural areas, creates both opportunities and challenges. People are retiring to the countryside or rural areas from metropolitan areas to seek a quieter and slower pace of life along with decreasing their costs of living (Bishop, 2011a). Many of these seniors who are in-migrating bring more money into the community, and this money is being used to stimulate the rural economy (Berry, Kirschner, & Glasgow, 2006; Brown & Schafft, 2011). Rural areas have always been more conservative, both politically and socially; however, in-migration is creating less socially conservative rural areas in the United States. However, along with this increase in diversity, the rural population continues to grow older.

Nonmetropolitan areas have a higher percentage of elderly people, both original inhabitants and in-migration retirees. Brown and Schafft (2011) noted that rural areas are almost 65% over the age of 65 years old as young people leave for metropolitan areas. This influx of elderly people to rural areas will test rural governments' ability to provide quality care (Berry et al., 2006). Therefore, researchers are concerned about the economic strain happening to the already fragile and finite resources of the elder care system in rural areas. Of course, one area in this elder care system is the health care system, which is woefully insufficient.

Healthcare has been a concern in rural communities since the 1990s. The report by the National Advisory Committee on Rural Health and Human Services (2014) noted

that the lack of medical services, medical professionals moving to urban areas and

improvements in healthcare technologies are causing access, prevention, and care

problems within rural areas, and that it has been ongoing since the 1990s. Probst,

Samuels, Moore, and Gdovin's (2004) study on how often minority elderly populations in

rural areas found an overwhelming majority do not receive care for illness or engage in

disease prevention doctor visits because there is are no doctors within their area and it

cost too much to get to the doctors. The Patient Protection and Affordable Care Act and

the Health Care and Education Reconciliation Act of 2010 give incentives to health care

personnel to work in gerontology and rural healthcare settings. However, Medicaid

reimbursement decreases, states decreasing aid to hospitals in order to curb health care

costs, and an older workforce continue to make some of the improvements noted in the

Patient Protection and Affordable Care Act and the Health Care and Education

Reconciliation Act of 2010 minimal (Jaffe, 2015). Consequently, effective and efficient

rural health care systems remain a concern, especially with an aging population. This

vexing problem does not seem to be mitigated rather it is exacerbated. Therefore,

interesting trends are happening. Older people are retiring from metropolitan areas

bringing more diversity and wealth but the health care system infrastructure lags creating

more challenges than are being solved. Lastly, I want to explore the literature about

LGBT communities in rural areas with a focus on seniors.

Unfortunately, due to metrocentric bias and the belief that homosexuality is

incompatible with rural living, there have only been four studies focusing on lesbians,

gays, and rural living and aging. Rowan et al. (2013) noted the scant data on aging as a

lesbian or gay person. The studies focusing on gay men living in rural areas almost entirely focus on HIV transmission, treatment, and discrimination (Hubach et al., 2015). Four studies specifically noted the intersection of aging in a rural area as a member of the LGBT community all of these studies were qualitative.

Butler and Hope (1999) interviewed older lesbians (median age of 59) residing in rural parts of Maine to determine health care needs and concerns. Two major themes emerged. One was informal support or friends became family as these women grew older, and they did not experience discrimination from the health care system (Butler & Hope, 1999).

Creating strong social network through informal networks and diminishing social isolation were the two themes emerging from Comerford, Henson-Stroud, Sionainn, and Wheeler's study (2004) of Vermont's rural areas. Rowan et al. (2013) added to the literature of a case study of a gay man in his 80s who had only lived in rural areas, which essentially dismissed the idea that a gay person is incompatible with rural living. Additionally, it noted that discretion was important when deciding whom to disclose sexuality to within the rural environment.

There has been some information within the last 10 years on the LGBT community and living in a rural area, but do not focus on seniors. The National Lesbian Rights Coalition (2014) with a grant from the U.S. Department of Agriculture (USDA) has embarked on community discussions focusing on LGBT people in rural areas. The focus of the program is to let LGBT people know what services the USDA provides with emphasis on adolescents and young adults. Another part of the program is collecting

some stories about growing up in rural America. Preston and D'Augelli (2012) conducted

a mixed-methodology study: surveys followed by interviews with 15 gay men living in

rural areas of Pennsylvania on how these men deal with stigma. They concluded that

rural areas with its focus on family and heterosexual values, such as one man and one

woman, cope with stigma by downplaying their gayness by taking on more traditional

male roles and identities and being selective when coming out.

Interestingly, each study cited the importance of research on rural living and

being lesbian or gay in all parts of the United States because there is an

acknowledgement that the LGBT community is in every part of the country. Next, I

explore the literature on suburban living with a focus on LGBT communities and aging.

Suburban Municipalities, Seniors, and LGBT Community

There is no precise definition of a suburban area limited research opportunities.

Rural communities and suburban communities are lumped together as nonmetropolitan

areas or suburban areas are lumped together with the major metropolitan area (U.S.

Census, 2010). In other words, suburban areas do not have their own identity and

research in suburban areas is limited. Pekmezaris et al. (2013) noted, "To date [2013]

there have been no surveys focusing on older adults living in suburban communities" (p.

355). The focus for most of the research conducted about suburban communities is

education policy, new economic realities (i.e. increase in poverty), and political

homogony. Suburban areas are becoming more economically, politically, and socially

diverse along with having a much older population, which warrants more study (Zegras,

Lee, & Ben-Joseph, 2012). Yet, an exhaustive search did not yield any results on growing

old and gay in suburban areas as the majority research no LGBT suburban communities

is about adolescents. This conveys a literature gap. However, there is some literature

about some of the issues suburban seniors face.

The elderly in rural and suburban areas face primarily the same type of overall

concerns. The major overall concern is mobility since both areas are dependent on the

personal vehicle to get from one place to another (Pekmezaris et al., 2013). In suburban

Boston, Zegras et al. (2012) noted that importance of use of mobility with being less

lonely and more active in the surrounding urban areas. Therefore, seniors in suburban

areas are concerned about how their ability to drive impacts their daily life activities

(Pekmezaris et al., 2013). Since public transportation is scarce in many suburban

communities, not being able to drive means diminished social interactions, less activity,

and increased social isolation. The second major fear, financial concerns, cuts across both

nonmetropolitan and metropolitan areas.

Specifically, the second major concern is economic affordability. The recession of

2007 created worry among seniors in suburban areas as they saw some of their retirement

investments depleted and costs of living rising with limited ability to recoup losses

(Pekmezaris et al., 2013). Along with personal finances, local governments in suburban

areas are struggling as state and federal aid for senior services remain stagnant or budget

allotments have reduced (AARP, 2015; National Association of Counties, 2014). These

reductions mean reduced money for services, which means local governments are

exploring methods to offer the senior services through new increasing taxes or having the

recipients of the services pay for them or a combining both ideas. Either way this

diminishes the personal finances of the seniors. As with the majority of aging Americans,

economics and social isolation remain issues that cuts across nonmetropolitan and

metropolitan areas, but more distinct in nonmetropolitan areas due to reliance on

automobiles and diminished government and personal resources.

Florida: Nonmetropolitan Areas, Seniors, and LGBT Community

As with the national data, there is limited information on the intersection of

LGBT, seniors, and Florida's nonmetropolitan areas. About one-fourth of Florida's

population is seniors, over the age of 65 (U.S. Census, 2010; Florida Department of Elder

Affairs, 2015). Additionally, Florida's nonmetropolitan communities (both rural and

suburban) have roughly 30% of the population over the age of 65, and almost half of

Florida's counties have a rural designation (Florida Department of Elder Affairs, 2015).

Interestingly, as noted in the public policy section, Florida does not quantify sexual

orientation, so the number of LGBT seniors in any area is only an estimate and these are

only same-sex couples. Bishop (2011b) analyzed the 2010 Census data and extrapolated

that four rural counties in Florida—Monroe, Citrus, Flagler, and Sumter—have a high

number of same-sex couples, about 100-200 couples in each of the counties. This

information was only same-sex couples, not singles and did not account for age. Hence is

the first substantial gap in knowledge. Specifically, how many seniors who identify as

lesbian, gay, bisexual, or transgender live in Florida's nonmetropolitan areas? Bishop

(2011b) acknowledged that LGBT individuals are residing in Florida's nonmetropolitan

areas confirming Jerke's (2011) outlook that the LGBT community reside in all U.S.

communities. The second substantial gap in the research is the experiences of seniors are having as they age in Florida's nonmetropolitan areas.

Summary: Nonmetropolitan Areas, Seniors, and Social Construction of Deservedness

There is no one precise definition of a rural county or a suburban municipality, which is why research on different populations within these areas is hard to undertake. Nonmetropolitan areas seem incomplete and mesh together two very different cultures: rural and suburban; however, this term is widely accepted, despite numerous attempts to use other terms. Just as every senior has several concerns related to aging in common, so do a senior in a rural area and a senior in a suburban area have concerns in common, mostly around transportation. Yet, still not much is known about the everyday struggles of rural or suburban life as a senior. Although previous studies support the thesis that lesbian, gay, and bisexual, and transgender individuals live in both metropolitan and nonmetropolitan areas, research remains scant for this group. In terms of social construction of deservedness categories, the rural and suburban seniors would be categorized as dependent, deserving and advantaged respectively. Rural seniors are categorized as dependent, deserving because they have limited control over their circumstances, especially in light of agriculture showing diminishing financial benefits. Many suburban seniors are categorized as advantaged because they have financial resources and have powerful advocates such as the AARP. However, being a lesbian or gay person in nonmetropolitan areas may mean invisibility or their sexuality and nonmetropolitan residence are hidden, and neither the LGBT community or rural

communities, or suburban communities know they exist; at least, this is what this study is attempting to explore.

Summary

The LGBT senior community is becoming larger with each passing year as the Baby Boomer generation begins to age as out and proud members of the community. With this continuing growing numbers, this community is becoming more vocal and visible about their challenges. Federal, state, and local agencies, nonprofit organizations, senior centers, service providers for seniors and elected officials are, at the very least, acknowledging that aging, as a member of the LGBT community, is both challenging and routine. Each year the LGBT Baby Boomers' voices rise to demand action; however, LGBT seniors in nonmetropolitan areas are not visible in the discussions. Limited and in most cases no data are being collected on the intersections of nonmetropolitan areas, homosexuality, and aging. In fact, literature is all but silent in this area, but acknowledged the importance of finding out more information on this small group.

Social construction of deservedness by Schneider and Ingram conjectures how society sees a group determines the group's ability to get the attention of policymakers and receive assistance. The elderly provides an example of a group that became visible, perceived as worthy of help, and, therefore, received protections from public policies. This resulted in the Social Security Act of 1935 and the Older Americans Act of 1965, both of which elected officials show a reluctance to defund or eliminate. The LGBT community has received many benefits from public policies because the community moved from being socially constructed from deviant to contenders. The culmination of

this acceptance, thus far, has been the U.S. Supreme Court's opinion that reversed Section Three of the Defense of Marriage Act of 1996. The opinion allowed same-sex couples to have federal rights and states providing marriage benefits to same-sex couples. This required visibility and persistent action.

Although there is a divergence of opinions on how ordinary citizens receive public policy protections, one thing is certain, a problem needs to be defined and data needs to be gathered for any type of action to happen (Bardach, 2005; Kingdon, 1995; Stone, 2001). In Florida, even though there is an acknowledgement that there are seniors who identify as lesbian or gay there is limited data and any action for the betterment of this group is concentrated in the urban areas. Boso (2014) and Jerke (2011) call this metrocentrism or the belief in the superiority of urban centers and the belief that gays only live in metropolitan areas. This leaves a small group, LGs in nonmetropolitan areas, invisible in the LGBT community, senior community, and nonmetropolitan communities.

Chapter 3: Research Method

The purpose of this phenomenological interpretive study was to explore the day-to-day experiences of LG seniors in Florida's rural and suburban counties. Currently, Florida does not collect information on LG seniors; even nationally, there is limited information about this population (Boso, 2014; Jerke, 2011). Since there is limited data on LG seniors in nonmetropolitan areas, it is essential to understand their needs through their voices since part of the development and implementation of public policies is gathering data. Bardach (2005) identified eight steps to developing a public policy. The first step is to define the problem or the reason to create a public policy, and then gathering information to define the problem (Bardach, 2005). If there is no evidence or very little evidence, then gathering data through fieldwork is desirable. In this dissertation, I gathered data through fieldwork to help define the public policy problem.

The federal Older Americans Act of 1965 and Florida's Older Americans Act are laws in place for the protection of elderly people nationally with states taking the responsibly for implementing its different parts. The Older Americans Act of 1965 provides money and regulations about specific programs to the Administration on Aging. The Administration on Aging filters resources with the rules on the program to the state departments on aging. In Florida, the Department of Elder Affairs is responsible for administering services to the older Floridians. Florida's 11 Planning and Service Areas (PSA), along with private organizations, plan and implement services to the aging within their geographic regions, and PSA 5 have created an initiative for the LGBT senior community (Florida Department of Elder Affairs, 2015). Florida's Older Americans Act

makes no mention of LGBT seniors in rural or suburban areas. Any rural LGBT individuals, regardless of age, are not discussed or researched (Boso, 2014). In fact, most information is extrapolated from research conducted on LGBT individuals living in urban areas, which amounts to metrocentrism or urban bias (Boso, 2014; Jerke, 2011). LG seniors 60 years old and older residing in Florida's rural counties and suburban municipalities are invisible to policymakers when they plan aging services. In order to identify the exact nature of the problem, this dissertation sought to minimize the gap in knowledge by assembling evidence from the targeted population, that is, LG seniors in nonmetropolitan areas.

In this chapter, I explain the study design, role as the researcher, and the research questions. Then I explain the population, selection criteria, gatekeepers, and data analysis plan.

Research Design

Three central research questions R(#) and related r(letter) sub-questions guided this study:

R1: What are the day-to-day experiences of LG seniors in Florida's rural or suburban areas?

ra: What challenges are faced by LG seniors?

rb: What opportunities are faced by LG seniors?

R2: What government services do LG seniors in Florida's rural and suburban areas access?

rc: What other supports or services are needed?

R3:   What is the connection of LG seniors in Florida's rural and suburban to

the broader LGBT movement?

rd: What is the importance of being visible within the larger LGBT

movement?

Central Concept

This study's central goal was to explore the challenges and opportunities faced by

LG seniors (60 years or older) who live in one of Florida's rural counties or suburban

municipalities as a way of gathering information on this population. Additionally, the

information gathered allowed for the assemblage of evidence as the second step in the

creation of public policies denote as vital (Bardach, 2005; Kingdon, 1995).

Research Tradition and Rationales

A phenomenological interpretive research design was chosen for this study. This

type of research designs examines the experiences of a group to determine the extent the

phenomena being studied occurs in the person's life (Creswell, 2009; McNabb, 2008;

Patton, 2001). A person's experience is valued, recorded, coded, and examined as how it

relates to the group's experience and the research questions (Patton, 2001).

The opportunities and challenges associated with aging while residing in a rural

county or suburban municipality was this study's subject of inquiry or phenomena being

investigated. Often in order to solve a problem, it is important to ensure it is truly a

problem for the community a researcher is researching, and in public policy it is a

necessary step in the creation of public policy (Bardach, 2005; Kingdon, 1995; Stone,

2001). As a result, using this qualitative research design where I conducted in-depth interviews of these participants is the best methodological approach.

Qualitative research studies are common in many fields, including public administration. While searching Walden University's Library databases several journals about qualitative research surfaced. I then read the abstracts of the most recent journal articles in "International Journal of Qualitative Methods" a transnational journal focusing on qualitative studies, "Qualitative Quarterly" a publication exploring qualitative research, and "The Qualitative Report" an open source journal publishing qualitative research studies. The article summaries revealed qualitative methods being used in assorted and interdisciplinary fields of studies, such as public policy, organizational management, education, and psychology. The articles relating to the field of public policy ranged from studies on education policy to health policy to gerontology policy. The wide and varied public policy focused articles represent the popularity and acceptance of qualitative method in public policy research. Additionally, McNabb (2008) explained that public policy institutes and governmental agencies are using qualitative research. One of the strengths of qualitative research is attaining introductory information when no other information is present. Qualitative research is used in different fields of study, including public policy. Qualitative researchers must acknowledge their role in the research since they are the instrument gathering data.

Researcher's Role

The researcher is a central component of any qualitative study; therefore, I had the sole responsibility for this study from creating interview protocols to recruiting

participants to analyzing data to preparing the final manuscript. There were no secondary researchers. No professional or personal relationships existed with any of the participants. Also, I have never acted in any official capacity in relation to any of the participants. There are no other conflicts of interest or other ethical issues.

As with any researcher, I bring certain biases discussed in chapter one. Being a part of a community that the researcher is investigating gives him or her distinct advantage in terms of trust and openness (LaSala, 2001). Preston and D'Augelli (2012) explained the differences of being an *outsider* or *insider,* in which D'Augelli, a gay male, was an insider, and Preston, a heterosexual female, was an outsider. They wrote having similar qualities and identifying with the participants could give distinctive advantages in gaining trust. Along with building trust and knowing the nuances, language, and customs of the culture being studied are important attributes of being an insider (Bonner & Tolhurst, 2002 as cited in Unluer, 2012). Although being an insider can bring many benefits, LaSala (2001) cautioned that being an insider could also mean unwarranted, unwanted, and undesired crossing of boundaries (p. 215). Unluer (2012) added unintentionally ignoring relevant and important information from the participant, as another concern. Therefore, being someone who is an insider creates an advantage, but also creates trepidations, which must be mitigated, as much as possible. Creswell (2009) noted the researcher is a primary instrument in which the research takes place, so it is important to be cognizant that being objective is important but not to be detached.

Methodology

Participant Selection Logic

Florida ranks third in the nation with the highest percentage of elderly people with about 25% of its population 60 years old and over (Florida Department of Elder Affairs, 2014; U.S. Census, 2010). Florida is home to over 19 million people and the population has increased by 4% every year, mostly seniors over the age of 60 (U.S. Census, 2014). Finally, 3.5% of Florida's population identifies as gay, lesbian, or transgender (no specific numbers on bisexual people), and two of Florida's rural counties have a high number of same-sex couples (Gates, 2013; Movement Advancement Project, 2014). LG males were chosen because they represent the majority within the LGBT spectrum, are easily identified, and more likely to talk. Martin and D'Augelli (2009) noted the importance of examining lesbian, gay, bisexual, and transgender individuals separately because each group has unique needs that are germane to independent investigation. However, due to sample size and research saturation concerns, it was important to combine LG seniors, which certainly will make up the majority of seniors in the counties and municipalities.

Originally, the plan called for securing support from four gatekeepers. First was the director of PSA 5 LGBT Initiative, which is an approved LGBT focused aging initiative as part of the Council of Aging in Florida. Second was the director of communications at the National Center for Lesbian Rights. In late 2013, the National Center for Lesbian Rights, with financial support from the U.S. Department of Agriculture, began holding seminars discussing the challenges faced by LGBT people

(young and old) living in rural areas, called Rural Pride Campaign. The Rural Pride

Campaign is an attempt to highlight that LGBT people live in rural areas and to ensure

LGBT people realize there are services available to them. Unfortunately, the director

didn't return calls or emails. Third is the public policy director of the Florida chapter of

the Services & Advocacy for GLBT Elders (SAGE). The only Florida chapter is in South

Florida. Unfortunately, no calls or emails were returned when time came to recruit

participants. Fourth was the public policy director at Equality Florida, the largest gay-

rights activist group in the state. These four gatekeepers' research, advocacy, and services

to people in Florida are well documented.

A criteria selection process was utilized as the selection tool for the study. In

other words, all participants met all three criteria: sexual orientation, residential area

(rural or suburban), and age. After meeting these criteria, participants were invited to

participate in this study.

Criterion 1: Sexual orientation. The first criterion to be a part of this study was

the participant must self-identify as a lesbian woman or gay male. Finding willing

participants who identified as gay or lesbian in a rural environment was difficult because

they necessarily did not identify themselves with the gay culture, i.e. having their life

revolve around sexual orientation (Boso, 2014). Yet, it was important that the participants

were at least out to themselves about being lesbian or gay. However, the participant did

not need to be a part of gay culture or be out to others; just self-identify they have sexual

attractions and intimacy with members of the same-sex.

Criterion 2: Residence. The second criterion was living in one of Florida's rural

county or suburban municipality, since residential area is one of the units of analysis.

Any potential participants who resided in a metropolitan area, defined as having more

than 50,000 people within the borders of the city or town, were excluded. As part of the

screening process, a list of approved counties and municipalities was developed. The

following were used to create a list of rural counties and suburban municipalities in

Florida: (a) Florida Department of Elder Affairs County Profiles; (b) U.S. Census records

on rural counties; (c) U.S. Department of Agriculture records on rural areas; (d) Florida

Elder Affairs OAA reports; (e) U.S. Census Micropolitan Areas data; (f) Florida County

guides; and (g) Florida's Economic and Demographic research. According to the Florida

Association of Counties (2015), many counties include both incorporated and

unincorporated areas, and both were included in the study.

A county has administrative, legal, and policy authority over a larger area

(National Association of Counties, 2015). A municipality is a smaller unit of local

government, referring to one town or city, and has administrative, legal, and political

authority (National Association of Counties, 2015). In the United States, governments are

divided among the federal, state, and local government (U.S. Census, 2010). A group of

town or city governments (municipalities) create the county government, at least in

Florida, and there are 67 counties (Florida Legislature, 2014).

There are 30 Florida counties designated as rural (Florida Department of Health,

2014). Florida Department of Health (2014) defines "an area with a population density of

less than 100 individuals per square mile or an area defined by the most recent United

States Census as rural" (Florida's Rural Population section, para. 1). For this study, a rural county is defined as having fewer than 100 persons per square mile, open spaces, and fewer than 50,000 people within the geographic area (Florida Department of Health, 2014; Reynnells, 2014). Open spaces have no housing associated with the area. Furthermore, as part of Florida's data collection for the Older Americans Act of 1965 and demographic purposes, Florida published a list of rural counties.

A suburban area is defined as having a population of over 10,000 but fewer than 50,000 with heavily concentrated housing stock within the area (i.e. usually single family homes). Yet these are not hard and fast rules for the constitution of a suburban or rural area. However, many places with less than 10,000 people identified as a suburban area, just depending on the actual square mileage of the area. As a result, in order to identify a suburban area, I used the town's website and self-identification as a suburban area along with a population of less than 10,000 people, according to 2010 U.S. Census information. This was because as I investigated cities and towns with populations over 10,000 to 50,000, most squarely identified themselves a city. (A detailed analysis of the counties is in Appendix A).

I reviewed Florida's Census data and highlighted the counties, towns, and areas fitting the suburban area criteria. Then I cross referenced these towns with the county information to create the list in Table 1. Table 1 identifies the PSA designated by Florida's Department of Elder Affairs, total number of elderly people, the rural counties, and suburban municipalities.

Table 1

PSA's Total Seniors, Rural Counties, Suburban Areas

PSA	Seniors	Rural counties	Suburban municipalities
1	151,323 (21.3%)	Walton	***Escambia***: Century. ***Okaloosa***: Cinco Bayou, Laurel Hill, Mary Esther, Shalimar, Valparaiso*.* ***Santa Rosa***: Gulf Breeze, Jay, Milton. No suburban areas
2	147, 206 (20%)	Calhoun, Franklin, Gadsden, Gulf Holmes, Jackson, Jefferson, Liberty, Madison, Taylor, Wakulla, Washington	
3	521,990 (31.4%)	Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, Union	***Alchua***: Alchua, Archer, Hawthorne, High Springs, La Crosse, Micanopy, Newberry, Waldo. ***Citrus***: Crystal River, Inverness. ***Hernando***: Brooksville, Weeki Wacheeh. ***Lake***: Astatula, Fruitland Park, Groveland, Howey-in-the-Hills, Mascotte, Minneola, Montverde, Umatilla. ***Marion***: Belleview, Dunnellon, McIntosh, Reddick. ***Sumter***: Bushnell, Center Hill, Coleman, Webster, Wildwood.
4	456,121 (22.8%)	Baker, Flagler, Nassau	***Clay***: Green Gove Springs, Keystone Heights, Orange Park, Penney Farms. ***Duval***: Baldwin, Neptune Beach. ***St. Johns:*** Hastings, St. Augustine Beach. ***Volusia:*** Daytona Beach Shores, Flagler Beach, Lake Helen, Oak Hill, Pierson, Ponce Inlet.
5	412,851 (29.4%)		***Pasco:*** Dade City, Port Richey, St. Leo, San Antonio. ***Pinellas:*** Belleair, Belleair Beach, Belleair Bluffs, Belleair Shore, Indian Rocks Beach, Indian Shores, Kenneth City, Madeira Beach, North Redington Beach, Redington Beach, Redington Shores, St. Pete Beach, South Pasadena, Treasure Island.
6	542, 563 (22.8%)	Hardee, Highlands	***Manatee:*** Anna Maria, Bradenton Beach, Holmes Beach, Longboat Key. ***Polk:*** Davenport, Dundee, Eagle Lake, Fort Meade, Frostproof, Highland Park, Hillcrest Heights, Lake Alfred, Lake Hamilton, Mulberry, Polk City.

PSA	Seniors	Rural counties	Suburban municipalities
7	476,954 (19.1%)	No rural counties	**Brevard**: Cape Canaveral, Grant-Valkaria, Indialantic, Indian Harbor Beach, Malabar, Melbourne Beach, Melbourne Village, Palm Shores. **Orange:** Bay Lake, Belle Isle, Eatonville, Edgewood, Lake Buena Vista, Oakland, Windermere.
8	575,376 (34.9%)	DeSoto, Glades, Hendry	**Collier:** Everglades City. **Lee**: Fort Myers Beach, Sanibel.
9	579,387 (29.2%)	Okeechobee	**Indian River:** Fellsmere, Indian River Shores, Orchid. **Martin:** Jupiter Island, Ocean Breeze Park, Sewall's Point. **Palm Beach:** Atlantis, Briny Breezes, Cloud Lake, Glen Ridge, Golf, Gulf Stream, Haverhil, Highland Beach, Hypoluxo, Juno Beach, Jupiter Inlet Colony, Lake Clarke Shores, Lake Park, Loxahatchee Groves, Manalapan, Mangonia Park, Ocean Ridge, Pahokee, Palm Beach, Palm Beach Shores, South Bay, South Palm Beach, Tequesta. **St. Lucie:** St. Lucie Village.
10	381,538 (21.3%)		**Broward:** Hillsboro Beach, Lauderdale-By-The-Sea, Lazy Lake, Pembroke Park, Sea Ranch Lakes, Southwest Ranches.
11	543,584 (20.4%)	Monroe	**Miami Dade:** Bal Harbour, Bay Harbor Islands, Biscayne Park, El Portal, Golden Beach, Indian Creek, Medley, North Bay Village, Surfside, Virginia Gardens, West Miami.

Criterion 3: Age. The final criterion was age. The persons interviewed were all at least 60 years old. The reason for the 60 years old minimum selection criteria was that I was unsure of how many LG there were who were at least 70 years old because these data are not collected by the US Census or other organizations; therefore, I wanted to be careful to have enough participants for saturation purposes. I actively pursued individuals who were 70 years old and older because seniors over the age of 70 are twice as likely to be retired as seniors in their 60s, and when a person retires his or her social networks are diminished (Fredricksen-Goldsen & Muraco, 2010). In other words, while they are working their co-workers may be a part of their social networks, but when they retire

those networks can be severed. Whenever possible, retired seniors were actively recruited.

Interview Protocols

The screening tool was a series of questions, which are also part of the Interview Protocols. This screening tool ensured participants met the criteria for the study. (The Interview protocols and questions are located in Appendix C.) As I noted, each participant self-identified as gay or lesbian, lived in a rural county or a municipality noted in Table 1 and were at a minimum 60 years old.

Florida is divided into 11 PSAs based on geographic location, according to Florida Department of Elder Affairs (2015). Each PSA is under the jurisdiction of the Department of Elder Affairs. Each PSA has Council of Aging with representatives from the various counties' governments. The elderly services are widely divided with private enterprises, nonprofit organizations, and government agencies providing adult day care, assisted living, daily living assistance, and nursing home care (just to name a few services). Since each PSA is responsible for the services they provide to the seniors within their geographic locations.

Having one participant from each PSA would have been ideal considering each Florida PSA and region is autonomous in their approaches to elderly care and LGBT rights. The Older Americans Act of 1965 allocates funding for certain elderly services, such as at-home meals; therefore, each PSA participates in these programs. But the administration and services are broad and depend on the majority seniors needs or perceived needs. Having anywhere from 5 to 11 people, as suggested by Maxwell (2005)

and Creswell (2007), was sufficient for saturation (discussed in detail in another section) to identify the day-to-day experiences of the targeted population, LG elderly people residing in Florida's rural counties or suburban municipalities. Again, the four gatekeepers were contacted to help me gain access to participants. Invitations were sent to participants who meet all three criteria.

In order to ascertain information on the target population, I designed a questionnaire and then pilot tested this questionnaire. McNabb (2008) explained, when gathering qualitative data an interview protocol must be created. This interview protocol is a designated plan of how the questions were structured, what questions were asked, and the data collection methods. To that end, I started out explaining the overarching theme of the study and the consent forms. Then, I asked about the participant's demographics, the senior services she or he uses, daily experiences of aging as a lesbian or gay, person in a rural or suburban area, and perceptions of government interventions. The research questions were created from the literature, with the assistance of this dissertation committee. The next section on data collection will describe in detail how the data-were collected and analyzed.

Data Collection for Pilot Study and Main Study

Creswell (2007) and McNabb (2008) noted that a pilot test provides a researcher with valuable information the extent to which the questions are complete, reliable, and valid. A pilot study is a smaller study to test questions and the research design to ensure the practicability for a larger study (Leon, Davis, & Kraemer, 2011). Additionally, a pilot study helps the researcher practice interview skills. Since I developed the interview

protocols and there was no other instrument used or available, a pilot study allowed me to promote more validity and reliability of the questions.

Pilot Study

After I developed my initial questions I solicited feedback from colleagues and my dissertation committee. After the interview protocol was vetted, I conducted a pilot study using a convenience sample, people who I could easily reach (Patton, 2001). Two people fitting all three criteria—age, sexuality, and residence—were used in this pilot study. The primary goal was to guarantee my interview questions were valid and to practice interviewing (Patton, 2001). Additionally, one mock interview session was held with a colleague in an attempt to practice interviewing skills.

The pilot study was a two-step process, interviewing then reviewing. I listened to each of my pilot interviews before beginning subsequent ones, and critically analyzed my vocal tone, rate of speaking, and listening skills. The pilot study informed any revisions to the wording of the questions, which should improve the main study's validity or the assurance that the data is consistent and accurate (Creswell, 2009). Furthermore, the pilot interviews provided critical opportunities for me to practice my interviewing skills, and improve my performance with each successive interview that I conducted. An effective way of ensuring the validity of the information is to practice interviewing skills (Patton, 2001). Finally, the pilot study ensured I was asking the right questions in order to get the data I am trying to ascertain while simultaneously making sure the length of the interviews was appropriate.

As a result of the pilot study, several of the questions were revised. Most notably, I replaced the questions about the various government public policies with questions about services used that were tied to various public policies. Also, since the pilot study revealed this, most of the people wanted to talk about their sex lives since they still are interested in sex. Knauer (2009) suggests that people working with elders believe elderly people are devoid of the need and want of sexual intimacy; therefore, most research projects do not discuss this information. The result was adding one question about sexual intimacy. Another rather significant change was including questions about how much time the participant spends alone.

Main Study

The main study used the criteria discussed earlier in this chapter; namely, a self-identified member of the LGBT community, 60 years or older, and participant's county or municipality of residence. I tried to contact four gatekeepers—National Center for Lesbian Rights, SAGE Florida, Equality Florida, and Planning & Service Area 5. First, I sent emails to the public policy directors at these organizations, followed up with an email, and then followed-up with a telephone call. Unfortunately, these gatekeepers never returned emails or phone calls. Therefore, I sent emails and made telephone calls to other agencies and groups that were suggested by several of the participants.

I conducted in-depth interviews with the participants, and the interviews lasted, on the average, one and half-hours. Five of the seven interviews were conducted over the phone, one was conducted through Skype, and one was face-to-face. in Saint Petersburg,

Florida. The recruitment for participants started in February 2016 and lasted until

September 2016.

When I conducted interviews over the phone, I recorded the interview with an

iPhone application called Tape-a-Call. Additionally, I took notes. For the Skype

interview, I recorded audio with a Skype extension. For the face-to-face interview, I used

a recorder. Finally, after each interview, I documented interview impressions and

debriefing notes. All participants gave permission to be recorded. Data files were kept in

a locked file cabinet and in locked folders on the computer.

The interviews were transcribed using a third party. This transcriptionist came

highly recommended from researchers at the Wellesley Centers for Women. As

interviews were completed, the mp3 files were sent the transcriptionist using Dropbox.

All interviews mp3s used a code for the participants, so that the transcriptionist did not

know whom the person was she was transcribing. Additionally, a confidentiality

agreement was signed. The Dropbox files were locked and only the transcriptionist and I

knew the code. I did conduct some follow-up with participants and this was accomplished

through email. In the consent forms, I explained to all participants they could receive a

copy of this dissertation or a summary sheet if they wished. Only one participant

expressed interest in receiving the dissertation. The Walden University IRB approval

number for this study was 02-03-16-0122692.

Data Analysis Plan

The data analysis plan included taking notes during the interviews, recording the

interviews, transcribing the recordings, and analyzing the information. Creswell (2007)

suggested a simple step-by-step process while analyzing the data from reviewing the transcripts for accuracy to codifying the significant information to arranging the statement to answer the research questions. This was the step-by-step process used to analyzing the interviews for this study.

First, all of the data was transcribed by a third-party transcription service as the interviews were being completed. When the transcripts were finished, I reviewed them for accuracy. The transcriptionist signed a confidentially agreement. Additionally, every consent form included a section noting that a third-party transcription services was being used. Finally, before the raw data was sent to the transcriptionist, I erased any names or identifying information. Simple letters and numbers were assigned to all participants. Only I have access to the participants' real names.

After I reviewed the transcriptions, I searched for significant statements and thoughts in order to create themes. After reviewing these transcripts and themes were developed, I created a list of statements that were significant to the research questions (Creswell, 2007). Then I looked for similar statements from each participant in order to create larger blocks of information. I created "textual description" (using the participant's words in the answer to the questions while analyzing the information) in relation to the research questions (p. 159). Finally, I conducted the final analyses in Chapter 4.
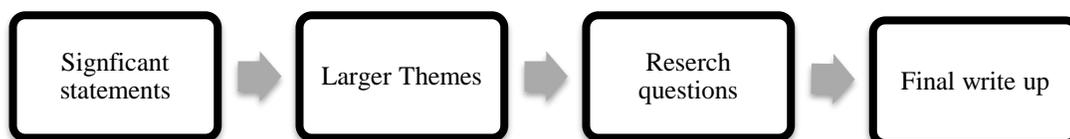
Figure 2. The final analysis when transcripts are reviewed. Adapted from Creswell (2008) p. 170.

NVivo for Mac was released in 2014 by QSR International and used for coding purposes. Documents, audio recordings, and web pages were uploaded for coding purposes. The coding allows for easier access to the main statements in the transcriptions. I have used NVivo 9 in both academic settings (for advanced qualitative analysis class) and professionally (focus group transcriptions).

Ethics

Trustworthiness

Credibility and trustworthiness are important in qualitative research. Maxwell (2005) suggested four strategies for establishing credibility, three of which are applicable to this study. These strategies are creating verbatim transcripts, reading the transcripts a few times to ensure they are accurate, and asking colleagues to review the information providing some quality control measures. The interviews were transcribed word-for-word from interview recordings. Then, I reviewed the information three times to make sure they were complete while listening to the audio recording. There were no discrepant interviews.

Dependability, credibility, conformability, and transferability were important and attained throughout the data analysis process. Creswell (2009) and Patton (2001) suggested using verbatim text and thick descriptions in the results section, which was done in Chapter 4. During the recruitment phase I tried to get LG seniors from all areas of Florida; however, I was unsuccessful in recruiting seniors from each PSA or lesbians from any area to participate, which will be discussed more in Chapter 4. Saturation means exhausting the information from one participant before going to the next participant for

an interview (Bowen, 2008). This will be accomplished by asking the same questions of each participant.

Ethical Procedures

Walden University's Institutional Review Board (IRB) sets the standards, based on federal guidelines, on the appropriateness and risks involved in research. LG people, elderly people, and rural people are considered vulnerable and hard-to-reach populations. Therefore, care and concern is important in order to minimize the risk to the participants (Creswell, 2009; Patton, 2001). Prior to going to the interview, I created a list of gay affirming therapist in case any participant experiencing emotional distress while recounting their story and needed professional assistance. This list was given to each participant. Most of the interviews were conducted over the phone. Yet, interviews conducted face-to-face were done in a neutral location, discussed more in Chapter 4.

All participants consented to being interviewed. For the phone interviews, an email was sent to the participant with the consent form and the participant replied, "I consent." For phone interviews with people who didn't have access to email, I sent two consent forms before the interview through the post office mail with a self-addressed envelope to return the consent form. For face-to-face interviews, the participant signed the consent form. Moreover, I read the consent forms to all of the participants. As Creswell (2009) suggested the informed consent forms identified the purposes of the study, credentials, selection criteria of participants, risks involved, acceptability to voluntary withdrawing, and my contact information. Each participant's actual identities remained confidential, only known to me. The original data, transcriptions, notes, and

recordings, are being kept secured in a locked file cabinet at my residence and will be retained for five years. After the five years, paper copies will be shredded using a secure shredding company. The computer files will be deleted using secure trash bin deletion.

Summary

This phenomenological interpretive study is the methodology for this dissertation. Chapter 3 explained how I gathered the information while ensuring validity, trustworthiness, and credibility were attained. A pilot study with two gay seniors was conducted, allowing for the revising of the interview protocol and questions. The agency and organizations were limited in providing support during recruiting. Therefore, I contacted several gay-affirming churches, put an ad in a gay newspaper, and reached out to contacts suggested by colleagues. Interviews were face-to-face or over the phone. During all interviews, notes were taken and a tape recorder captured all of the information. The use of a third-party transcriber allowed me to review the interviews within three months. The information was coded using NVivo 10 for detailed analysis, interpretation, and summation. Chapter 4 presents the in depth interview analyses.

Chapter 4: Results

This purpose of this study was to explore the challenges LG seniors in Florida's rural and suburban areas encounter. To develop public policy, research on the target populations must first be conducted; it is an essential step (Bardach, 2005). Thus, this phenomenological study interviews gay seniors in Florida's nonmetropolitan areas as a step to gathering information from the populations' point-of-view.

In this study, there were three central questions, each with one or more sub questions. The central questions (R#) and related sub-questions r(letter) guided this study:

R1: What are the day-to-day experiences of LG seniors in Florida's rural or suburban areas?

    ra: What challenges are faced by LG seniors?

    rb: What opportunities are faced by LG seniors?

R2: What government services do LG seniors in Florida's rural and suburban areas access?

    rc: What other supports or services are needed?

R3: How are LG seniors in Florida's rural and suburban communities constructed in the broader LGBT movement?

    rd: What is the importance of being visible within the larger LGBT movement?

This chapter explains the pilot study, interview protocols information, the participants, the data collection process, and the results of the study in light of the central research and sub questions.

Data Analysis Process for the Pilot Study

For the pilot study, I created a semi structured interview protocol. The initial

Walden University IRB approval (#02-03-16-0122692) was granted on February 2, 2016.

I then contacted four gatekeepers for help recruiting participants. I asked that the flyer be

forward to their networks for anyone interested in participating in this study.

Unfortunately, the contacts at these gatekeeper organizations did not return emails or

calls. Therefore, on April 30, 2016, I contacted Walden University's IRB Committee to

revise the recruitment strategy and the interview protocol after conducting a pilot study.

The IRB Committee accepted the changes without reservation.

The pilot study validated the interview protocols in which I interviewed two men,

Tom (69 years old) and John (72 years old), gay males living in suburban areas of

Florida's Pinellas County. These interviews were conducted over the phone (on February

20, 2016, and March 24, 2016) and recorded using Tape-A-Call, an iPhone application. A

third-party transcribed the recordings.

Upon the return of both transcriptions, I reviewed them to ensure completeness

and accuracy. Then the transcripts were analyzed for significant statements using NVivo

for Mac.

During the data collection phase of the pilot study, several new questions were

added, and other questions were revised based on these participants' perspectives. The

primary study used the revised interview protocol. From this pilot study, I revised the

interview questions (and thus improved upon the original interview protocol) and ensured

that the questions allowed for the phenomena to be explored fully from the participants'

points of view (van Manen, 2014). Although some the questions changed, the interview protocol was widely unrevised as it met its goal.

The pilot study allowed a thorough review of all the questions to ensure each question was targeted and specific to answer the research questions. In the original interview protocol, "When did you come out?" was asked. During the pilot study, both men discussed how "coming out" meant very different things back before the gay rights movement or after the Stonewall Riots in New York City. Specifically, both men acknowledged that the "I'm gay and will live as an openly gay man realization" versus the "I have sexually explored with men" were not the same coming out process, yet each was critical to the development of becoming out gay men.

Both John and Tom explained that in the 1960s and 1970s living as an openly gay male was not acceptable leading many men to either hide their sexuality through marriage or casually dating women while having sexual relationships with men. Tom stated there was a huge difference between an emotional attachment and sexual attachment. He further explained "having sex with another man in the 1960s and 1970s was routine for the gay men of the Baby Boom generation since they were not supposed and in some cases allowed to have a loving relationship with a man" (personal communication, February 20, 2016). Therefore, having a sexual relationship with a man meant meeting up somewhere and getting off or ejaculating. However, admitting to yourself and another person that you had romantic feelings for a person of the same-sex was something different and looked down upon (Tom, personal communication, February 20, 2016). John noted "coming out meant the difference between having sex and then

actually telling another person about your romantic inclinations" (personal communication, March 24, 2016).

Tom stated that during his childhood and young adulthood having sex with men without an emotional attachment did not denote someone as a homosexual. Rather, again, it was the emotional attachments that would give someone that designation. These constructs changed somewhat with "the AIDS Crisis of the 1980s because gay men looked for emotional attachments with other men since AIDS was a death sentence" (Tom, personal communication, February 20, 2016). This pilot study allowed me to refine and add questions to the interview protocols, which became part of the main study. The new questions were, 'Tell me about when you told someone you were gay' and 'When did you have your first sexual same-sex experience? How did you feel about having this experience?' These questions were used instead of 'When did you come out?' Although it did not directly affect the research questions, these distinctions were important to these men; therefore, these new items were included in the final questionnaire to build trust with the participants.

Sexuality and sex came up numerous time during the pilot study. Both men emphatically questioned why in the health or demographic sections of the interview protocol sexual relationships were not mentioned. Both men felt this was a problem with many studies on gay males because most studies are devoid of the sexual aspect of seniors' lives or when a person is aging in their 60s and 70s they no longer want sexual relationships is the common thoughts. Both admitted that part of their "holistic personhood, sex remains an important part, not the most important part, of living a full

life" (John, personal communication, March 24, 2016). Tom stated there was a perception in the gay community, particularly, but he suspected in most communities, that as soon as a person becomes a mature person specifically over 60 years old, that sex did not happen. Tom explicitly argued that was simply not true. Although again not entirely germane to the central questions, I did revise the demographic section, adding these questions: "Are you sexually active? How do you meet your partners?"

Tom and John suggested adding several clarifying words to the original question, "On a scale from 1-5, one being horrible and five being fantastic, rate your overall health. Why do you rate it a (NUMBER)?" John explained "his health is a five; however, there are different aspects of health. Specifically, his mental/emotional health was a five or fantastic, but his physical health was a one or horrible, due to many chronic diseases and aging" (February 20, 2016). Therefore, there were clarifying questions added that separated the participant's physical and mental health status in the primary study. The question changed to "On a scale from 1-5, 1 being horrible and five being fantastic, rate your overall physical health. Why do you rate it a (NUMBER)?"

The final question that changed was adding the open-ended question of "Tell me about your social network." Both John and Tom felt this was a good question to ask; they noted that as a person ages social networks becomes smaller. John explained "he would say he has an excellent social network; however, he doesn't get out much to see and be a part of his social network" (personal communication, March 24, 2016). Tom stated that he gets out once and awhile to see people. As a result of the nuances and the fact that as a person ages their social networks become smaller, I added follow-up questions about

social networks and time spent alone. These were: "How much time do you spend alone? Do you get out on a daily basis? Are you out to them (social network) and are friends mostly gay and lesbian?" These follow-up questions allowed for a better understanding of how much time the participant spent alone.

Finally, Tom and John appreciated the various questions about the gay rights movement and its impact on them. Both men liked the question, "Do you feel invisible in the gay community?" This question correlates to the third central question of this study. Both admitted that they stopped going out to bars and clubs because they felt too old to be there and they spent the majority of time alone while in these establishments.

The pilot study allowed for a comprehensive review of all questions and allowed for the revising of questions as necessary. Appendix C has both the original interview protocol and the revised interview protocols. There were no organizational or problematic areas dealing with the setting since the majority of the conversations took place over the phone.

Main Study Data Collection

Recruitment Approach

In the original plan, four gatekeepers were selected to put up flyers and help recruit participants. Unfortunately, none of the gatekeepers returned numerous emails or phone calls asking for assistance with this study. After several months, I used several alternative methods of finding participants. First, John, who was part of the pilot study sent the flyer to a listserv. Also, I asked the managers at the Florida LGBT Community Centers in Miami, Tampa, and Saint Petersburg to send the flyers through their networks

and hang them on the wall. Second, an advocate from the National Latina Reproductive

Rights who works throughout Florida agreed to send out the flyer to the organization's

listserv. Additionally, I sent the flyer and newspaper article to Unitarian Universalist

Church in the Southeast. Rev. Martin, the Southeast representative, put the flyer in

Southeast Unitarian Universalist Church Newsletter. Also, Wild Iris Books, a feminist-

lesbian bookstore in Gainesville was contacted and the manager put up a flyer. Moreover,

through networking, flyers were sent to several businesses in Florida, mostly gay bars.

There was seldom an acknowledgment if these flyers were distributed. After revising the

original plan of using gatekeepers, an advertisement in a Southeast Florida newspaper

that has a large LGBT readership was suggested and I followed up on this possibility.

Unfortunately, an agreement based on price could not be reached. Walden's IRB was

made aware of these changes before implementing them and had no objections.

Most of the research was conducted from February 2016 to September 2016.

After conducting the pilot study and first two interviews, responses slowed during the

summer of 2016 and then again December of 2016. Also, I had to follow up with several

of the community centers, religious groups, and other organizations to which I sent the

flyer to distribute, expanding efforts to get participants. Moreover, John, from the pilot

study, resent the flyers to his network, the Prime Timers. Finally, after several months of

slowed response and interest, several men agreed to be interviewed. All people who

contacted me were eligible for the study since they met all three criteria. Most agreed to

be interviewed over the phone or Skype, and two people wanted to be interviewed in

person. Plans were made to conduct face-to-face interviews in June 2016. Unfortunately,

three men, two over the phone and one face-to-face interview, did not answer the phone

when I called numerous times or did not show up for the appointment. Therefore, the

total sample size was seven.

Demographic Characteristics of Participants

Seven gay males from different parts of Florida participated in this study. All

participants were from suburban areas. The sample was not racially or gender diverse,

and all of the participants were Caucasian gay males with ages that ranged from 62 years

old to 75 years old, the average age was 70 years old. Table 2 shows the ages of the

various participants and the places of residence.

Table 2

Participants' Demographic Information

Name[a]	Age	Ethnicity	Area	AAA Region
James	69	White	South Pasadena	5: Pasco-Pinellas
Robert	72	White	Kenneth City	5: Pasco-Pinellas
Hank	72	White	Uncorp. Pasco County	5: Pasco-Pinellas
Ron	62	White	St. Pete's Beach	5: Pasco-Pinellas
Mick	75	White	Belleair	5: Pasco-Pinellas
Randy	69	White	Bradenton Beach	6: Hardee, Highlands, Hillsborough, Manatee, Polk
Tim	70	White	Biscayne Park	11: Monroe, Miami-Dade

Notes. [a] For confidentiality purposes, pseudonyms are listed instead of participants' actual names.

Six of the seven persons were either semi-retired or completely retired. One

person owned his own business and worked every day. Every person either moved back

to Florida or moved to Florida from a larger city upon retirement. Finally, participants

were from three Planning and Service Areas (PSA). Specifically, 72% of the participants

resided in PSA-5: Pasco-Pinellas Counties, 14% from PSA-6: Hardee, Hillsborough,

Manatee, and Polk Counties, and 14% from PSA-11: Monroe and Miami-Dade Counties.

Participants resided in South Pasadena, Kenneth City, unincorporated Pasco County, St.

Pete's Beach, Belleair, Bradenton Beach, and Biscayne Park. All of the participants lived,

statistically and by this study's definition, in suburban areas; however, it is interesting

that most of the participants described the areas they live in as rural or "redneck."

Chapter 1, operationally defined a suburban area as an "urban clusters" and "micropolitan

statistical areas" having a population with over 10,000 but less than 50,000 with heavily

concentrated housing stock within in an area usually outside of a major city (National

Center for Education Statistics, 2015; U.S. Census, 2010, Statistical Areas section, para.

1). Also, as noted in Chapters 1 and 2, Florida's Aging Agencies are divided

geographically in which the majority of the participants lived in PSA-5.

Settings

The interviews, as the data plan noted, lasted from forty-five minutes to one hour.

Only one interview lasted more than one hour. Six of the interviews were conducted via

phone or via Skype, and one was conducted face-to-face. The interviews conducted using

the phone or Skype, were done from this researcher's home and the participant from his

home. A hotel room was used to conduct the only face-to-face interview. After the

tragedy at the Pulse nightclub in Orlando, I conducted follow-up calls with several of the

participants understand how this tragedy was affecting them, which will be discussed in

more detail later in this section. Moustakas (1994) explained that for an interpretive

phenomenological qualitative study having a minimum sample of seven people is

acceptable, achieving saturation since the information began repeating from participant to

participant (Patton, 2001).

Data were recorded using several phone and Skype applications; specifically,

Tape-A-Call in conjunction with the iPhone and Call Recorder for Skype. The Tape-A-

Call application joins the interviewee and interviewer with a third-party recording device.

This recording is then downloaded as a mp3 file. Call Recorder is an extension for Skype

that tapes audio and video but only audio was recorded. This mp3 file was downloaded.

A digital recorder was used to record the only face-to-face interview, which was

transferred to a secure computer as a mp3 A third-party transcribed all of the mp3 files.

All interviews were conducted in English.

Main Study's Data Collection

After asking three screening questions, via email, the participants were invited to

take part in this study. The screening questions asked their age, place of residence, and if

they identified as a gay male. The three criteria contained being at least 60 years old, live

in one of the target areas, and identify as a gay male. If these screening questions met the

study's requirements, they were invited to take part in the study. After they were invited

to the study, I sent the informed consent form, list of therapists in their area, and the

interview protocol, so that each would be prepared for when we talked. Most interviews

were scheduled for two weeks later from the screening email.

The semi-structured interviews began with thanking participants for their time. Then I discussed in detail, the informed consent forms explaining there were no expected harms and they had the right to not answer a question or stop at any time. Moreover, I explained that all interviews were recorded and a third party would be transcribing the material, but she would not know the participants' identity. Each participant gave verbal and written (email) consent to conduct the interviews. First, to establish trust, I asked them about their lives and some demographic information. Then, I progressed to the three specific research questions: living in a nonmetropolitan area, services they use as they age, and involvement in the larger LGBT rights movement. When a vague answer was given, I probed with "why," "tell me more," and "can you elaborate.". The final question asked if there was anything the participant felt was not discussed but would be beneficial to the study. Then the interviews were concluded after I thanked the participants for their time.

After each interview, I wrote field notes including perceptions, connections to other participants' stories, and thoughts about the interview. The recordings of the interviews were sent a third-party transcriptionist with whom I had a confidentially agreement. After receiving the transcriptions, I reviewed them while listening to the audio recording. No mistakes were found. I uploaded the transcriptions to NVivo for Mac and ATLAS.ti, both qualitative coding software.

Several deviations from the original data collection plan occurred that did not diminish the quality of the study. First deviation from the original plan occurred when the 3rd party dissertation consultant was unable to help me with interview practice and

reviewing the codes after I analyzed the transcripts. As a result, I videoed myself reciting

the interview questions and then reviewed the videos to see where improvement was

needed. Also, I studied the transcripts a minimum of three times while listening to the

audio recording ensuring completeness and accuracy of the information. After creating

notes, these transcripts were uploaded to the qualitative software.

The second deviation was the use an additional coding software/application. The

original plan called for NVivo for Mac for the coding of the transcripts. I used NiVivo for

Mac. In addition to NVivo, ATLAS.ti was used for coding. ATLAS.ti is an iPad

application similar to NVivo. There have been some comparisons of both qualitative

analysis software, concluding there is not much difference between NVivo and ATLAS.ti

(Costa, de Souza, Moreira, & de Souza, 2016). However, in the exploration of both of

these software applications, NVivo has more capability by creating classifications

whereas ATLAS.ti only allows the creation of codes attached to significant statements.

Costa et al. (2016) explained that the use of either NVivo or ATLAS.ti becomes a

personal choice and is about portability. ATLAS.ti interfaces with mobile technology,

such as the iPad, whereas NVivo can only be used with a laptop. Therefore, ATLAS.ti

was extremely useful since it was on the iPad, and I was traveling extensively during the

data analysis phase. In Chapter 3's Figure 2, I outlined a series of steps necessary for

conducting qualitative analysis: reviewing the transcripts, finding significant statements,

developing codes, and clumping statements and codes into themes. These procedures

were followed.

Although it was not a difference from the original plan, it is important for me to mention the Pulse tragedy that claimed 49 gay Latino men in Orlando, Florida on June 12, 2016, since the some of these interviews happened after this event. After the event, I began asking participants about their thoughts around this tragedy.

This tragedy happened during the data collection and before a visit to the Tampa area in July for an interview. Although I did not know any of the victims and the participants did not know any of the victims, there was a profound feeling of sadness and anger over this mass shooting. Lesbian, gay, bisexual, and transgender advocates raised their voices against this violence and asked for healing for the victims' families. As a gay male, the shooting had a profound impact on me, too; therefore, I made the reasonable assumption that the killings at Pulse had an effect on the participants, too, not to mention a way to continue to build trust with the participants. Several of the men already interviewed were contacted and asked the open-ended question, "How did the Pulse shootings affect you?" Then follow-up questions, "Does this harken back to a time when you were coming out?" and "What do you think spurred this violence to happen?" were asked. Of the five participants already interviewed, two declined to talk about Pulse, the other three men answered the questions. They noted their feelings around the shootings, the failures and missteps of the Florida government, and how scared they were if a non-supportive Administration was to take control at the federal level since "these types of shootings might be the norm in a hate filled U.S." (James, personal communication, July 1, 2016). In the next session, I discuss the ramifications of this mass shooting for the study's participants. There were no issues with the data collection and as Creswell (2012)

suggested having at least seven participants would give enough information for data analysis and to make meaningful conclusions.

Analysis

Phenomenological data analysis seeks to understand the world from the point-of-view of the person interviewed. Moustakas' (1994) suggested following a series of steps to arrive at conclusions from the analysis of the in-depth interviews. The steps outlined by Moustakas mirror Chapter 3's Figure 2. The steps, according to Moustakas, are *epoche, phenomenological reduction, imaginative variation*, and *synthesis*. First, I read each of the seven participants' transcripts while listening to the audio recording of the interviews. After completing this review, I read the transcripts several more times while loosely pondering various themes and how the information intersected creating "significant statements." These important statements were then coded in NVivo and ATLAS.ti in light of the research questions and sub questions. These codes were connected to direct quotes from the participants. Additionally, a professor I worked with as a dissertation consultant reviewed the codes. After this process was completed, and before conclusions were drawn, I used Moustakas' approach to data analysis outlined above.

Step 1: Epoche

As Moustakas explained, epoche is about ensuring researchers are making conclusions based on preconceived biases with the expectation to leading to fewer researcher judgments or "epoche includes entering a pure internal place, as an open self, ready to embrace life in what it truly offers" (p. 86). Wall, Glenn, Mitchinson, and Poole

(2004, p. 25) suggested that during each phase of the study the researcher should keep a journal asking five basic questions: 1. How does the information affect me? 2. What was especially important? 3. What connections are being made? 4. How can this information be used? 5. What concerns are brought up? Three times during the research process I had to examine preconceptions. During the literature review phase, I made connections to the literature and biases as a gay male living in a suburban area, especially an apprehension about growing older. While collecting data, reflective journaling was utilized to clarify issues or to connect each person's significant statements with each other, which were turned into a mind map. There were three times in which the journaling was particularly useful; although, each of these times only had minimal impacts on the research questions regarding older LG seniors in rural and suburban areas.

The first time I journaled was after talking with both participants of the pilot study since they challenged some assumptions that I had about sex and aging. Both participants felt that I did what most researchers do by not considering them as sexual beings since they are over 60 years old. This was the first time I confronted these cultural biases about who does and does not have sexual relationships. Moreover, these pilot study participants also challenged me on coming out sexually and emotionally, which are two different phenomena. Through the reflective journaling, I acknowledged sex and aging biases. Moreover, by reviewing how and when I came out, I was able to fully comprehend the difference between sexual and emotional coming out.

My second experience was in June when the Pulse tragedy happened in June 2016. Although not completely relevant to the study of aging gay men in nonmetropolitan

areas, it was a significant time in national LGBT community life. Mick spoke about being in "New York City when there was raids and terror of the gay population by [legal] authorities" (personal communication, July 14, 2016). Tim further explained that "many [of his] friends were targets of gay bashing, even one friend beaten to death outside of NYC in 1964" (personal communication, September 10, 2016). Moreover, James talked a little bit about how these incidents while growing up very much resembled "much of the hateful rhetoric by Pam Bondi, Florida State Attorney General, Rick Scott, Florida Governor, and other legislators" (personal communication, July 1, 2016). The reflective journaling happened after this tragedy to not reflect this in future interviews or to become too emotional over what was being said.

The third experience was when Hank stated that there are various senior centers for different ethnic groups, such as "Black and Chinese focused senior centers…and, just for the heck of it, would love to start as all white senior center" (personal communication, May 17, 2016). When asked to explain what he meant by this, Jim stated "I am not a racist, but why do special consideration need to be for other ethnic groups?" The journal reflected on several assumptions about specialized senior centers, where everyone is heterogeneous was not to be discounted but could lead to further "separate but equal" spaces in which the spaces were not equal depending on the group's advocacy and social construction.

Step 2: Phenomenological Reduction

Phenomenological reduction occurs through the transcribing and reviewing of data for accuracy and to understand the concerns through the eyes of the participants.

Moustakas (1994) explained, "reflective process occurs, aimed at grasping the full nature of the phenomenon" (p. 93). In other words, through the use of bracketing information, I was able to understand the entirety of what these men were experiencing as they as age in nonmetropolitan areas. Moreover, Moustakas explained that a researcher must create "horizons" accomplished by open coding (p. 95). After reviewing the transcripts several times and coding some of the information by hand before using software, I used bracketing.

Bracketing was used to connect what the participants said with information in the literature review. Chan, Fung, and Chien (2013) explained that bracketing was to ensure that the participant's experience guides the research. Moreover, Tufford and Newman (2010) suggested that when bracketing through in the data analysis phase to write information about the participant's statements as it relates to the researcher's experience and knowledge of the subject. The most effective way was using a mind-mapping application aptly named SimpleMind. This application allowed me to create memos for all twenty codes. Furthermore, after writing these memos, I again created sub-memos to tie the information to the literature review. Nothing significant was discovered during the bracketing, except how the participant's experience was similar to the literature, thus improving credibility.

Step 3: Imaginative Variation

During the imaginative variation phase, I used both ATLAS.ti and NVivo to code transcripts. These coding software programs allowed me to cluster data, ultimately reducing to four research question-related themes.

Before creating these codes, after reviewing each transcript, I created a code list and set this list aside while using the software to code. There were over twenty codes developed for the analysis, organized alphabetically. These codes included: aging, receiving aging services, unable to care for self, coming out, discrimination, employment, gay rights movement, generation, health status, invisibility, medical care, (living in) nonmetropolitan areas, political party affiliation, politics, problems that are gay related, relationship status, sexual orientation, social network, Florida's state policies for the aging population, what they voted on, and worries as aging occurs. Figure 4 shows how many significant statements corresponds with the twenty codes.
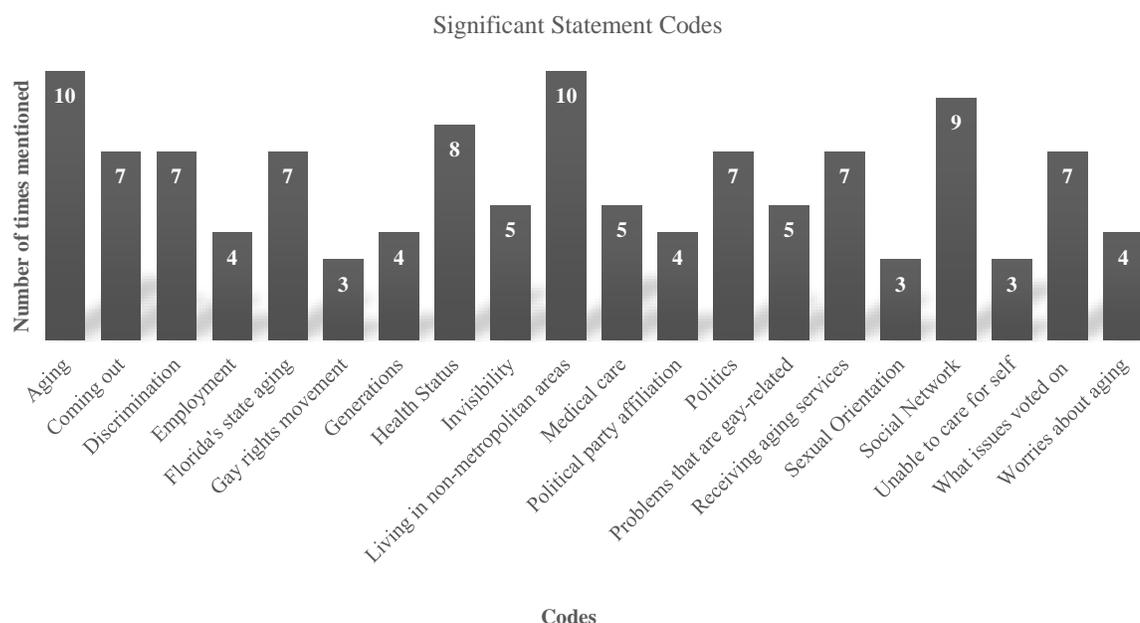
Figure 3. Signficant Statements from the transcripts. Significant codes from the NVivo and Atlas.it.

As this bar graph identifies, aging, living in nonmetropolitan areas, and social networks were the most discussed topics from the participants. These clusters were expected given the three topics of focus in the research questions. These twenty codes were then reorganized to answer the research questions in which four broad topics emerged with some smaller themes. These broad topics and sub-themes are:

1. Aging with sub-themes of social networks, transportation, and coming out and going back into the closet;

2. Discrimination with the sub-theme of employment;

3. Governmental policies toward gay, aging seniors with sub-themes of medical establishments, long term care support, and federal and state public policies;

4. Active involvement in the LGBT rights movement with sub-themes of concerns and being invisible.

Step 4: Synthesis

Having these twenty significant statements allowed me to synthesize the information according to the three research questions and sub-questions to arrive at what it was like to for these gay men to age in Florida's suburban areas (Husserl, 1931). Although, as Moustakas noted, a phenomenon is never fully exhausted, but the interviews, coding, and content syntheses allowed me greater understanding of how these men lived their lives. Ultimately, I was able to explore their lives along a continuum from a time when homosexuality was illegal to a time of living their lives as open gay men dealing with everyday life as they age. The next section examines the importance of trustworthiness.

Evidence of Trustworthiness

Trustworthiness encompasses several fundamental aspects: credibility, dependability, transferability, and confirmability (Moustakas, 1994). Additionally, Noble and Smith (2015) noted the importance of qualitative researchers to ensure completeness of the data according to established scientific rigor originally articulated by Lincoln and Denzin, pioneers in qualitative research. The first concept under establishing trustworthiness is to make sure data are true and believable or credible. Credibility was established.

Credibility

In Chapter 3, three checks were suggested to establish credibility. These audits were ensuring the audio files were transcribed verbatim, reviewing the transcripts several times, and asking a colleague to review analysis (Maxwell, 2005). Throughout the data analysis process, these three strategies confirming credibility were achieved. Specifically, after receiving the transcripts from the third-party transcriptionist, the transcripts were read carefully while listening to the audio recording of the interview. There were no mistakes found. Next, each transcript was read three separate times while pondering different codes and how the interviews intersected, conducting phenomenological reduction. The transcripts were then reviewed by a qualified third-party to ensure they were complete and accurate. After these credibility checks had been completed, codes were created and checked by the same third-party reviewer to ensure coding agreement. This step-by-step process helped to established information credibility as it created a checks and balances process.

Transferability

The second way of establishing the trustworthiness of a study's data is to fully detail how the information is or is not transferable to other settings and contexts (Trochim, 2006). Miles and Huberman (1994) suggested that the best outcome for transferability is for the readers to make connections to the research because the reader has enough details of how the data collection occurred, who were the participants and how the recruitment happened. The data collection section in this chapter gives the information about these details. Therefore, meeting this evidence of trustworthiness, all of the study's participants were gay white males living in a suburban area, at least by the definitions used for this study.

Much of what was learned by interviewing these gay seniors can be transferred to other similar locations, and, most importantly, can be used to create a larger questionnaire. Interestingly, in the field of public policy, the majority of policy development and analysis follow established steps. These steps, articulated by Bardach (2005), included creating a problem statement, researching the scope of the problem, suggesting a remedy to fix the problem, developing alternative policies, adapting the best-fit policy, analyzing the policies effectiveness in providing treatment to the problem, and re-evaluating alternatives. Since this is a predictive path that many government agencies and jurisdiction follow, it is reasonable to assume the results and conclusions could be transferred to other suburban jurisdictions. Certainly, just as one public policy does not fit all areas, any recommendations made from this study should be tailored to the

area in which the recommendations would be implemented. This study also begins to add

to the scant data on this sub-sub set of the LGBT senior community.

Dependability

Furthermore, it is important to establish dependability of the data. Dependability

ensures the data are reasonable and reliable. Dependability is hard to establish in

qualitative studies, yet, following established protocols adapted by qualitative researchers

helps to create dependability (Houghton, Casey, Shaw, & Murphy, 2013). Miles and

Huberman (1994) explained several questions must be asked by the researcher when

determining these criteria, such as the clarity of the research questions, descriptions of the

researcher's role, connections made to theoretical assumptions, coding checked and

rechecked to determine connections, and reviews that were completed. Chapter 3

explained the detailed steps that were taken following these protocols; therefore, since

these protocols were followed dependability was established.

Confirmability

The final step to determine trustworthiness is confirmability or do the research

methods correspond to established qualitative research protocols and are the conclusions

reasonable compared to similar study results. If the results do not conform to existing

studies or are uniquely different then it is important for the researcher to check his or her

biases and to see why these results do not conform (Miles & Huberman, 1994). In

Chapter 3, biases brought by this researcher into the research were discussed and the

research did not bring up unacknowledged biases. Following the protocols allows the

research to examine the phenomena from the participant's point-of-view rather than from

the researcher's point-of-view, ensuring the conclusions are from the participant

(Houghton et al., 2013). The study's results confirmed links to the literature review

creating more dependability and trustworthiness.

These four criteria, dependability, transferability, conformability, and credibility,

are important in establishing the bounds of the research while establishing the study and

researcher's trustworthiness. I followed the established steps ascribed by qualitative

researchers such as Denizen, Miles, and Huberman, Moustakas, and remain confident of

the study's results and conclusions. Next, I will discuss the results of the study as they

relate to the research questions.

Results

The overall thesis of this interpretive phenomenological qualitative study was to

examine the lives of LG seniors residing in Florida's nonmetropolitan areas to determine

their needs as they age and how public policies for senior populations can be more

responsive to this population's needs. Anderson (2013) and Bardach (2005) noted that

policymakers follow a predictable process when developing and implementing public

policies. Namely, developing a problem definition, conducting research, suggesting

alternatives, picking the best policy choice, implementing the policy, and evaluating the

effectiveness of the policy to meet its goals. This study examined several federal and

state public policies that deal with aging through semi-structured interviews of the gay

males in suburban areas as related to the research questions of aging in a suburban area,

types of services needed when aging, and connection to the LGBT community.

Moreover, this study adds to the scant knowledge of gay elders living in suburban areas.

The current scholarship involving the LGBT community focuses on youth or when it

does focus on seniors the research is almost exclusively on those residing in the

metropolitan areas. In the original study, LG seniors in Florida's nonmetropolitan areas

were the people I wanted to interview, but as I noted in the demographic section no one

identifying as lesbian took part in this study. Therefore, the sample consisted of gay,

White seniors aged 60 and over. There were some interesting findings in light of the

research questions that are pertinent to gay males living in suburban areas. This section

reveals the results of the study as it relates to the research questions.

Research Question 1

The first research question explored the participant's experiences living in

Florida's rural counties and suburban municipalities, specifically focusing on the

challenges and opportunities faced by these men. Most of the participants explained that

life in a suburban area was both wonderful and challenging. Interestingly, every person

interviewed had moved to these areas in Florida from a major city for a variety of

reasons. For example, Robert explained, "[why he moved to the area] Because I love the

beach and the water…and I fell in love with it [the area] again and ended up buying

property down on the beach" (personal communication, June 25, 2016). Mick explained

his moving to a suburban area was because it was a lot cheaper than living in the cities.

Randy said he just moved down to Florida because:

After the little recession, the rehabbing of his neighborhood in DC where he was

living stopped and "a friend of mine came back from a Florida visit, actually from

visiting St. Pete, with a listing book. I went through and said 'Wow.' I came down

here and bought a place" outside of the city. (personal communication, July 9,

2016)

James originally lived in Fort Lauderdale and taught at the local college. All of

the participants explained that the experience of life in a nonmetropolitan area was

mostly positive regarding quiet and solitude. Most often transportation, lack of social life,

and the need to be discrete about sexual orientation were cited as challenges.

One challenge for all aging Americans is the lack of public transportation in rural

and suburban areas. However, although not well funded, Florida does have a bus program

where a senior can get a fee-based ride to medical appointments (Florida Department of

Elder Affairs, 2015). The participants explained if they wanted to be social with other gay

men then they drove long distances, begged for a ride from friends, or, most often, used

the Internet and phone/tablet applications to connect with others. Robert, James, Ron, and

Tim stated they drive a minimum of two hours to attend gay events for seniors in Saint

Petersburg, Tampa, or Orlando, which are often during the day and focuses on food. Ron,

specifically noted:

> Most of the outings are around food, like going out to an early dinner. This is fine
>
> but it gets boring and, quite frankly, all of us [older people] need to watch our
>
> weight as we age (personal communication, June 1, 2016).

Robert explained that he drives 2 hours to Orlando when he wants to be social but has

eye problems so these trips as he ages become fewer. Each of the participants explained

that if they were able to attend social activities they did, at least now when their health

allowed them to get out of the house. Again, though, they were concerned about the

distances they had to travel. To feel a part of the LGBT community, get dates, have sex, and feel less isolated, most of these men used phone applications or websites that allowed them to connect with other men.

Hank, James, Ron, and Tim explained that Silver Daddies, a popular website for older gay men and younger men, provided, albeit limited, social interaction with other gay men. Hank noted:

> I've developed several really good friendships online. Silver Daddies among one
>
> of the—one of the—I don't know if you know it. Yeah, I can say it's kind of
>
> replaced more risky cruising, you know, so." "But, like I say, except for Enigma
>
> on Friday nights, um where—what do you do? (to meet people)—I mean a lot of
>
> people my age go to a website called Silver Daddy. (personal communication,
>
> May 17, 2016)

Mick stated that he does not just have online relationships with people from Silver Daddies and other similar websites, he also meets men from these sites face to face:

> Now, I went on Silver Daddies yesterday. He contacted me, wanted to meet for
>
> coffee. No problem at all. My age. I like them my age, to be honest. So, we met
>
> and had a great time talking, conversation flowed early, and he was telling me
>
> about past experiences. (personal communication, May 14, 2016)

Mick further explained that he enjoyed the conversation with this person, but did not think a romantic or sexual relationship would occur, which allowed Mick to expound upon the gay culture in his area:

And this area—in Fort Lauderdale, it's very, very difficult to make friends. It's a

very transient city. It's also a big party city. I don't know where you're from—

you're in Boston, right? It's a very—let me put it this way, my guys are divided

into five groups. One you have the party people. You party, you can go anywhere

and get anyone. Number two—I call them the bold and beautiful, but they're

handsome and they've got muscles—you know what that means. Number three. If

you're rich—okay, you know what that means too. Number four—I hate to say

this but it's so true—it's the size of your penis. Number five, you meet a nice guy,

you're luckily to get a date again. (personal communication, May 14, 2017)

Essentially what Mick is stating is that the older a gay male becomes, the less likely it is

for friendships to be maintained, which is why the Internet is important to maintain some

ties to the gay community and, most importantly, increase a person's social network.

Along with transportation issues and lack of social network, the absolute need to be

discrete was a shared theme.

Participants explained that living in a suburban area was calming and a slower

pace of life, which they appreciated. These places were not tolerant or accepting of the

LGBT community. Tim most eloquently stated what it was like living in these areas. He

explained:

[Me: What is your experience been living in…] It's fine. Pretty much as far as

gays in the area, it's very redneck. You know, there's people that are mudders and

swamp people and they are very, very much redneck. So, it's not that they

wouldn't accept gays—they wouldn't accept gays if you put it in their face. But

it's like 'Don't ask, don't tell. (personal communication, September 10, 2016)

Furthermore, he explained that holding hands, raising the pride flag, or showing public

affection toward his partner would not be accepted. James, Robert, and Randy echoed

Tim's sentiments. Randy explained that since the lack of tolerance did not seem as

though it was a big deal, but he explained that since he is masculine that he blends in

pretty well, which would not be so for a more feminine acting man. Essentially, Randy

reiterated what Boso (2014) noted as the importance of appearing as a heterosexual or at

least not a stereotypical gay male; namely, feminine with a lisp, wearing woman's

clothing, and acting out his sexually. Hank explained that his place of residence, which is

outside of Tampa, is suburban. When asked about his experience has been living in this

suburban area, Hank stated:

> I guess it's a don't ask/don't tell policy. It's very conservative, possibly even
>
> homophobic area, given the state politics. You just don't talk about it. Our
>
> neighbors are cordial and friendly (personal communication, May 17, 2016).

He further noted that he and his partner do not do much in their community, partly

because they have different interests and partly because they do not advertise their

sexuality. Interestingly, this finding is the same as what Anetzberger et al. (2004), Boso

(2014), and Gottschalk and Newton (2009) found in their studies relating to rural living,

the need to be masculine and heteronormative. This study confirms Antzberger and

Boso's data in which individuals identifying as gay can live wherever they want as long

as they follow heterosexual social norms. In other words, the gay person cannot flaunt their sexuality, such as kissing the person they are with in public or risk discrimination.

The first research question examined the challenges and opportunities experienced by the participants as they aged in one of Florida's suburban areas. Several shared thematic challenges were described by the participants, including lack of transportation for social events to be around other gay men, a lack of social network as a person ages, and not being out or open due to fears of discrimination. To combat social isolation, many of the participants used the gay dating applications to meet other gay men, either face-to-face or via telecommunication. The next question deals with government services utilized by the participants.

Research Question 2

The second research question examined the participants' utilization of government services as they age and what types of services they will need in the future. Interestingly, the participants did not utilize senior centers, senior meal services, or any other government services, except for Medicare and Social Security benefits and for some the Veteran's Administration. The participants stated they did not need any of these government services during this time in their lives. When asked if they would access these services in the future, most hesitated, saying they probably would not access these services, especially senior centers. Robert noted:

    In order to get some services from the state that the waiting list is extremely

        long…depends on what specific type of service it is…but it is very lengthy. There

        are very long wait lists and very—the deputy director of the Pineallas-Pisco Area

of Aging will be the first to say it. She says, "You know, it's just sad. There are

certain things we just don't have…because of lack of funding and

resources…many services are private pay, but few can really afford these

services, especially in the LGBT aging community." (personal communication,

June 25, 2016)

The length of the waiting lists aside, all of the participants noted they do not access any

senior services. Randy explained further when asked about going to a senior center to

cure boredom or get a meal to eat:

Why go? I mean, you know, what is there—yeah, what is there basically that I

would need? I don't think I have a lot in common with people who go there to—I

don't know why they go there? My friend would give me a meal. (personal

communication, July 9, 2016)

None of the men could articulate what needs they had that were different from the

heterosexual elder population in suburban areas. For all of these men, identifying as an

elder was both a curse and important for when they wanted services. Each agreed they

did not need services yet. As Ron noted, "Florida has a lot of services for old people

because, well, it's Florida. These services are doled out regardless of a person's sexual

orientation" (personal communication, June 1, 2016). Therefore, from a public

policymaker's point of view sexuality is not an issue. However, Randy explained:

There is a pervasiveness about sexuality in aging; they do not ask about it, but

they would treat you different if you advertised it [being gay] (personal

communication, July 9, 2016).

None of the men interviewed wanted to lose their independence and go to a senior living facility or nursing home. James mentioned that if he was unable to take care of himself that he would seek "assisted suicide methods instead of dealing with the indignity of going to [a nursing home]" (personal communication, May 15, 2016).

One suggestion in the literature was to have a room or day just for LGBT seniors in nonmetropolitan aging centers (Espinoza, 2012). James stated:

> This might work in urban areas, but not in suburban areas. If this was done, it would tell people you are gay and "don't ask and don't tell" is the policy de jour in these areas (personal communication, May 15, 2016).

Robert, who does work on behalf of LGBT seniors, noted there is a five-year strategic plan by the State of Florida's Elder Affairs Department that directs some services for the LGBT senior community. However, the only tangible result of this plan is the LGBT Elders Coalition in Planning & Service Area 5: Pisco-Pineallas Counties (Florida Department of Elder Affairs, 2015). Robert further explained that gay men tend to like being with other gay men, so they gravitate toward each other, even if that means traveling long distances. The exceptions with utilizing government services were most had Social Security and Medicare and some participants used Veterans Administration's Health Services for medical care. Tim explained that his experience with the Florida Veterans Administration Health Services was excellent. James stated he uses healthcare from the government since he was along-time government employee but doesn't access the services in Florida. In fact, he travels to the Washington D.C. area for medical care. Luckily, James is healthy.

In summary, the participants for this study did not utilize government services, even if they were not healthy. Each participant was skeptical about accessing government funded resources because they felt they would be out-of-place there or they developed their social networks.

Research Question 3

The last research question and sub-questions examined the participants' connection to the larger LGBT community. This exploration, also, sought to understand how social identities are constructed socially and how these social constructions lead to rights or burdens from policymakers (Schneider & Ingram, 1994). Furthermore, this question explored thoughts and feelings about growing old in the LGBT community. Most participants felt invisible in the LGBT community after they had sacrificed a lot for the community. Micro, meso, and macro explorations of the data allowed me to examine the personal, group and societal implications (Blalock & Wilken, 1979). In other words, coming out, being out and proud, and, now, aging each will be analyzed from individual, group, and societal lens.

For each of the participants, stating they were gay or at least telling another person they were gay, was an important first individual step in feeling a connection to the LGBT community. Each participant took much time to explain that coming out was extremely different and took more courage than it does today. Each noted that the Internet was not developed, gay groups were in far off cities like NYC or San Francisco, and polite people did not talk about sexuality. Each one had an individual coming out story. After leaving the priesthood, Robert explained:

After 24 years as a priest, and retiring, I came out to my mother… she told me to

leave the priesthood and get married and I'd get over it. That was the extent of the

conversation with my mother. Although, I didn't have romantic relationships with

men, I certainly had many sexual experiences, starting in seminary. But these

were sexual experimentation, sort of sowing wild oats before I took my vows.

Back in the 1950s, it was 'okay' to have sex in the seminary or at least there were

limited witch hunts. (personal communication, June 25, 2016)

Hank kept his private life private because he did not want to lose his job. He

further explained, "I guess one of the first people I told was my wife…that didn't go very

well." Hank admits not many people know he is gay in his family because they are

"fundamental and conservative" (personal communication, May 17, 2016). During the

time when Hank was growing into a young adult, being gay was socially unacceptable

and often detrimental to the person; therefore, many married or at least pretended to be in

a relationship with a person of the opposite sex (Allen & Roberto, 2016).

Mick stated, "I told my best friend 'Maria,' we were always together since we

were young, 15, 16, 17…she was supportive" (personal communication, May 14, 2016).

Interestingly, each participant disclosed their same-sex attraction in their 20s or 30s, most

around the late 1960s and early 1980s. The people to whom they disclosed their same-sex

attraction to varied from being completely supportive to cutting all ties. All of the

participants moved to larger cities, such as Washington DC, New York City, and San

Francisco, which all had some gay nightlife. For many, this is when they became part of

the gay community or connected with their clan. These men grew up when

homosexuality was labeled a mental illness, and if any of these men were caught having a sexual or romantic relationship with another man, they would have been hospitalized (Johnson & Fluty, 2016). Mick stated that some underground bars, parks, and rest areas were the only places to meet another male but discretion was important. Then the AIDS crisis hit, which changed relationships between men and cultural appropriateness of homosexuality.

During the 1980s a rare cancer was seen in the gay male community, eventually named Acquired Immune Deficiency Syndrome or AIDS. It claimed millions of lives and affected these participants profoundly. Randy commented:

> The gay men today have it a lot easier than we did back then. Now, gay bars are all over the place, even for a time this little area…but back in my formative gay years, I had to sneak around in parks to meet other guys. We were only there for sex, too. Romantic interest in a guy, even if we saw them more than once, was forbidden. Wives or girlfriends gave great cover for sexual exploration. Much of this changed after the Stonewall Riots when more organizations started supporting gay rights. However, there was also a backlash…voters asked for laws against homosexual, sodomy laws were enforced, and zoning laws forbid gay establishments. (personal communication, July 9, 2016)

When asked about their experience going to the bars, which was a rite of passage for many of these men, most admitted they no longer go for a variety of reasons. This study's participants admitted that a lot still happens around the bar scene, yet they no longer participate because they feel out-of-place. Hank said:

The good thing about being old is not having to be seen for being seen sake…that

is part of the problem too…the AIDS Crisis made it important for gay men to

come together and go out to the bars in the 1980s…it was the only way you could

know if someone was still alive. (personal communication, May 17, 2016)

Four out of the seven participants found out in the 1980s or 1990s they were

infected. Luckily through the use of antiretroviral medications, these men's HIV status is

undetectable. Tim and James had absolutely no complications from HIV. Each one

explained the importance taking care of themselves. Moreover, each described that when

they found out they were HIV positive they immediately were drawn more toward other

gay men because the "gay plague," bonded each other since "you knew someone with the

virus or died of the virus" (Ron, personal communication, June 1, 2016). The connection

with other gay males was both a need and desire causing both happiness and dread.

Happiness in that they found their group and belonging. Tim explained:

 [During] those times [1970s-1990s] being gay was seen as being a deviant and [a

person was] undesirable or worse a symptom of the moral decay that social

conservatives and religious people portrayed as uniquely [within] urban [settings].

(personal communication, September 10, 2016)

Again, being with their clan was important for the participants, especially as the AIDS

crisis claimed friends. Some of the participants acknowledged they were all but celibate

during these years for fear of becoming HIV positive, which meant staying in the small

areas they grew up in rather than venturing to the larger city. If they were diagnosed the

best place for them was the urban areas, as cities were the target of most of the early

HIV-AIDS funding.

Donovan (1997) analyzed debates surrounding the first U.S. AIDS public policy,

the Ryan White Act of 1990. He noted that there was a social construction that gay men

were deviants and thus needed to remain abstinent to get funding. In fact, Jesse Helms

added an amendment to the Ryan White C.A.R.E. Act of 1990, "prohibiting federal

funding [for] AIDS education, information, or prevention materials and activities that

promote or encourage directly homosexual sexual activities" (p. 136). Moreover, all

prevention efforts must promote abstaining from sex until marriage, a direct affront to

same-sex couples since who would not get married. Furthermore, Donovan noted that the

overwhelming majority of funding went to the "innocent victims" (children of AIDS)

even though gay men and people who inject drugs were getting tested more often than

other groups since they were at higher risk for testing HIV positive (Davis & Sokan,

2016). This rhetoric of the deviance of the gay male was part of the daily narrative while

these men were accepting their sexuality; therefore, it was important for them to be with

each other to gain support. Interestingly, as these men retired and aged, they wanted a

slower pace, leading them to leave the metropolitan areas, yet, as discussed early they

have maintained social networks with other gay men.

Finally, these participants each talked at length about their involvement, locally

and globally, in politics and the LGBT movement. All of the participants voted in

elections, but most voted on economics and immigration rather than issues related to

being gay, such as equality. Interestingly, while the men were younger, the majority of

them when voted almost exclusively on gay issues, such as AIDS funding and some

equality rights, which were limited. James, Ron, and Randy explained they gave time and

money to different LGBT causes throughout the years, mostly trying to create changes on

the national level. In some cases, they still did give some money to national

organizations, like the Human Rights Campaign, but mostly they have stopped this in

support of more local organizations, like Florida Equality or SAGE-Florida. All of the

men said they voted Democrat, and locally, the elected officials were outstanding on gay

equality issues and, of course being in Florida, aging issues. In other words, they felt

supported by their local elected officials on funding for services for aging people and,

particularly, same-sex marriage. Ironically, five out of the seven participants lived in a

county or municipality that did not have sexual orientation in the nondiscrimination

clause of employment application or county courts cut hours and marriage solemnizing.

When I asked Mick about the budget cuts to marriage solemnization, a necessary step for

marriage in Florida, or hours a couple can get a marriage license, he said:

> The budget [cut] excuse was bullshit, and it was just another way of refusing to
>
> honor the [Supreme] Court's wishes and creating equality for same sex couples
>
> (personal communication, May 14, 2016).

 Hank noted that Florida lawmakers casted gay men as deviant, even if some of their

speeches and rhetoric called for tolerance. He further explained that some:

> elected officials play on both sides (i.e. are married but have sex with men)
>
> …their legislation, the way they vote, has been totally opposite of what you
>
> would think. You know, even their living—even their doing one thing behind

closed doors, you know their vote is still very detrimental. (personal

communication, May 17, 2016)

Mick stated the supportive nature of the local elected officials but stated the overall

public servants in the Florida Legislature were homophobic. Fascinatingly, Mick

predicted that since the Florida Legislature and the national leaders were not able to

compromise that "counties would begin to protect themselves" by passing public policies.

When asked about their involvement in local and national LGBT movements there was a

diverse range of involvements and activities.

Most of the participants did not actively participate in the national or local LGBT

movement. When asked if he was involved in any national LGBT organizations, Robert

said, "No. I would not say that I directly do—I mean the only way is through signing

petitions that I get online from various LGBT groups or stuff that are related to national

efforts" (personal communication, June 25, 2016).

Tim explained, when asked what he does to support the national gay rights:

> … yeah. I'm very interested in that and I support—support those kinds of things
>
> financially when I can. And I will attend parades and stuff like that. But as far as
>
> getting right into it and being visible force behind it, that wouldn't be good for our
>
> business in this area. (personal communication, September 10, 2016)

Tim owns a local business. Essentially what Tim alluded to was the fact that if he

was out and proud supporting LGBT rights, his business would suffer since where he

lives requires discretion of his sexuality.

Ron had the most scathing critique of the national LGBT movement. He

explained he was happy to have numerous rights and the speed at which rights have been

granted to the LGBT community. However, he was very unsettled and annoyed that the

major, national LGBT rights movement almost exclusively is headed by white males,

money is filtered to fund the "lavish lifestyles of the directors," and diversity means "just

talking about transgendered (*sic*) people" (personal communication, June 1, 2016). Ron

continued to say that because of those reasons he no longer gives money toward the

major national LGBT organization, Human Rights Campaign. When I asked for further

clarification, Ron cited several articles criticizing the Human Rights Campaign's

positions and its ties to and support of wealthy, white gay elites. In 2015, a leaked

internal memo revealed the organization's leadership excluded women, transgender, and

people of color from decision making positions (Meronek, 2015; Villarreal, 2015).

National LGBT movements gained little support from these participants, and state LGBT

movements received about the same amount of support. Again, most of the participants

were couch advocates, meaning they signed petitions and gave some money through the

comfort of their house rather than being out and involved. Some of this hesitation to get

actively involved in national or state LGBT movements (i.e. go to rallies, volunteer at

events), I suspect, is that many of the participants felt invisible in the larger LGBT

community.

In Chapter 3's Figure 1 the cycle of invisibility, I theorized that research drives

decisions in policymaking; therefore, if a population is considered invisible, public

policymakers forget about them and their needs. These gay men felt invisible leading to

their apathy about the national LGBT rights movement. One very poignant question I asked of each participant was, "Do you feel overlooked (invisible) in the LGBT rights movement?" Most pondered this question deeply, and six out of the seven participants affirmed they felt invisible. The only outlier to not feel that way said it was because he is extremely tall so that people cannot overlook him. Robert explained that he has a small social world, which happens as a person gets older. Furthermore, he faulted the major LGBT organizations with only being concerned with youth because that is where a lot of the money for services, partly because of the cultural belief that by the time a person becomes older they should be established. However, Robert did explain that there are organizations working on aging in the LGBT community, like SAGE and LGBT-SR, yet "this focus is mostly in the cities" (personal communication, June 25 2016). James explained:

> His invisibility is, also, because of the focus on when there is a focus on the LGBT community…being a sad, old queen sitting at home and playing with makeup or something instead of getting out and doing something, which is the narrative about older gay people. (personal communication, May 15, 2016)

One way he is combatting this stereotype is through groups like the Prime Timers, a social group for gay men, mostly, around the U.S. that meets for social events. James did admit this fellowship was small and in cities only, so the combination of being gay, a senior, and living in a suburban or rural area, did create a group of people overlooked.

Mick said:

> I would say I'm invisible. I'm just your average guy. There is nothing to—you
> know, but I'm the best catch you could ever have (personal communication, May
> 14, 2016).

Randy, echoed these statements in part:

> That is a wonderful question (to the invisible question). And I'm going to say
> yes…I'm not going to say it's clique-ish, but it tends to be people who knew each
> other for years, not necessarily outside the bars, but through business and things
> like that…fitting into the neighborhood, even with other gay men, is difficult.
> (personal communication, July 9, 2016)

In answering the last research question about the study's participants' involvement in local politics and the LGBT movement, most acknowledged they no longer participate, except through voting. Some donations or signed petitions, but stated they no longer felt a part of the LGBT community and had no voice in the larger heterosexual community. Almost all of the participants agreed they felt invisible. It seems the intersections of being gay, being a senior, and living in a nonmetropolitan place added to this overlooked feeling. If there was a focus on being gay, it was mostly toward youth. If there was a focus on gay seniors, then it was mostly a focus on seniors living in cities. If there was a focus on people in nonmetropolitan areas, then it was a focus on heterosexuals.

Summary

Seven gay seniors living in suburban areas of three of Florida's Planning & Service Areas, according to the Florida's Elder Affairs Department, took part in the interpretive phenomenological study that explored three research questions. These three questions examined the lives of the men as they age in suburban areas, types of government services they use and will need, and their involvement in the larger LGBT movement.

Most of these men moved to one of Florida's suburban areas from major metropolitan areas because they wanted a calmer and slower pace of living and, most importantly, the cost of living in these areas was much lower than the city. All of these men shared common concerns with straight seniors living in suburban areas; namely they worried about having enough money to support themselves, concerned about a loss of independence, afraid of not having adequate medical, and worried about social isolation. However, as the previous research studies showed, being discreet by not advertising their sexuality was the unspoken rule in suburban areas (Boso, 2014). Most, though, would not change where they lived because the area they currently resided offered too many benefits. From this first research question to combat social isolation these men either went to the city to be a part of groups dedicated to senior gay men, such as Prime Timers or used websites and smartphone applications, such as Silver Daddies, to connect with other gay men. Having these options did help the isolation a little bit, but most still worried about the time they spent alone.

The second research question explored their use of government services. Espinoza (2012) suggested to have a room or day for LGBT seniors at the local senior center, but they rejected this suggestion due to the "don't ask, don't tell" policy which is the unspoken rule in these nonmetropolitan areas. In other words, having a room or day would automatically out these men causing possible discrimination from the townspeople. Although none of the men used or even considered using senior centers, they did access the Veteran's Administration for health care, used Medicare for medical insurance, and had Social Security benefits.

The final question asked about their involvement in the larger LGBT rights movement. Many of the men came of age when being gay was a mental illness; therefore, they followed social conventions of getting married while having sex with men. There was a difference between an emotional attachment to men and having sex, in which marriage or having an opposite sex partner afforded these men the opportunity to follow social customs without being sent to a psychiatric facility, jailed, or worse. Even when the gay rights movement began, arguably with the Stonewall Riots in New York City, these men continued their marriages and denying their sexuality since there was a backlash against homosexuals. However, with the AIDS Crisis of the 1980s and 1990s most admitted to their significant others they had sexual and romantic feelings for other men. For these men, being HIV positive forced them to be more involved, often at the local level, even if it meant just going to the bar. "There was something powerful about being with other gay men" (James, personal communication, James, July 1, 2016).

Growing older for these men made them feel invisible to the national gay rights

movement and in a bar. Now, they often spend most of their day alone.

In Chapter 5 I will discuss findings related to the Chapter 2 literature and discuss study

limitations, implications for social construction theory of policy design, and illustrate

opportunities for positive social change.

Chapter 5: Discussion, Conclusions, and Recommendations

This phenomenological interpretive study followed the steps outlined by Moustakas (1994) to explore three research questions via in-depth interviews with gay seniors living in suburban areas of Florida. Through these seven interviews, I was able to explore the participant's perspectives on aging in a suburban or nonmetropolitan area, government assistance needed as they age, and any ties with local and national gay rights movement. Each person met the criteria. As noted in Chapter 4, there were several deviations from the original research plan. In the original plan, I was interviewing both gay men and lesbians living in one of Florida's rural or suburban areas. Unfortunately, only gay men responded to the recruitment flyer. Additionally, I wanted to interview seniors in both rural and suburban areas. Again, only older people in suburban areas who fit the criteria responded to the recruitment flyers.

Even with the deviations from the original plan, the information ascertained from these seven interviews was enough to provide valuable data from which to draw meaningful conclusions. This study accomplished Bardach (2005) first steps of investigating and cataloging the concerns of the population for which a public policy is intended to serve. Several recommendations are applicable to public policy and relevant for social change.

Interpretation of Findings

The study's results confirmed several findings grounded in the literature, along with several new findings. As a phenomenological interpretive study, the intent was to

determine what needs exist for these men. In this section, the study's research questions will be used to illustrate the connections with the broad themes.

Themes 1: Aging

The first guiding question examined the day-to-day challenges and opportunities these men faced while aging in nonmetropolitan areas. Twenty-eight statements fit under the two major themes that emerged to answer the research questions: aging and discrimination.

Aging is difficult for anyone, regardless of sexual orientation. It is difficult because social networks become smaller and transportation to social events gets harder. There were no major differences between heterosexual seniors residing in suburban areas and gay men living in these areas concerning social networks and transportation. However, having to go back to hiding their sexual orientation and years of discrimination were concerns the participants discussed at length.

Social networks. When a person becomes older, social networks diminish, which applies in particular to gay men living outside of an urban area (Barker et al., 2006). As Mick stated, "people die, friends disappear, friends go into assisted living care, and going out to see people becomes harder due to mobility, disabilities, lack of energy, and transportation concerns" (personal communication, May 14, 2016). Interestingly, though, most of the men interviewed developed relationships, either friendship or sexual, with the help of online applications, such as Silver Daddies. Brennan-Ing et al. (2011) explained that people have a fundamental need to connect, and gay older adults have a need to connect with other like-minded people, which makes the Internet and mobile applications

important for socialization. When someone has to drive over 2 hours to be with his

friends or like-identity people, i.e. other gay men or 'their tribe", an alternative is using

the internet to connect.

Transportation. Not surprisingly, transportation or the lack of transportation to

social events was a detriment for these men to be part of gay life and be with their tribe,

i.e. other gay men. Cowen (2014) explained that during the Obama Administration that

the United States Department of Agriculture (USDA) reviewed policies and procedures

around transportation in rural areas and developed new innovative programs to embrace

the LGBT community residing in nonmetropolitan areas. According to Golant (2009)

while aging in a suburban area is different than in a rural area, some of the same

challenges, especially with transportation, remains for older adults in any

nonmetropolitan area. The issue of transportation is not unique to LGs; rather it is across

sexual orientations. Transportation ranks in the top three concerns older people explain

are worrisome to them as they age (Metlife Mature Market Institute, 2010). Most of the

study's participants cited they stayed home, alone, more than 8 hours a day either because

of disabilities or not having transportation to social events. As noted in Chapter 4, Florida

does have a fee-based transport service for doctors' appointments, but nothing exists for

socialization unless the person is a part of a senior center. Even that is limited to trips the

senior center takes as a group, often around food or gambling.

Coming out as a process. In the interviews, I asked about the participants about

the coming out process, which was done several times by each person. Phelan (2001) and

Stein et al. (2010) explained that for the Baby Boomer gay generation, coming out was

both a sexual awakening (usually happening first) and then a verbal affirmation of their

love and affection for a person of the same gender. Mick, James, and Tim asserted that

coming out involved two processes, sexuality and telling another person. Most explained

that during the 50s and 60s it was illegal to have sexual intercourse with a person of the

same gender; therefore, they would hide their sexuality by either getting married or

staying single. Only one person was openly gay pre-1970s. Most of the participants,

while living in urban settings, eventually told another person of their same-sex attraction

and started to date men in the 1970s or 1990s. Three of the participants were married to a

woman at one point, even having children. As these men grow older in suburban areas,

all of them worried that their sexuality had to be hidden again because of the either

perceived or real discrimination they felt while living in these areas.

Theme 2: Discrimination

Boso (2014) explained that rural and suburban areas are historically

heteronormative in which the close-knit community requires its inhabitants to follow

established sexuality and gender norms. Most of the participants explained it as a "don't

ask, don't tell" unspoken rule. In other words, "don't flaunt you are gay, and there will be

no problems" (James, personal communication, May 24, 2016). This unspoken rule was

not surprising since the overwhelming majority of municipalities where these men

resided did not have anti-discrimination directives or even an anti-discrimination

statement on their employment applications. The tables in Appendix A denotes if sexual

orientation was specifically stated on employment applications or on the municipalities'

website. Experiences these participants had in their respective municipalities confirm

prior studies. These prior studies explained that traditional views of sexuality were a part of the ethos of nonmetropolitan areas. Many gay, lesbian, bisexual, or transgender children leave their hometowns in rural areas for cities that are more accepting of their sexuality and identity (Brown & Schafft, 2011). Moreover, this explains why county courts in many of Florida's rural areas that are required to issue a marriage license to same-sex couples are cutting marriage solemnizing services, thus requiring same-sex couples to seek alternatives (Buckhalter, 2015). Dealing with the daily social and cultural traditional values, especially around sexuality, caused these participants to feel less respected and less of a citizen of Florida.

None of the men said they felt disempowered, yet when they moved to a suburban area, they lost some of their sense of self because they had to go back into the closet. Due to safety or employment concerns, the participants often traveled long distances to be with other gay men or met their sexual/romantic partners through social media applications. Due to safety or employment concerns, the participants often traveled long distances to be with other gay men or met their sexual/romantic partners through social media applications. The USDA's rural program focusing on sexuality is an excellent example of fulfilling a need to create more opportunities for gay and heterosexual persons to come together in the countryside to celebrate their commonalities and respect their differences in an attempt to make these areas less resistant to non-heteronormative norms. Since each of the participants dismissed the idea of having a room or day for seniors of the LGBT community to come due to being outed, all of them expressed a desire to be themselves in the places they have decided to age (Meyer, 2011). Therefore,

programs such as the one initiated by the USDA are necessary steps in creating safer communities for all, especially seniors, of the LGBT community. Finally, for many of these participants' stable employment proved difficult to maintain during their lifetime.

Employment. Out of the seven participants, one person currently worked as a consultant, and another person owned a business. The rest of the men were retired. Tim talked extensively about how being openly gay would harm his business and his standing in the community. Therefore, upon reflection, it was important to include employment in the challenges living in nonmetropolitan areas for gay seniors. Interestingly, in the latest Older American Act of 2016, as in previous laws, there are incentives for state and local governments to assist seniors with securing employment or securing a volunteer position, as a way to combat isolation, often common with aging. Tim, a 70-year-old gay man living with his partner in Biscayne Park, explained that he and his partner do most things separately and never show any affection in public. When they go to dinner together, it is usually out of the suburban area in which they live. When I asked why, Tim explained, "If I were openly out in this 'redneck' area then my business would suffer" (personal communication, September 10, 2016). Tim stated that "people in his area were not supportive of gay rights as demonstrated by their anti-gay statements, public displays against gay marriage laws, and letters to the editors in the local newspaper" (personal communication, September 10, 2016), which is why he was concerned about being fully out. Furthermore, he explained since there are other businesses and people providing the same service he provides that his patrons would most likely go to other businesses, leaving him with no income. When asked if there were examples of this happening in his

areas, he said no, but "I won't be a test case either" (personal communication, September 10, 2016).

Ron explained that during the years that he worked, he saw many of his friends, either fired for being gay, take well-meaning but low paying jobs, or not save for retirement since they thought they would be dead. Tim works to meet the needs of his daily expenses and some of the participants reported sacrificing many comforts to be able to afford daily life. Berger's groundbreaking 1984 study that was reiterated by the Coalition of Diverse Elders 2015 report confirmed that gay Baby Boomers usually have less money for retirement than heterosexuals. One reason is because throughout their lifetime they might have been fired for being gay, did not think they would live long enough to retire due to the AIDS crisis, or took meaningful but low paying jobs (Berger, 1984; Coalition of Diverse Elders, 2015). All of the study's participants except one person lived with minimal retirement money.

The first research question and sub-questions were concerned with the challenges and opportunities living in nonmetropolitan areas of Florida or, in this study, suburban areas. Each participant described the slower pace and beautiful surroundings as top reasons for their living in these areas. Another major advantage of living in a suburban area was the low cost of living. Many of the participants explained that since they were 18, they lived in cities, until retiring. After retiring from their various careers, they left these cities for a suburban setting primarily because the cost of living is lower in Florida's suburban areas. Their income, now limited due to retirement, went further in these suburban areas than in the city. This was a benefit to them as they aged. Many

challenges were mentioned, such as discrimination, employment scarcity, transportation limitation, social isolation, and don't ask, don't tell policies. A few recommendations related to research this research question is have the local governments create tolerance pledges and increasing public access to the Internet, discussed in the next section.

Theme 3: Governmental Public Policies

What government services are used and what supports are needed for this community? was the second guiding research question. Forty-two significant statements fit under this one theme of governmental public policies incorporating gay seniors.

This research question hoped to uncover how senior services can be more inclusive of nonheterosexual older people in these areas through understanding the services the study's participants used, and to understand what services they thought they needed as they aged. Medical establishments, long-term care supports, and federal-state-local policies on aging were all explored. I should reiterate that the study's participants did not access long-term supports, such as senior centers.

Medical establishments. Most surprisingly, all of the men in the study had disclosed to their primary practitioners they were gay. Also, one participant used the Veterans Administration as his medical establishment and received extraordinary care. One participant went out of state to get care, mostly because he has been with the doctor for decades. According to Davis and Sokan (2016), gay men seldom disclose their sexual orientation to their doctors for fear of different types of discrimination. The participants felt that disclosing their sexuality was important.

Each of the participants mentioned how important it was for them to express themselves sexually, as part of their coming out. For many medical practitioners, especially general family practitioners, old age and sexual exploration are incongruent with each other. In other words, older people do not have sex. Harley (2016b) and Davis and Sokan (2016) explained sexually transmitted diseases including HIV go untreated and undetected in gay men 60-years old and older because of the assumption this population is not having sex or, if they are having sex, they are using safer sex practices. As the participants explained although sex is not the most important part of their lives, it is important nonetheless. Furthermore, to believe that after a certain age sex stops is part of the heteronormative culture. These men are not heterosexual and have unique needs which may differ from the heterosexual senior population. The Diverse Elders Coalition's (2015) report explained that medical personnel are not testing their seniors for STIs and HIV, even though gay men may still be sexually active. As a result, STIs and HIV spread and is one cause of why the rates for HIV in gay men 60+ has been increasing (Pekmezaris et al. 2013). Through the exploration of the participants' health status, I explored their use of long-term supports such as senior centers, assisted living, and nursing homes.

Long-term supports. None of the participants used any long-term supports because they did not need them at this point. When I asked if there was a plan in place for when they got sick and could no longer take care of themselves, the responses varied between "yes" and "no." However, all of the participants stated they had no desire to enter a long-term care facility; they had heard or read horror stories about these places

with the LGBT community as residents. Luckily, Florida has a robust aging-in-place

program, but a senior must be at risk of being put into long-term care to use these

services. For example, the senior is unable to attend to daily tasks (bathing, cleaning),

lacks mobility, or being discharged from a hospital. Over 80% of LGBT seniors in their

lifetime was a victim of some form of abuse, verbal, physical, or harassment, leading to

skepticism that an overburdened long-term care system would treat them fairly and with

respect (Fredricksen-Goldsen et al., 2011). The study participants' experiences

corroborate Fredricksen-Goldsen et al.'s findings. In fact, when asked about any

experiences with discrimination in their lives or any of their friends' lives, each man told

stories of getting fired for being gay, constantly being harassed, being assaulted, and

listening to offensive "jokes" about gays. Finally, I explored questions around the federal,

state, and local cooperation in providing care for seniors in Florida.

Federal, state, and local public policies for seniors and gay seniors. Again,

none of the participants used government services as they felt they were not at that stage

yet. Many knew about the different senior safety net programs they could be eligible and

how these programs were shared among the federal, state, and local governments.

However, some of the participants had no knowledge of the support systems they could

use and others had extensive knowledge. James acknowledged that senior care programs

are administered regardless of sexual orientation, mostly based on the Older Americans

Act of 1965's "vulnerable populations" and specialized populations articulated in the Act,

such as Holocaust survivors and elders residing in rural areas.

The participants described several problems with the long-term care support system in Florida. First, it was inadequately funded, shifting a heavy burden to the elders to share costs. Second, there were long wait lists for services. Third, Florida does not explicitly prohibit discrimination based on sexual orientation, so there is a chance that gay seniors will, at some point, encounter discriminatory people. Agencies, such as AARP (2017) and National Council on Aging (2017), noted the senior safety net encompassing the entire senior care support is woefully underfunded. In fact, Bedlin (2017), Vice President of Public Policy at the National Council on Aging, noted that the federal budget includes funding cuts to almost every single Older Americans Act program. Additionally, there was concern about the possible repeal of the Patient Protection and Affordable Care Act of 2010 and its significant burden and impact on older Americans.

According to the Florida Department of Elder Affairs 2009 State Tools report some of the wait lists had over 18,000 seniors on them. For example, the nursing home diversion programs, community care programs, and Medicaid waiver programs had the highest percentage of people on their wait lists. Together these programs are part of the senior community support system that are inadequately funded (Bedlin, 2017). Moreover, the participants of this study would prefer to use these services that help seniors age-in-place rather than going into nursing homes.

Finally, admissions to these senior programs are based on need without regard to sexual orientation; however, many of the participants believed that discrimination would occur since Florida does not explicitly forbid discrimination based on sexual orientation.

Otis and Harley (2016) explained the multi-dimensions of the LGBT community and how

the senior care support system from the federal public policy making to local

implementation are heteronormative and designed to focus on the majority population

rather than minority populations. As a result, past trauma due to being victimized,

inclusion of informal non-blood families, major health problems being ignored by the

LGBT seniors, and general practitioners lack of awareness are not addressed when these

public policies are developed or implemented. In Florida, the LGBT community gets the

message they are not wanted in the state, partly because of the lack of comprehensive

state anti-discrimination laws and the newly enacted Religious Exemption Law. The

Religious Exemption Law does not explicitly state discrimination against the LGBT

community is acceptable, but it does allow an organization or company to claim religious

exemption when meeting a patron's needs (Wong, 2017).

Theme 4: Active Involvement in Local and National LGBT Movements Ceases

The final research question uncovered the participants' involvement in the larger

LGBT movement, both nationally and locally. The sub-question explored their thoughts

and feelings of being invisible in the community now that they are seniors in the

community. One theme emerged from this research question: They were not actively

involved in the LGBT rights movement. Under this theme, a disgust for the LGBT

community and feeling of invisibility were the two most quoted statement codes.

As a person ages their social network becomes smaller in which many seniors

become socially isolated from friends and society (Jacobs, et al., 1999). The Older

Americans Act realized the importance of combatting social isolation for seniors as a way

to improve the quality of life for older Americans, so the Act funds volunteer and employment programs that states are responsible for administering (Johnson & Fluty, 2016). Florida's Department of Elder Affairs' 2017 *Summary of Programs and Services* report noted that part of the Older Americans Act, Title V, creates an employment program for seniors 55 and over who meet federal poverty guidelines in which 525 seniors participated. Also, according to the same report money is allocated toward creating a link between AmeriCorps (a national multigenerational organization fostering volunteerism) and Floridians, especially seniors 55 years and older, contributing to over 27,000 volunteer hours (Florida Department of Elder Affairs, 2010). White, Philogene, Fine, and Sinha (2009) confirmed that loneliness and social isolation are two factors that might lead to premature death and can be partly combatted with volunteerism or working. After searching several databases including AmeriCorps, SeniorCorp, and Volunteer Florida, "LGBT" or "gay" does not show up as a place a person can volunteer; in other words, LGBT community groups do not receive grants through these Florida programs. Only two of the participants volunteered, but not with any gay related organizations. The participants cited their lack of trust in the national LGBT movement and feelings of invisibility as reasons why they are no longer active in the larger LGBT rights movement.

Concerns about the LGBT rights movement. Each participant discussed the struggle for full rights afforded all U.S. citizens by the U.S. Constitution, such as non-discrimination in employment, not being incarcerated, and not admitted to a psychiatric institution. Some of this struggle is being forgotten by Generations X and Y as they grow older and become invisible. Moreover, there was a discussion about the "ground game

where local, state, and federal governments were inundated with gay liberation activists"
(Hank, personnel communication, April 17, 2016). The majority of this study's
participants were on the forefront of the LGBT rights movement in the 1970s and 1980s,
usually while they resided in larger cities. Also, they have been involved on and off in the
LGBT rights movement since coming out. Each of the men discussed how advocating at
all levels was the key to LBGT movement's success. Also, they stated this advocacy is
mostly happening on the federal level forgetting there still needs to be a grassroots
movement or 50 state movement. As I noted in Chapter 4, most of the participants were
not actively involved in the local, state, or national LGBT movement, especially the
national movement, which they believed had lost its way from the primary message of
inclusion.

Social construction of deservedness, which posits that groups based on their social
construction either are given benefits or denied benefits when policymakers are crafting
public policies, was the theoretical framework used in this study. Each participant lived
through a time when gay men were "deviants," often being arrested, hospitalized, or
victimized with limited recourse for the victim. One prominent example was the 1953
Eisenhower Administration Executive Order -10450:

> Any criminal, infamous, dishonest, immoral, or notoriously disgraceful conduct,
> habitual use of intoxicants to excess, drug addiction, or sexual perversion." At the
> same time, the executive order's provisions contained advice on evaluating
> character problems, as in its provision that the medical valuation of a

psychological problem should show "due regard to the transient or continuing

effect of the illness. (para. 1)

In this executive order, Eisenhower categorized LG federal workers as deviants, or, as

Schneider and Ingram (1997) noted, creating legal discrimination and punishment for a

group deemed deviant. Robinson-Wood and Weber (2016) explained that many Baby

Boomers have scars and trauma from living during this time when they were considered

"deviant" requiring them to hide their same-sex attraction. Moreover, this trauma has

adverse effects on a person during their lifetime; in other words, when a group is

demonized or constructed as deviants and public policies reflect these biases, then the

group will suffer trauma that will follow them throughout their life (SAMSHA, 2017).

Even though I found evidence of past trauma affecting the participants today, I also found

resilience and resolve, especially when talking about the arc of the gay rights movement.

For the decade after President Eisenhower's Executive Order was signed, activists

began to organize groups to fight for equality for gay people. Part of this was changing

the narrative of gay people being constructed as a deviant to the very least as a dependent

group and the most hopeful as part of the contenders group, as defined by Schneider and

Ingram. According to Painter (2002), Illinois's sodomy laws were upheld numerous times

in the 1950s declaring having sex with someone of the same sex illegal. Interestingly,

reviewing the Illinois Supreme Court decisions, deviant status is evident with phrases as:

… the State has not only the power, but the duty, to protect society from persons

who are sex criminals …performed homosexually. That these males displayed an

abnormal attraction for each other in violation of...the Criminal Code...there is no

controversy… very well be that defendant's abnormal conduct is the product of a

diseased mind, and that there should be some special treatment of this species of

criminality." (*People ex rel. Elliott v. Juergens*, 1950, para. 1; *People v. Jones*,

1955, para. 3)

It is evident by these opinions that deviants and gay people were synonymous. This

deviant group, gay people, persevered until Illinois's criminal statues were changed to

decriminalize consensual sodomy, setting the stage for an important legal battle (ACLU,

n.d.). Interestingly, this court case that changed the laws moved the Illinois LGBT

community from being deviant to contenders evidenced by this court case striking down

incarceration for LGBT people. Although, I only discussed Illinois's rhetoric and arc for

gay people moving from deviant to contenders, these debates were happening all

throughout the U.S. Essentially, the sodomy legal challenges ending in 2003 with

Lawrence v. Texas, 539 U.S. 558, the U.S. Supreme Court case ending sodomy laws in

the country, and this is when Florida was forced to comply with anti-sodomy laws. Many

of the participants acknowledge, even to this day, the deviant status they would endure if

open and out in their suburban areas.

Participants explained how especially proud they were that the U.S. Supreme

Court struck down sodomy laws and the language of the court was more pro-gay, casting

gay people in a better light. During this time, the participants were more active, either by

money or advocacy, in the LGBT rights movement. Furthermore, more enclaves of gay

men were created, such as "gayborhoods" in major metropolitan cities. Then, the U.S

Supreme Court, *Obergefell v. Hodges* (2015) affirmed gay marriage. Again, language shows the new status gay people enjoyed as contenders:

> No union is more profound than marriage, for it embodies the highest ideals of love, fidelity, devotion, sacrifice, and family. In forming a marital union, two people become something greater than once they were. As some of the petitioners in these cases demonstrate, marriage embodies a love that may endure even past death. It would misunderstand these men and women to say they disrespect the idea of marriage. Their plea is that they do respect it, respect it so deeply that they seek to find its fulfillment for themselves. Their hope is not to be condemned to live in loneliness, excluded from one of civilization's oldest institutions. They ask for equal dignity in the eyes of the law. The Constitution grants them that right. (p. 28)

One hallmark of the contenders in social construction of deservedness is the majority of the "normal" people in this groups receive the benefits that come from public policies while the extreme elements are either disregarded or endure barriers or burdens. It is evident in the *Obergefell v. Hodges* (2015) majority opinion that marriage can and should only be heteronormative, in that two people are joined for life. In the interviews with the men, this is where some began to become disillusioned with, at least, the national LGBT movement. As Ron stated, "they [gay activists] stopped at a heterosexual concept of marriage effectively saying single people or people believing in less restrictive sexual mores don't matter" (personal communication, June 1, 2016). Furthermore, the men talked about fighting in the 20th Century for sexual freedom, not heteronormative

ideals, but in the end, looking, acting, and pretending to be heterosexual won the rights. Also, many of the study's participants expressed concern, as Chapter 4 stated, over the misuse of funds by national LGBT groups such as the Human Rights Campaign. Tying together the participants' apprehension over the situation of the LGBT rights movement they also expressed being invisible in their community now they are considered elders.

Invisible in and outside the LGBT community. During the interviews, I asked each participant if they felt invisible in the LGBT community. Six of the seven participants reflected they did feel invisible, usually starting around 50 years old, when they attended functions for groups or went to the bars. Interestingly, each participant lived through times when they were invisible in the larger community, often fighting for their rights to love whom they wanted to love and the discrimination come from the heterosexual community in the 1950s-1980s. As they grew older though, they noticed ageism and the feeling of being invisible from the LGBT community, or no longer feeling connected to their tribe.

Comerford et al. (2004) and Fenkle (2012), in separate studies and reviews of the literature on aging as a gay or lesbian, found that most suffered from ageism within the LGBT community. Furthermore, many of the resources allocated to help LGBT community is either in HIV/AIDS or youth services (Smith, 2010). "I'm just your average guy" (Ron, personal communication, June 1, 2016). The six participants noted in the rare circumstance they decide go to a bar or another place where younger gay people gather, they feel alone as nearly no one talks to them. Also, Mick talked about how insular gay communities are in Florida in which like-minded people stay and converse

with like-minded people, very seldom is the multi-generation, multi-cultural, and multi-socioeconomic blending. These interviews add to another framework in this study, the theory of invisibly, in which communities are overlooked causing a limited understanding and acknowledgement of their needs.

Weible (2007) suggested that advocacy, being heard and refusing to be ignored, modifies public policies and starts to change the narrative about the community that is advocating for change. Throughout history this has been true, such as in the gay rights movement. When discussing the historical developments of the gay rights movement, the participants explained being out, being counted, and being an advocate helped to change the past narrative of the 'homosexual out to hurt your children' to the current narrative 'gay people are similar to heterosexuals.' As previously explained, in rural and suburban areas, gay people fear coming out, being counted, and advocating for their rights, especially as they age because they do not want to suffer discrimination or social ostracizing from the community in which they live (Harley, 2016a). Yet continuing to be invisible means continuing to get less services and makes it easier for public policies to cast a deviant social construction on this group. Next, the limitations of this study are enumerated.

<div align="center">**Study Limitations**</div>

Sample Size

Limitations include sample size, sampling method, interview protocols, technology, and biases. The sample size was seven gay males living in suburban areas restraining the transferability of the results. Furthermore, all of the participants were

white, which might be representative of Florida's suburban population but not of the

entire gay suburban population. Also, only men participated in the study.

Intersectionality, coined by Crenshaw (1991), explained that when a person has multiple

identities there is an increase in the discrimination they are subjected to by different

communities. Therefore, I am uncertain if lesbians with at least dual identities represent

and live the same experience as the men interviewed in this study, and more importantly,

have the same concerns. What is known is that no matter where seniors live, they struggle

with social isolation, transportation, and getting adequate healthcare (Harley, 2016a).

The sampling method was a combination of convenience and snowball sampling

due to the passive nature of recruiting participants. The recruitment flyers were

distributed to LGBT community centers, pro-gay businesses, and on listservs. Also, one

of the pilot study participants sent the recruitment flyer and information via the Prime

Timers listserv, an organization, focused on senior gay men social activities. As

Moustakas (1994) explained, meeting criteria set by the researcher, having interviews as

long as needed to ascertain the information needed, getting taped so the interviews can be

transcribed, and being open to follow-up questions are important recruitment practices in

phenomenological research. This philosophy was also supported by Smith, Flowers, and

Larkin (2009) who explained the importance of meeting criteria expressed to answer the

phenomena. These criteria were met.

Interview Protocols

The interview protocol created some limitation, even though it was vetted and

tested in the pilot study. Patton (2002) explained that each person's experience is valid,

but distorted details happen due to an error in recalling the exact events surrounding a phenomenon. In this study, I asked participants to remember experiences as distant as 40 years ago up to current times; therefore, participants might have not recalled precisely what happened or changed some of the interpretation of the events. Also, the interview protocols caused some less in-depth answers than I anticipated. van Manen (2014) explained that interview protocols in phenomenology studies should include open-ended questions to increase the chances of the participant to share, in-depth, their experiences. Unfortunately, several of the questions lead to a simple "yes" or "no" answer from the participants, which would have been better for a survey than a phenomenological study. Several of the question where I received the richest information were open-ended questions around invisibility, use of government services, ties to the larger LGBT community, and various needs experienced.

Technology

Technological advances have made the world smaller. For researchers, technology has made research easier to conduct when the researcher and participant are in different areas. These technological advances, also, create challenges. One major challenge is that a researcher cannot read the body language of the participants and understanding body language cues is important when conducting a qualitative study. Although interviewing a participant on the phone or through Skype helped, body language was not observed.

Biases

Finally, biases and limited interview skills might have been limitations, which was especially evident after the Pulse shooting in Orlando, Florida in which over 100, mostly gay Latino males, were killed or injured. As the nation grieved this tragedy and the LGBT community searched for answers to this senseless crime, I was angry, upset, and saddened as I headed to Florida to conduct an interview and through follow-up interviews to discuss this with participants, creating unintentional influence over the participants.

<div align="center">

Recommendations

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This phenomenological interpretive study sought to engage with gay men living in nonmetropolitan areas to determine what public policy supports can be created to help them thrive as they age. Several recommendations came out of this study; specifically, more stories and data on gay seniors in nonmetropolitan areas, adding LGBT seniors to the Older Americans Act, improving and strengthening discrimination laws to include sexual orientation, advocate for every jurisdiction to create a tolerance policy, and increasing public access to the Internet. In this section, I will briefly summarize action steps needed, recommendations for social construction of deservedness, and further avenues for study.

More Data Needed

As the literature review in Chapter 2 noted, there have only been six studies focusing on gay or lesbian people living in mostly rural areas. The information on gay seniors living in suburban areas is even scanter. As a first step, it is important to collect

stories of this minority population within the larger minority population of LGBT seniors. As Bosso (1987) explained, part of defining any problem is to figure who needs policy making and why it is necessary, and the best way to discover this information is through careful research of the targeted population. If the target population is unwilling to be visible, then public policies that enhance their lives are almost nonexistent. In this study, the participants did not show many differences than their heterosexual counterparts regarding needs they require as they age. Both heterosexual and homosexual seniors struggle with the cost of living, outliving their money, declining social network, and transportation being limited. Since there are no national qualitative or quantitative study on LGBT seniors in nonmetropolitan areas, one recommendation is to conduct a national study of LGs in suburban and rural areas to see what differences arise between the LGBT senior community and heterosexual senior community. Interestingly, Services & Advocacy for Gay and lesbian Elders (SAGE) is beginning to include LGBT elders in rural and suburban areas as a place to expand its reach for services and that there is a need to tell these people's stories. Although this initiative is fantastic, the recruitment requires these seniors to reach out to the organization.

Interestingly, SAGE (2016) understands the importance of getting stories and data from LGBT seniors and put together a guide on how to research this population originally published in 2013 and revised in 2016. Very succinctly the guide explains:

From the federal to local levels, the identities of LGBT older adults are rarely included in population-level research studies, service intake forms or client notes. This lack of data collection across the spectrum of aging policy and programs can

exacerbate the special challenges facing LGBT older adults. Providers might lack

the information they need to better understand and serve LGBT elders, and the

broader research field is left with little data to study questions related to health

and well-being among older LGBT populations. (p. 4)

In addition to story collecting groups such as SAGE, Florida Elder Affairs,

executive office to represent Florida's aging population, should begin collecting

demographic information on the LGBT community in these nonmetropolitan areas. A

first start could be a simple statement asking about a person's sexual orientation. Adding

this statement to current evaluation forms may provide additional data on this hidden

population at a very low cost. The study's participants explained not asking about sexual

orientation was part of Florida's effort to believe there are no gay people in the state. In

public policy, it is important to have information on the population the public policy

benefits to move the policy from the planning stages to the implementation stages. These

suggestions, the inclusion statement and questions on sexual orientation, would be

beneficial to the entire LGBT community, not just seniors.

Collecting data is one of the primary drivers of the creation or modification of

public policies, and quite frankly, ways to cast people as deserving of public policy

protections. Interestingly, in reviewing the problems associated with rural America,

Brown and Schafft (2011) suggested, there must be more studies inclusive of the

opportunities and diversity offered in nonmetropolitan areas. Chapter 2 noted that only

four studies had been done focusing on LGBT seniors in nonmetropolitan areas, which

were mostly state or region specific; therefore, there is no national data on gay seniors

living in nonmetropolitan areas. Realizing the need for most research, SAGE has been

promoting an initiative for seniors in nonmetropolitan areas to come forward and tell

their stories. The more research studies completed then the more a complete

understanding of the needs can emerge for this often-forgotten minority in the LGBT

senior community.

Advocacy

Next is advocacy to add LGBT to the Older Americans Act of 1965.

Unfortunately, the most recent act passed did not include LGBT in its vulnerable

Americans edict, which would have ensured seniors identifying as gay or lesbian or

transgender or bisexual more funding and the creation of specific programs, not to

mention asking information on this community. Therefore, moving forward, it is

important for SAGE to join with other aging organizations in demanding LGBT to be put

into the next Older Americans Act reauthorization. Research question 2 and its sub-

questions sought to link what types of government intervention the participants needed or

thought they needed as they aged. However, all participants felt the senior social safety

net did not support them. Several recommendations based on the data are suggested

affecting federal, state, and local policy making bodies.

On the federal level, the Older Americans Act of 1965, renewed in 2016, should

include LGBT seniors and people with HIV in the vulnerable populations section. The

Older Americans Act of 1965 (42 U.S.C. 3002) (OAA) declares that money should be set

aside to help vulnerable populations, yet these vulnerable populations are not defined,

except for a few, such as people in rural areas and Holocaust survivors. To help LGBT

seniors, Senator Bennet (D-CO) Senate bill 1765. This bill inserted "LGBT individuals" throughout the Older Americans Act of 1965, such as in Section 102 adding "LGBT individual, defining LGBT as lesbian, gay, bisexual and transgender (S. 1765, Section 102). Also, this bill directed the Assistant Secretary of the Administration on Aging to collect more data on LGBT seniors and to continue to fund the National Resource Center. Some of the more salient language included that directly relates to LGBT seniors in nonmetropolitan places is:

> Section 411(a)(11) of the Older Americans Act of 1965 (42 U.S.C. 3032(a)(11)) is amended to read as follows: (11) conducting activities of national significance to promote quality and continuous improvement in the support and services provided to individuals with greatest social need, through activities that include needs assessment, program development and evaluation, training, technical assistance, and research, concerning—
>
> (A) addressing physical and mental health, disabilities, and health disparities;
>
> (B) providing long-term care, including in-home and community-based care;
>
> (C) providing informal care, and formal care in a facility setting;
>
> (D) providing access to culturally responsive health and human services; and
>
> (E) addressing other gaps in assistance and issues that the Assistant Secretary determines are of particular importance to older individuals with greatest social need. (S. 1765, 2015, para 1-7).

Senator Bennet's bill would have amended the Older Americans Act of 1965 to include LGBT seniors. Unfortunately, the bill was read, referred to committee, and did not pass.

Senator Bernie Sanders introduced a revised amendment after the failure of

Senator Bennet's bill. Senator Sander's bill amended the Older Americans Act, stating:

> Older Americans Act Amendments of 2012 - Revises the Older Americans Act of
>
> 1965 (OAA) to include lesbian, gay, bisexual, and transgendered (LGBT)
>
> individuals, HIV-positive individuals, individuals with Alzheimer's disease,
>
> veterans, and Holocaust survivors, among others, within the status of greatest
>
> social need caused by noneconomic factors…Authorizes designation within the
>
> Administration on Aging of a person responsible for addressing issues affecting
>
> LGBT older individuals…Directs the Assistant Secretary to establish and operate:
>
> (1) the National Resource Center for Women and Retirement; and (2) the National
>
> Resource Center on Lesbian, Gay, Bisexual, and Transgendered Aging.(S.1028,
>
> 2013, paras. 1-5, 10).

This bill would have included LGBT seniors as part of the vulnerable citizen edict in

Title I of the Older Americans Act of 1965. However, this bill was only introduced and

then referred to committee; it never made it out of committee. Both senators were unable

to get their bills passed.

In 2016, Senator Alexander's (R-TN) bill to reauthorize the Older Americans Act

of 1965 passed and became Public Law No: 114-144. This new law was devoid of any

mention of the LGBT senior community. Also, during the reauthorization periods in the

House of Representatives, several representatives also introduced bills to include LGBT

older people in the Older Americans Act from 2012-2016. For example, Representative

Murphy (D-FL) introduced H.R. 3793 (2015) amending the OAA to include the LGBT

community. This never made it out of committee. There have not been any bills as of February 15, 2017 related to LGBT seniors in Congress. Locally, Florida could add LGBT as a priority. There should be more advocacy on behalf of LGBT seniors at the federal level.

Strengthen Laws

The third action recommendation is improving and strengthening discrimination laws. Florida does not have anti-LGBT discrimination legislation in housing or employment, for example. President Obama, in 2014, signed Executive Order 13672 forbidding discrimination in federal hiring, but this order sunset as the Trump Administration signed an order that reverses discrimination rules in federal hiring (Keen, 2017). The Human Rights Campaign (2017) has been working with mostly Democratic Representatives and Senators to pass the Equality Act, broad sweeping legislation making it illegal to discriminate based on sexual orientation in a myriad of public and private goods and services. Unfortunately, there is little support from the current Congress or the Executive Branch for passing this legislation. In the Florida legislature, there have been no bills or statues enacted or introduced to help LGBT elders during the previous 2016 sessions. Also, there has been a backlash against cities trying to create anti-discrimination laws in their municipality codes. Wong (2017) noted the religious exemption law introduced in the Florida legislature that would make anti-discrimination laws invalid at the local level. Some scholars suggest that if the national legislative bodies are unable or unwilling to pass legislation, then state and local elected officials should pass laws to help the people within their jurisdictions (Zhang et al., 2012).

One simple change is including "sexual orientation" on employment applications and housing discrimination literature. Many of the larger cities in Florida have statements on their employment applications that these jurisdictions do not discriminate based on sexual orientation. In the previous chapter, these participants each explained that the areas they lived in were less than hospitable with a "don't ask, don't tell" policy. In other words, heteronormative policies reigned (Boso, 2014). Males must be masculine and females must be feminine, and any discussion of sexual or romantic relationships with same-sex partners is discouraged. Although it might seem like a small step, that is, including sexual orientation in employment clauses, it would be an important step for anyone looking for jobs with these municipalities to feel a bit more welcomed and maybe end some of the heteronormative policies described by the participants. Bishop (2011a) would agree with this assessment as often what might seem like small statements like this inclusion in employment applications sends a strong message. This applies to employment and housing, yet, stronger statements can be encouraged.

Although all municipalities are subjugated to the state's laws, the Florida Constitution under the "Municipalities" section states that local government officials have the power to legislate within their areas (166.021). Although laws cannot supersede the Florida Constitution, the Florida Constitution grants somewhat broad powers to local governments. As with the resolutions passed by many municipalities over climate change initiatives, sanctuary cities, and bullying there is an opportunity for local governments to pass resolutions affirming and directing the areas senior services to develop programming for LGBT seniors. Additionally, strengthening collaborations between the SAGE groups

in Florida, Area Aging Agencies, Florida Municipalities Association, and Florida's

League of Cities would be beneficial to providing protections and resources for LG

seniors in Florida. Currently, the Florida Municipalities Association and League of Cities

priorities are to advocate for more funding, resources, and local control over opioid

overdose prevention and treatment. As the invisibility theory denotes in Chapter 2, if

individuals are not subjects in research and data collection it is near impossible to

continue onto creating comprehensive public policies to help them. Weible et al. (2011)

explained interests drives the implementation of public policies, which is driven from the

research, becoming more important in our data-driven society.

Tolerance Pledges

The fourth recommendation is working with jurisdictions to pass tolerance

pledges. For example, in 2016 and 2017, waiting and responding to the incoming Trump

Administration, many Florida cities created strong statements and resolutions to become

sanctuary cities or places of refuge for marginalized groups (Wong, 2017). These

resolutions sent a strong message of inclusion. For example, in Massachusetts, arguably a

different political climate than Florida, many Board of Supervisors or Board of

Selectmen (town government officials) have passed resolutions of inclusion, such as, the

Town of Wellesley's Board of Selectman (2016) adoption of a "Tolerance Pledge"

stating:

> The Wellesley Board of Selectmen reaffirms its position that Wellesley is a town
>
> that highly values diversity, dignity and respect for all individuals. Wellesley
>
> strives to be a welcoming town; therefore, the Board opposes expressions of hate,

intolerance and discrimination. The Board encourages the entire Wellesley

community to continue to exhibit caring and supportive actions in support of our

diversity. (para 1)

This pledge is a strong statement that does not implicitly state anything about the LGBT

community, but certainly encompasses this vulnerable and marginalized group.

Local governments should adapt this type of pledge. It would be imperative to

work with local government officials that have statements in their employment

applications and other town documents that include "sexual orientation" as a protected

group or, at the very least, discrimination of these groups is unacceptable. Then after

working with more enlightened areas to pass tolerance pledges or anti-discrimination

clauses, it would be useful to work with more conservative towns without protections by

encouraging them to pass similar statements. Along the same lines and with the same

advocacy, it would be substantial in every jurisdiction, not matter how small, to have

"sexual orientation" under their discrimination clause in their employment applications.

Rural Internet Access

Additionally, increased public access to the Internet is another recommendation.

An overwhelming majority of the seven participants stated they found people to converse

with or to have sex with through social media. Brown and Schafft (2011), exploring the

shift from a local economy and community to a global economy and community, inferred

that without access to the Internet, rural Americans, specifically, would continue to be

stagnant, economically and socially. Moreover, these rural areas will continue to be less

appealing to younger people who leave for cities. The Internet, at least in part, connects

people, which can be used to diminish loneliness and isolation, often associated with aging (Baker et al., 2006). The participants would agree that the Internet plays an important part in their socialization since many are unable to travel long distances to be with other gay men. In Florida, there are approximately six LGBT Community Centers, all located in urban areas, often requiring rural and suburban LG seniors to drive long distances.

In the Florida's Elder Affairs Strategic Plan for 2017-2020, the *Communities for a Lifetime* initiative providing assessments through Area Agencies of the Aging (AAA) to towns, cities, and villages to evaluate what is needed from a municipality to become more aging friendly. During the assessment phase, AAAs review housing, infrastructure, transportation, wellness, and public service programs. After completing the evaluation, recommendation on how to improve services to be more aging friendly are suggested.

In addition to looking at various infrastructure concerns, there should be consideration given, even written into the statue for this initiative, for telecommunications. Moreover, the LGBT Community Centers in cities around Florida could partner with communication companies to distribute Internet services to high-risk seniors. According to the Human Rights Campaign's Corporate Equality Index (2017), a report on the rating of businesses and their commitment to LGBT, all the communications companies rated 100%, the highest, meaning they valued the rights of LGBT citizens. Therefore, given their commitment to diversity, a pilot program to ensure that LGBT seniors have access to the Internet and to connect them through different technologies; Google Hangouts, Skype, and chat rooms are all feasible networking

options. Florida thrives on its public-private partnerships, especially with elder care; therefore, connecting the rural and suburban LG seniors to other people to alleviate isolation is feasible (Florida Elder Affairs, 2015).

Nationally, Representative Huffman (D-CA) introduced H.R. 800: New Deal Rural Broadband Act of 2017, which establishes broadband initiatives and a bureau within the Department of Agriculture to establish the Internet in rural areas. Moreover, in the Senate, Senator Manchin (D-WVA) introduced a similar bill establishing broadband initiatives at the Department of Agriculture. Unfortunately, both of these bills have about a 1% chance of passing. Since these bills have a slim chance of passing their respective federal chambers, state and local lawmakers can introduce similar bills in their respective governments. Next, I discuss the recommendations for the theoretical framework used in this study.

Theoretical Framework Recommendations

Social construction theory of deservedness posits that depending on a person's identity and their full participation with that specific identity, public policies are created to either be a burden or a benefit for a group. One critical component of Schneider and Ingram's theory is the distribution of the benefits or burdens of a public policies according to the way policymakers perceive certain groups, labelled "advantaged, contenders, dependent, or deviant" (Schneider & Ingram, 1997, p. 191).

The advantaged groups have the most power and influence whereas the deviant group has limited or not power and influences with the former seeing benefits from public policies and the latter seeing burdens from public policies. Unfortunately, in public

policy, benefits are never delivered to each group equally; therefore, rules can be bent or new regulations incorporated benefitting advantaged groups (Schneider & Ingram, 1997). In addition, economic power, ethnicity, sexual orientation, gender, and other such characteristics are consciously exploited. For example, even though elder populations receive a significant share of policy protection due to their advantaged status, LG seniors receive less protections due to their contenders' status. Adding to this is living in a rural area thus potentially having more of a dependent status. Therefore, a gay senior residing in a rural area has three different identities they can foreseeably use; part of the elder community, part of the LGBT community, or part of the rural, poor community, if they fit into that category. Interestingly, seniors living in suburban areas tend to be more affluent than rural areas, are mostly although not always, part of the advantaged group.

In this study, it was apparent that being heteronormative was important for these men as they aged in places that were less accepting of nonheterosexuality. Each participant identified with the senior community and were Caucasians, which automatically gave them an advantaged status. These men were able to pick their status or deny their sexual orientation to receive the most advantaged status as possible. When Interestingly, they want to "be gay" they left their non-urban environments for the urban setting, even if for a few hours.

In nonmetropolitan places of Florida, and maybe the entire state, the LGBTQ community is still considered deviant. In 2016, the Florida's Governor Scott signed into law the House Bill No. 43, which allows any religious organizations, individuals, or civic groups to object to providing services incompatible with their moral and religious beliefs.

The bill was in response to the U.S. Supreme Court's decision in *Obergefell v. Hodges* (2015), requiring every state to issue marriage licenses. Obviously, not specifically mentioning LGBT individuals, this law was a response to the U.S. Supreme Court decision. Also, most recently, President Trump rescinded the transgender bathroom executive order signed by his predecessor, President Obama, leaving it up to the states to decide the transgender bathroom question.

Federal Policymakers and Invisibility

Many of the current research devoted to using social construction of deservedness, focuses on national policymaking bodies, such as Congress, to understand the four socially constructed groups, using numerous policy tools such as speeches about a particular public policy and lawmakers' connections to groups (Schneider & Sidney, 2009). The conclusion includes how all the different groups are socially constructed; although, as Schneider and Ingram (1993) explained advantaged, dependent, and deviant constructions are very well elucidated but not contenders. However, considering the current conservative federal politics and in light of this study, another question surfaced about policymaking at the federal level about this theory. Essentially, do all the social constructions identified by Schneider and Ingram hold true? Not at the federal level where public policies are developed and implemented for advantaged groups or to discourage deviant groups. Federal lawmakers create policies for advantaged groups that help them succeed and create policies against deviant groups that hinder their progress; in other words, only these two social constructions are part of the public policy narratives in today's federal legislative houses. Schneider and Ingram (1997) explained that

understanding the power dynamics, rhetoric surrounding the target population, and the current political, economic, and social conditions, often determine what groups have power and what groups do not, the heart of social construction of deservedness.

In November 2016, the nation elected Donald J. Trump to become the 45th President of the United States. During this study's data collection phase, in which campaigning was taking place where Mr. Trump and Mrs. Rodham-Clinton became the Republican and Democratic Presidential nominees for their respective parties, most of the participants discussed their apprehensions and sometimes outright worry and anxiety of a Trump Administration. In this context, social construction theory of deservedness became more "alive," and the idea that four distinct categories of constructions in which policies and associated powers emerge. Therefore, from a federal policy making understanding these four categories no longer remain; rather only advantaged (those with money and access) and deviants (the others without advantaged status) remain. Invisibility theory broadly is evident since federal lawmakers do not see or interact, day-to-day, with their constituents.

In the United States an overwhelming majority of incumbents continue to be elected to federal offices. In other words, it is difficult to vote out a sitting U.S. Senator or Representative. Moreover, as Gottlieb (2016) noted, the Roberts Court has allowed gerrymandering in which districts are divided in ways to keep the incumbent in power. Furthermore, since the election of President Trump and because at many of the town hall meetings, Republican lawmakers are getting heckled by activists, many lawmakers are refusing to hold the meetings, Florida Senator Marco Rubio (R) is one of these

lawmakers. Without interacting with the others, and only interacting with people who are advantaged, lawmakers like Senator Rubio can continue to use two social constructions, advantaged and deviants, to make public policies.

Since the Reagan Administration, poor people or people from lower socioeconomic levels have been considered deviants with the idea of the "welfare queen" and continues today with the House and Senate's rhetoric of poor lifting themselves up by the boot straps (Weible, Siddiki, & Pierce, 2011). Donovan (1993) and Patterson and Wolf (2010) explored the rhetoric around HIV/AIDS care as discussed through several bills, including the first Ryan White Care Act. Donovan, specifically, noted that gay men with HIV or AIDS were demonized or put into the deviant group whereas the gay people with HIV could have some of the money, but must pledge abstinence. Today, although gay people enjoy more protections, they are still cast as deviants by many federal lawmakers, especially of the Republican Party.

The 2016 Republican Party's Platform stated, "The data and the facts lead to an inescapable conclusion: Every child deserves a married mom and dad… do not accept the Supreme Court's redefinition of marriage and we urge its reversal, whether through judicial reconsideration or a constitutional amendment returning control over marriage to the states" (Marriage, Family, and Society section, para. 3). Clearly, since the Legislative (House and Senate) and Executive Branches are firmly in control of the Republican Party, the party leaders are looking to see these reforms enacted. At this point, there has been no legislation introduced for a constitutional amendment or other public policies that erodes the U.S. Supreme Court's same-sex marriage opinion; however, nothing has

been ruled out. Since LG seniors in nonmetropolitan areas are relatively invisible by not

coming out and being counted, they continue to be demonized and disempowered

through the deviant group in social construction of deservedness. This is different in the

state and local systems in which elected officials might very well interact with the people

they vote against or for with regard to a public policy.

State and Local Policymaking

State lawmakers might take into consideration contenders and dependents as long

as advocacy is happening to ensure they are heard. I agree with Schneider and Sidney's

(2009) understanding that on local level *contenders* and *dependent* social constructions

continue to exist; thus, locally these social constructions still exist simply because it is

harder to deny rights to a person where daily contact most likely happens. Here, too, the

invisibility theory I posited in Chapter 2 exists. State and local lawmakers can help to

increase power and access for contenders (which in Florida many LGBT individuals are)

and dependents (group most rural people are in). There must be a coordinated effort at the

state level to include LGBT seniors in nonmetropolitan places in aging policies and anti-

discrimination laws.

Currently, Florida has a religious exemption or freedom law adopted in its 2016

Legislative session. Essentially, this allows religious groups and organizations to deny

services to groups that are incompatible with their religious beliefs. In the Florida House

of Representatives, this bill received significant support, 82-37 with one person

abstaining. In the Florida Senate the vote was 23-15, and two people abstaining. One

important part of the social construction of deservednes*s* theory is how language impacts

public policy decision making. Although I did not find testimony of debates surrounding HB-43, the key sponsor, Representative Plakon (R-29), has been endorsed by the Christian Coalition of Florida and the Family Research Council even receiving the "2009 Defender of Marriage Award" by the latter group. The Family Research Council's resources include talking points to invalidate the idea that same-sex couple should get married, the dangerous gay rights movement, and importance of protecting religious liberty and heterosexual norms. These resources are compiled from many of the national traditional marriage research centers and policy advocates, such as Heritage Foundation and Focus on the Family. Bergen (2016) reported that Representative Plakton stated the religious exemption bill was vague enough to not target any group of people with its main focus to give choice to pastors. Florida Equality did not endorse the law or did they disapprove of the law.

Weber and Brace (1999) explored federalism's role in empowering state and local elected officials concluding that governors, state legislators, mayors, and county administrators have seen an enormous increase in policymaking. Some of this increase power comes from inaction at the federal level and demands from local citizens for these actors to play a part in domestic policymaking. Policymaking for elder populations is an example. Although the Older Americans Act of 1965 stipulates what should be done with the grants to the states, state governments have some autonomy on how best to use the funds and how best to serve its older population. In addition, many local jurisdictions use tax money to provide additional services to keep older people happy since they are a major group of voters (Beldin, 2017). No doubt that older Americans are considered part

of the advantaged group in social construction of deservedness theory (Schneider & Ingram, 1997). As a result, advocates for older American positive policymaking are seen at every level of government, particularly at the state and local levels (Anderson, 2003), as indicted by some Florida cities adopting non-discrimination clauses.

Major cities in Florida are declaring their support for LGBT rights by adopting non-discrimination clauses and pro-tolerance policies. In Jacksonville, on February 14, 2017, the city council approved a non-discrimination policy protecting LGBTQ individuals from discrimination in employment and accommodations, but it still allows for religious groups to discriminate against this community (Human Rights Campaign, 2017). Activism and lobbying helped the ordinance to pass and a good first step in true equality in Florida, but more can be done. Interestingly, according to Florida Equality (2017) a new bill was introduced in the Florida Legislature (HB 17), setting an expiration date for the Human Rights Laws, such as the one in Jacksonville, essentially transferring control of human rights to local governments. Local jurisdictions continue to lead in creating anti-discrimination laws and electing members of the LGBT community to County and City councils. Many of the participants indicated the city and county policy makers regularly and routinely took up concerns affecting the LGBT community. Social construction of deservedness plays a major role in this type of activism, leading to openly gay elected officials to be elected.

Being seen or known are important aspects of ascertaining power and thus becoming an advantaged group, and is easier in state and local policy making. Donovan (1997) explained that when the AIDS crisis hit, gay men and lesbians began fighting for

rights and respect at the local and state levels since the federal government was much too

conservative to tackle this issue. Now, in 2017, states such as New York, are leading the

way with HIV treatment as prevention, by making PrEP readily available and affordable

(New York Health Department, 2016). This action was possible-because of the powerful

lobbying efforts of several HIV and LGBT groups, again showing the importance of

being seen, heard, and, thereby, considered advantaged group. In fact, states with more

LGBT protections tend to be ones with powerful lobbying LGBT groups that squarely

put LGBT community as powerful and advantaged, such as New York, California, and

Massachusetts. Never overlook the importance of the local political system to create

change in the lives of the people, especially when trying to define a policy problem

(Bosso, 1987). Again, it is easier for change to happen when people identify with several

social constructions giving voice and power to the contenders and dependents in social

construction of deservedness. In Florida, as I noted and discovered, most of the

participants did not admit to being gay and went to great lengths to conceal their

homosexuality.

In summary, most of the participants had the same concerns and issues anyone

does growing older in a suburban area. However, what was unique about gay people is

that they did not feel comfortable enough to tell their neighbors about their sexual

orientation, even demanding it was a private issue. However, with social construction of

deservedness and the invisibility theory, the more people hide from a social construction

the less likely it is that the group will receive the power, status, and policy protections

needed to be full citizens in every sense of the word. Federally, it is easy to discriminate

against groups viewed as deviant, but this discrimination happens less in state and local governments because deviant groups are not invisible and constituents confront elected officials oftentimes at these levels.

Future Studies

Transgender Elders

Several future studies could come from this study. First, there should be a study focusing on transgendered elders in all residential areas—cities, suburban, and rural. Although I purposely decided to exclude this important group from this study, there should be more studies done that seek to create policies for these vulnerable individuals. In the current federal, and many state government halls, transgender people are targets for anti-transgender laws. Transgender people have become deviants in our society.

Social Construction

Also, another future avenue would be to explore how each state defines and categorizes people according to the social constructions of deservedness and to cross check that with the lobbying power and rights afforded to elders and the LGBT community. Each state and local jurisdiction use their policy making rules and regulations differently. Although local governments are accountable to state laws and policymaking, some states allow for stronger local governments whereas some states give more autonomy to local policymaking bodies (Weber & Bruce, 1999). The majority of studies and subsequently journal articles written about social construction of deservedness deal with federal policy making rather than state and local policy making. This is a gap that can be filled since it is likely that the federal public policy makers are

constructing policies that are for the advantaged or against the deviant. In the state and local policy making bodies, it seems based on representation that all four constructions exist, but I recommend going through each states' records to see if this holds true as it does in Florida.

Local Advocacy

The final recommendation is to do more studies in Florida to see if local activism and being seen makes an impact in state policy making. I suggest Florida because that is where this study took place, and from the research that I conducted I see that several of the major cities have included sexual orientation in their nondiscrimination clauses due to political and social pressure from LGBT groups. Harvey Milk coined the phrase "Come out, come out wherever you are" that became the rallying cry for the LGBT rights movement in the 1970s. Essentially, encouraging gay people to come out as same-gender loving individuals to family, friends, colleagues, and strangers. Arguably this is what helped to gain the unprecedented rights that the LGBT community enjoys to this day. It is still undetermined how some states are progressive and have various rights for LGBT people while other states are still struggling with basic nondiscrimination clauses, which would be explored further in other studies.

Long Term Study

Another future study is to periodically check in with the men in this study to determine as they age what supports they need and are using to get a better sense of government's involvement as they age. The men in this study did not use many of the government services available to them, although were knowledgeable about these

services. As these men become older, does the need for supports change and the need to accept support change? Furthermore, with the more shares of the federal budget being allocated to senior services, it would be beneficial to understand who is and who are not using the services as they age.

<div align="center">**Positive Social Change Implications**</div>

Walden University's mission is to ensure that research is done for practical purposes while contributing to the positive forward movement of problems that plague society. Walden University wants each research study, including this study, to meet the mission of creating positive social change. this study adds to Walden University's mission of positive social change at the individual and societal levels. Individually, one hope of this study was to empower the participants to more openly and freely embrace their status as gay elders. Societally, it is important to begin to discuss issues of inclusion to fulfill former President Obama's America.

Individual Level

Individually, each of the participants was provided a forum to tell their stories adding to the narratives that are extremely important to create positive social change. SAGE started a program to tell the stories of LGBT elders in an attempt to humanize a silent group while trying to give voice to the struggles they continue to face, even though many helped to pave the wave for the rights enjoyed by the LGBT community. This study allowed participants to tell about their struggles and, also, to tell about their triumphs.

To encourage forward positive movement in the world through public policy making, defining the problem is the first step toward implementation of policies (Anderson, 2002). In defining the problem, it is imperative to give voice (i.e. conduct research) on the populations that is the target of the policy thereby making a stronger case for policy implementation. this study gave voice to several gay men who are oftentimes forgotten in the discourse about elder rights and LGBT rights.

Societal Level

The next way this study creates social change is societal. In 2009 President Obama signed the Mathew Sheppard Hate Crimes Bill. After he signed this bill he stated that everyone should be able to walk hand and hand with the person they love anywhere in the United States (White House, 2015). Each person should be free from harassment and should be celebrated and loved as members of the human race and discrimination should not be tolerated. In the discussions with the participants, it was clear that most of them did not feel comfortable disclosing their sexual orientation in the areas they resided, mostly out of fear. These feelings might never change; however, effecting social change can come in different forms, such as the tolerance pledges happening in many jurisdictions. Therefore, one of the strongest implication for this study is having local governments create policies of tolerance and inclusion.

<div align="center">**Conclusion**</div>

This phenomenological interpretive study reasserted two important concepts; first, gay elders have the same concerns and joys as their straight counterparts and, second, they still, after decades, feel the sting of discrimination. However, now this

discrimination is not only from the heterosexual community but also from the LGBT community where old equates to feeling invisible or unimportant. By telling stories of struggle and triumph, the narratives can change to incorporate these often overlooked groups of vulnerable elders. Furthermore, since the U.S. establishes the importance of federalism where each level of government should have a say in their governmental operations, it is imperative for state and local elected officials, whom often come in the most contact with advocates, to continue to pass legislation that empowers its people. Moreover, since the U.S. is a culture in which advocacy is essential to effect social change, it is time the LGBT community join elders and youth in rural, suburban, and large metropolises to continue the struggles and winning the battles started by the elders of the community.

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Appendix A

Analysis of Rural Counties and Suburban Municipalities

Note: In this appendix, the tables indicate the counties and suburban municipalities where the research will take place. Each section is divided by the Planning and Service Area (PSA), which there are 11. Then a quick discussion of the PSA is provided. Under each PSA, there are two tables, one for counties within the PSA and one for suburban municipalities within the PSA.

Due to criteria for the research being conducted, the table columns note several things. First, specific to the table on the counties, there is a designation of if the county is rural or not. In the suburban municipality table, since the suburban area cannot be rural, there is a designation to what county the suburban areas belongs. The next columns in each table are total residents and residents age 60 years old and older, respectively. The next column is the elderly services provided in the area, in which abbreviations are used (see below). The last column is the level of support for LGBT community. This information is gleaned from the website of the areas and whether or not they expressly state sexual orientation is protected in employment. According to the Human Rights Campaign (2014), the largest gay rights organization in the United States, Florida does not have a sexual orientation discrimination clause; therefore, sexual orientation is not protected. I theorize if there is such a statement then the area might be more accepting of the LGBT community, thus having more support. The * in this column means that marriages have been stopped after the 2015 ruling requiring the state to give same-sex couples marriage licenses. However, many counties have decided to stop marrying

people, which all claim is because of financial reasons (McLaughlin, 2015). Several sets

of data were used to create these tables: county and suburban areas websites; U.S. Census

information from 2010; Florida Department of Elder Affairs demographic information

from 2014; Florida Data Housing Clearinghouse information from 2015; Department of

Economic & Demographic Research information from 2010. Weddings are performed at

the county level in Florida.

Abbreviations:
ADC: Adult Day Care
              ADFC: Adult Family Care Homes
HHA: Home Health Agencies
ALF: Assisted Living Facilities

Planning & Service Area-1 is the northern part of the Florida with one rural county, Walton. The other three counties, Escambia, Okaloosa, and Santa Rosa, are not designated as rural. Northwest Florida Area of Aging is the nonprofit, private organization providing services to the odder population in this PSA. In a 2013 survey conducted by the Florida Department of Elder Affairs, over 95% of the elderly using services in PSA-1 were extremely content or completely content with the services they received. This PSA has many services for the elderly, but none targeting LGBT elders.

Table A 1

PSA-1 Counties

County	Rural	Residents	60+	Services	LGBT support
Escambia	No	305,817	65,708	ADC: 2 AFCH: 4 HHA: 24 ALF:17	No mention of sexual orientation in employment applications. Still offers weddings solemnizing
Okaloosa	No	193,811	39,732	ADC: 1 AFCH: 0 HHA: 15 ALF:11	No mention of sexual orientation in employment Stopped offering solemnizing of weddings
Walton	Yes	59,486	14,280	ADC: 2 AFCH: 0 HHA: 2 ALF: 4	No mention of sexual orientation in employment Still offers weddings solemnizing
Santa Rosa	No	59,326	31,512	ADC: 0 AFCH: 1 HHA: 3 ALF: 0	No mention of sexual orientation in employment applications.

Table A 2

PSA 1 Suburban Areas

Suburban	County	Residents	Age 60+	Services	LGBT support
Century	Escambia County	1,698	220	One senior center	No mention of sexual orientation in employment applications.
Cinco Bayou	Okaloosa County	383	175	Three HHAs	No mention of sexual orientation in employment applications.
Laurel Hill	Okaloosa County	537	123	None	No mention of sexual orientation in employment applications.
Mary Esther	Okaloosa County	3,851	914	None	No mention of sexual orientation in employment applications.
Shalimer	Okaloosa County	717	164	None	No mention of sexual orientation in employment applications.
Valparaiso	Okaloosa County	5,036	934	One senior center	No mention of sexual orientation in employment applications.
Gulf Breeze	Santa Rosa County	5,763	1549	None	Sexual orientation is mentioned in employment applications.
Jay	Santa Rosa County	533	113	None	No mention of sexual orientation in employment applications.
Milton	Santa Rosa County	9,323	1771	None	No mention of sexual orientation in employment applications.

Planning & Service Area-2 is in North Florida and has the majority of rural counties in the State. The counties include: Bay, Calhoun, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Taylor, Wakulla, and Washington. Over 25% of the population lives in poverty, which is consistent with primarily rural areas (Boso, 2015). There are 2 adult day cares, 7 adult family homes, 48 home health companies, and 41 assisted living facilities (Florida Department of Elder Affairs, 2013). As with the majority of PSAs in Florida, most services are provided by private companies. According to the 2012 evaluation conducted by the Florida Department of Elder Affairs, most of the elderly are satisfied with services they received. Leon County is not a rural county and doesn't have suburban areas in it; therefore, this county is not included.

Table A 1

PSA-2 Counties

County	Rural	Residents	60+	Services	LGBT support
Bay	No	170,894	26,410	ADC: 0 AFCH: 1 HHA: 16 ALF:9	No mention of sexual orientation in employment applications. Still offers weddings solemnizing
Calhoun	Yes	14,832	2,396	ADC: 0 AFCH: 0 HHA: 1 ALF: 0	No mention of sexual orientation in employment applications. Stopped offering solemnizing of weddings

County	Rural	Residents	60+	Services	LGBT support
Franklin	Yes	11,681	2,154	ADC: 0 AFCH: 0 HHA: 1 ALF: 1	No mention of sexual orientation in employment applications. Stopped offering wedding solemnizing
Gadsden	Yes	49,513	7,009	ADC: 0 AFCH: 1 HHA: 1 ALF: 3	No mention of sexual orientation in employment applications. No mention of wedding solemnization
Gulf	Yes	15,752	2,768	ADC: 0 AFCH: 0 HHA: 1 ALF: 3	No mention of sexual orientation in employment applications. No mention of wedding solemnization
Jefferson	Yes	14,688	2,662	ADC: 0 AFCH: 2 HHA: 0 ALF: 0	No mention of sexual orientation in employment applications. Still offering solemnizing of weddings
Leon	No	278,190	29,821	ADC: 2 AFCH: 1 HHA: 17 ALF: 10	No mention of sexual orientation in employment applications. Proudly issues licenses and solemnizes weddings.

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(table continues)

County	Rural	Residents	60+	Services	LGBT support
Liberty	Yes	8,710	974	ADC: 0 AFCH: 0 HHA: 0 ALF: 1	No mention of sexual orientation in employment applications. Performing wedding solemnizing.
Madison	Yes	19,387	3,279	ADC: 0 AFCH: 1 HHA: 0 ALF: 6	No mention of sexual orientation in employment. Performing wedding solemnizing.
Taylor	Yes	22,609	3,871	ADC: 0 AFCH: 0 HHA: 1 ALF: 0	No information provided. No information provided.
Wakulla	Yes	31,374	3,784	ADC: 0 AFCH: 0 HHA: 1 ALF: 0	No mention of sexual orientation on employment applications. No mention of wedding solemnizing, but will issue marriage licenses to same-sex couples
Washington	Yes	24,630	4.030	ADC: 0 AFCH: 0 HHA: 3 ALF: 5	No mention of sexual orientation in employment applications. Continues to offer wedding solemnizing.

Table A 2

PSA-2 Suburban Municipalities

Suburban	County	Total	Age 60+	Services	LGBT support
Mexico Beach	Bay County	1,072	334	None	No mention of sexual orientation in employment
Parker	Bay County	4,317	1,007	None	No mention of sexual orientation in employment
Springfield	Bay County	8,903	1,607	None	No mention of sexual orientation in employment

Planning & Service Area-3 is home to over 1.5 million people due to the metropolitan area of Gainesville with an elder population in this PSA of 521,990 or 31% of Florida's population over the age of 60 (Florida Department of Elder Affairs). Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Putnam, Sawannee, Sumter, and Union are the counties that create PSA-3. ElderOptions is the non-profit corporation handling the care for the elderly people in the PSA-3. ElderOptions (n.d.) have a variety of programs from healthy living to employment assistance to healthcare help. According to the Florida Elder Affairs (2014), there are 9 adult daycare facilities, 42 home health care homes, 149 home health agencies, and 140 assisted living facilities. As with the other PSAs, the elderly in PSA-3 were happy with their services (Florida Department of Elder Affairs, 2012). There are 16 counties in this PSA. Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Suwannee, Putnam, and Union are the rural counties (Florida Department of Elder Affairs, 2014). The other 7 counties are not designated as rural, but several suburban municipalities exist.

Table A 3

PSA-3 Counties

County	Rural	Residents	60+	Services	LGBT support
Alachua	No	249,432	43,588	ADC: 2 AFCH: 1 HHA: 17 ALF:13	Explicitly states sexual orientation on employment applications as protected Still offers weddings solemnizing
Bradford	Yes	28,464	6,178	ADC: 0 AFCH: 1 HHA: 0 ALF: 1	No mention of sexual orientation in employment applications. No mention of wedding solemnizing
Santa Rosa	No	59,326	31,512	ADC: 0	No mention of sexual orientation in employment applications.
Citrus	No	142,381	58,925	ADC: 2 AFCH: 1 HHA: 14 ALF: 20	No mention of sexual orientation in employment applications. No mention of offering wedding solemnizing
Columbia	Yes	68,360	15,643	ADC: 0 AFCH: 1 HHA: 5 ALF: 8	No mention of sexual orientation in employment Perform wedding solemnization

County	Rural	Residents	60+	Services	LGBT support
Dixie	Yes	16,692	4,679	ADC: 0 AFCH: 0 HHA: 0 ALF: 1	No mention of sexual orientation in employment applications. Stopped offering solemnizing of weddings
Gilchrist	Yes	17,175	4,295	ADC: 0 AFCH: 0 HHA: 1 ALF: 0	No mention of sexual orientation in employment applications. No mention offering or stopping solemnizing of weddings
Hamilton	Yes	14,832	3,134	ADC: 0 AFCH: 1 HHA: 0 ALF: 1	No mention of sexual orientation in employment No mention of offering or stopping solemnizing of weddings
Hernando	No	176,477	58,615	ADC: 0 AFCH: 13 HHA: 22 ALF 21	No mention of sexual orientation in employment Still offering solemnizing of weddings
Lafayette	Yes	8,678	1,585	ADC: 0 AFCH: 0 HHA: 0 ALF: 1	No mention of sexual orientation in employment No mention of wedding solemnizing
Lake	No	305,771	95,511	ADC: 3 AFCH: 3 HHA: 48 ALF: 29	No mention of sexual orientation in employment. Performing wedding solemnizing.

County	Rural	Residents	60+	Services	LGBT support
Levy	Yes	41,198	11,569	ADC: 0 AFCH: 3 HHA: 0 ALF: 1	No mention of sexual orientation in employment. Performing wedding solemnizing.
Marion	No	337,905	114,151	ADC: 1 AFCH: 12 HHA: 29 ALF: 27	No mention of sexual orientation in employment. Performing wedding solemnizing.
Putnam	Yes	73,887	19,962	ADC: 0 AFCH: 6 HHA: 0 ALF: 9	No mention of sexual orientation on employment Allows individuals at the Clerk's office to decide if they will or will not offer wedding solemnizing.
Sumter	No	102,767	58,124	ADC: 0 AFCH: 0 HHA: 5 ALF: 5	No mention of sexual orientation in employment. Continues to offer wedding solemnizing.
Suwannee	Yes	44,740	11,539	ADC: 0 AFCH: 0 HHA: 3 ALF: 2	No mention of sexual orientation in employment. No mention of wedding solemnizing
Union	Yes	15,538	2,756	ADC: 0 AFCH: 0 HHA: 0 ALF: 0	No mention of sexual orientation in employment Stopped performing wedding solemnizing

Table A 4

PSA-3 Suburban Municipalities

Suburban	County	Residents	Age 60+	Services	LGBT support
Alachua	Alachua County	9,059	1,849	None	Sexual orientation is stated in employment applications.
Archer	Alachua County	1,118	223	None	No mention of sexual orientation in employment
Hawthorne	Alachua County	1,417	324	None	Sexual orientation is stated in employment applications.
High Springs	Alachua County	5,350	1,125	None	No mention of sexual orientation in employment
La Crosse	Alachua County	360	81	None	No mention of sexual orientation in employment
Micanopy	Alachua County	600	160	None	No mention of sexual orientation in employment
Newberry	Alachua County	4,950	846	None	Sexual orientation is stated in employment applications.
Waldo	Alachua County	1,095	216	None	No mention of sexual orientation in employment
Crystal River	Citrus County	3,108	1,313	None	No mention of sexual orientation in employment
Inverness	Citrus County	7,210	2,528	2 Senior centers	No mention of sexual orientation in employment.

Suburban	County	Residents	Age 60+	Services	LGBT support
Brooksville	Hernando	7,719	2,628	None	No mention of sexual orientation in employment
Weeki Wacheh	Hernando	12	4	None	Nothing online.
Astatula	Lake County	1,810	372	None	No mention of sexual orientation in employment
Fruitland Park	Lake County	4,078	626	None	No mention of sexual orientation in employment
Groveland	Lake County	8,729	878	One senior center	No mention of sexual orientation in employment
Howey-in-the-Hills	Lake County	1,098	356	None	Sexual orientation is mentioned in employment.
Mascotte	Lake County	5,101	517	None	No mention of sexual orientation in employment applications
Minneola	Lake County	9,403	1,212	Several senior centers and senior activities.	Sexual orientation is mentioned in employment applications
Montverde	Lake County	1,463	271	None	No mention of sexual orientation in employment applications.
Umatilla	Lake County	3,456	1,2,17	None	No mention of sexual orientation in employment applications
Belleview	Marion County	4,492	1,145	None	No mention of sexual orientation in employment applications.

Suburban	County	Residents	Age 60+	Services	LGBT support
Dunnellon	Marion County	1,733	750	None	No mention of sexual orientation in employment applications
McIntosh	Marion County	452	173	None	No employment application online.
Reddick	Marion County	506	116	None	No employment application online
Bushnell	Sumter County	2,418	830	None	No mention of sexual orientation on employment application
Center Hill	Sumter County	988	196	No website	No website
Coleman	Sumter County	703	147	None	No mention of sexual orientation in employment applications.
Webster	Sumter County	785	127	None	No mention of sexual orientation in employment applications.
Wildwood	Sumter County	6,709	2,965	None	No mention of sexual orientation in employment applications

Planning & Service Area-4 is on the eastern part of Florida encompassing Baker, Clay, Duval, Flagler, Nassau, St. Johns, and Volusia counties. Twenty-three percent of its population was over the age of 60 (Florida Department of Elder Affairs, 2014). Elder Source is the disability resource center and planning organization for aging services, which has a division of training for LGBT issues (ElderSource, 2014). There are 19 adult day cares, 154 agencies providing senior services, and 208 assisted living facilities (Florida Department of Elder Affairs, 2014).

Table A 5

PSA-4 Counties

County	Rural	Residents	60+	Services	LGBT support
Baker	Yes	27,377	4,714	ADC: 1 AFCH: 0 HHA: 1 ALF:0	No mention of sexual orientation in employment Stopped offering wedding solemnizing
Clay	No	195,178	36,373	ADC: 1 AFCH: 1 HHA: 15 ALF: 12	No mention of sexual orientation in employment Stopped offering wedding solemnizing
Duval	No	869,388	154,585	ADC: 11 AFCH: 24 HHA: 74 ALF: 76	No mention of sexual orientation in employment Stopped offering wedding solemnizing

County	Rural	Residents	60+	Services	LGBT support
Flagler	Yes	100,405	33,013	ADC: 2 AFCH: 2 HHA: 4 ALF: 24	No mention of sexual orientation in employment Wedding chapel on site
Nassau	Yes	75,332	19,057	ADC: 1 AFCH: 0 HHA: 4 ALF: 3	No mention of sexual orientation in employment Still offers wedding solemnizing
St. Johns	No	201,067	47,692	ADC: 1 AFCH: 0 HHA: 14 ALF: 12	No mention of sexual orientation in employment Offering wedding solemnizing
Volusia	No	498,358	145,976	ADC: 5 AFCH: 12 HHA: 38 ALF: 84	No mention of sexual orientation in employment Offering wedding solemnizing

Table A 6*PSA-4*

Suburban Municipalities

Suburban	County	Residents	Age 60+	Services	LGBT support
Green Cove Springs	Clay County	6,908	1,602	One senior center	No mention of sexual orientation in employment applications.
Keystone Heights	Clay County	1,350	307	None mentioned	No mention of sexual orientation in employment applications.
Orange Park	Clay County	8,412	2,472	None mentioned	No employment application online.

Suburban	County	Residents	Age 60+	Services	LGBT support
Penney Farms	Clay County	749	626	None mentioned.	No employment application online.
Baldwin	Duval County	1,425	271	None mentioned	No employment application online.
Neptune Beach	Duval County	7,037	1,405	One senior center	No mention of sexual orientation in employment applications.
Hastings	St. John's County	580	139	None mentioned	No application online.
St. Augustine Beach	St. John's County	6,176	1,831	None mentioned	No mention of sexual orientation in employment applications.
Daytona Beach Shores	Volusia County	4,247	2,601	One senior center	No application online.
Flagler Beach	Volusia County	4,484	1,886	None mentioned	No mention of sexual orientation in employment applications.
Lake Helen	Volusia County	2,624	747	None mentioned	No mention of sexual orientation in employment applications.
Oak Hill	Volusia County	1,792	616	None mentioned	No mention of sexual orientation in employment applications.
Pierson	Volusia County	1,736	256	None mentioned	No employment application online.
Ponce Inlet	Volusia County	3,032	1,591	None mentioned	No mention of sexual orientation in employment applications.

Planning & Service Area -5 is on the western part of Florida. Pasco and Pinellas are the two counties in this PSA and these counties are not rural. Thirty percent of its population was over the age of 60 (Florida Department of Elder Affairs, 2014). Planning and Service Area 5 has the only LGBT Initiative in the state to develop LGBT friendly programs and connect with LGBT organizations (Pasco-Pinellas, 2014). There are 19 adult day cares, 129 agencies providing senior services, and 231 assisted living facilities (Florida Department of Elder Affairs, 2014). There are no rural counties in this PSA.

Table A 7

PSA-5 Counties

County	Rural	Residents	60+	Services	LGBT support
Pasco	No	476,842	132,507	ADC: 4 AFCH: 13 HHA: 32 ALF: 47	No mention of sexual orientation in employment Offering wedding solemnizing
Pinellas	No	917,214	272,965	ADC: 8 AFCH: 21 HHA: 97 ALF: 184	Mention of sexual orientation in employment (and government services) Offering wedding solemnizing

Table A 8

PSA-5 Suburban Municipalities

Suburban	County	Residents	Age 60+	Services	LGBT support
Dade City	Pasco County	6,437	1,483	None mentioned	No mention of sexual orientation in employment applications.
Port Richey	Pasco County	2,671	977	None mentioned	No employment applications online.
St. Leo	Pasco County	1,340	139	None mentioned	No mention of sexual orientation in employment applications.
San Antonio	Pasco County	1,138	192	None mentioned	No employment applications online.
Belleair	Pinellas County	3,869	1,246	None mentioned.	No employment application online.
Belleair Beach	Pinellas County	1,560	700	None mentioned	No mention of sexual orientation on employment application.
Belleair Bluffs	Pinellas County	2,031	697	None mentioned	No employment application online.
Belleair Shore	Pinellas County	109	44	None mentioned.	No employment application online.
Indian Rocks Beach	Pinellas County	4,113	1,326	None mentioned.	No mention of sexual orientation on employment application.
Indian Shores	Pinellas County	1,420	730	None mentioned.	No mention of sexual orientation on employment application.

Suburban	County	Residents	Age 60+	Services)	LGBT support
Kenneth City	Pinellas County	4,980	1,533	None mentioned.	No mention of sexual orientation on employment application.
Madeira Beach	Pinellas County	4,263	1,475	None mentioned.	No employment application online.
North Redington Beach	Pinellas County	1,417	725	None mentioned.	No employment application online.
Redington Beach	Pinellas County	1,427	494	None mentioned.	No employment application online.
Redington Shore	Pinellas County	2,121	861	None mentioned.	No employment application online.
St. Pete Beach	Pinellas County	9,346	4006	Recreational or fitness programs offered.	Mentions sexual orientation in application with domestic partnership benefits.
South Pasadena	Pinellas County	4,964	3,326	None mentioned.	No mention of sexual orientation in application.
Treasure Island	Pinellas County	6,705	2,784	None mentioned	No mention of sexual orientation in the employment application.

Planning & Service Area-6 is on the western part of Florida consisting of Hardee, Highlands, Hillsborough, Manatee, Polk counties. Over two million people live in this PSA with about 22% sixty years old or older (Florida Department of Elder Affairs, 2014). Planning and Service Area-6 has a large network of senior related programs mostly because Tampa is located in this PSA. Specifically, there are 16 adult day cares, 195 agencies, and 279 assisted living facilities (Florida Department of Elder Affairs, 2014). Hardee and Highland counties are the only rural areas in the PSA-3 (Florida Department of Elder Affairs, 2014). Senior Connection, Inc. is the coordinating organization for this PSA's services. According to 2015's evaluation of services via every county, Senior Connections received high marks for quality and responsiveness. Hillsborough has no suburban areas, it is a city center.

Table A 9

PSA-6 Counties

County	Rural	Residents	60+	Services	LGBT support
Hardee	Yes	27,600	4,901	ADC: 0 AFCH: 0 HHA: 0 ALF:5	Mentioned sexual orientation in their employment application Stopped offering wedding solemnizing
Highlands	Yes	99,395	39,504	ADC: 1 AFCH: 1 HHA: 9 ALF: 9	No mention of sexual orientation in employment Does not mention if weddings are still being solemnized.

County	Rural	Residents	60+	Services	LGBT support
Hillsborough	No	1, 261, 452	224,205	ADC: 10 AFCH: 43 HHA: 115 ALF: 215	No mention of sexual orientation in employment. Still offering wedding solemnizing
Manatee	No	332,103	103,464	ADC: 1 AFCH: 3 HHA: 32 ALF: 24	No mention of sexual orientation in employment Still offering wedding solemnizing.
Polk	No	616,628	153,576	ADC: 4 AFCH: 14 HHA: 39 ALF: 25	No mention of sexual orientation in employment Still offers wedding solemnizing

Table A 10.

PSA-6 Suburban Municipalities

Suburban	County	Residents	Age 60+	Services	LGBT support
Anna Maria	Manatee County	1,503	791	None	No mention of sexual orientation on employment applications.
Bradenton Beach	Manatee County	1,171	564	None	Mentioned sexual orientation on employment applications.
Holmes Beach	Manatee County	3,836	1,966	None	No mention of sexual orientation on employment applications.
Longboat Key	Manatee County (Also Sarasota County)	6,888	5,498	None	No mention of sexual orientation on employment applications.

Suburban	County	Residents	Age 60+	Services	LGBT support
Davenport	Polk County	2,888	837	None	No mention of sexual orientation on employment applications.
Dundee	Polk County	3,717	859	None	No mention of sexual orientation on employment applications.
Eagle Lake	Polk County	2,255	376	One senior center	No mention of sexual orientation on employment applications.
Fort Meade	Polk County	5,626	1,383	None	No mention of sexual orientation on employment applications.
Frostproof	Polk County	2,992	845	None	Can't access employment applications.
Highland Park	Polk County	230	83	None	No access on website.
Hillcrest Heights	Polk County	254	53	None	No access on website.
Lake Alfred	Polk County	5,015	1,134	None	No mention of sexual orientation on employment applications.
Lake Hamilton	Polk County	1,231	294	None	Mentioned sexual orientation on employment applications.
Mulberry	Polk County	3,817	1,205	None	No mention of sexual orientation on employment applications.
Polk City	Polk County	1,562	301	None	No mention of sexual orientation on employment applications.

Planning and Service Area-7 is in eastern Florida with no counties designated as rural (Florida Department of Elder Affairs, 2014). Brevard, Orange, Osceola, and Seminole counties belong to this PSA. The "Senior Resource Alliance" is the organization coordinating care among the four counties—Brevard, Orange, Osceola, and Seminole (Senior Resource Alliance, 2015). Less than 500,000 of the over two million people in PSA-7 are over the age of sixty. In this PSA, there are 17 adult day cares, 147 agencies providing homecare services, and 272 assisted living facilities (Florida Department of Elder Affairs, 2014). According to the 2014 evaluations, the elders in this PSA are highly satisfied with the services they receive. Seminole has no suburban areas as it is a city center.

Table A 11

PSA-7 Counties

County	Rural	Residents	60+	Services	LGBT support
Brevard	No	550,121	154,571	ADC: 9 AFCH: 10 HHA: 41 ALF: 120	No mention of sexual orientation in employment application Still offering wedding solemnizing
Orange	No	1,183,415	177,969	ADC: 5 AFCH: 21 HHA: 66 ALF: 91	No mention of sexual orientation in employment Still offering wedding solemnizing

County	Rural	Residents	60+	Services	LGBT support
Osceola	No	286,284	47,966	ADC: 1 AFCH: 1 HHA: 16 ALF: 16	No mention of sexual orientation in employment. Still offering wedding solemnizing (also proudly features a same-sex couple on website under marriage).
Seminole	No	428,986	81,042	ADC: 2 AFCH: 4 HHA: 24 ALF: 45	No mention of sexual orientation in employment. Still offering wedding solemnizing.

Table A 12

PSA-7 Suburban Municipalities

Suburban	County	Residents	Age 60+	Services	LGBT support
Cape Canaveral	Brevard County	9,912	3,420	Six different services (meals, homecare)	No mention of sexual orientation on employment applications.
Grant-Valkaria	Brevard County	3,850	1,089	None	No applications on line.
Indialantic	Brevard County	2,720	851	None	No mention of sexual orientation on employment applications.
Indian Harbor Beach	Brevard County	8,225	2,726	None	No mention of sexual orientation on employment applications.
Malabar	Brevard County	2,757	765	None	Can't access employment applications.

Suburban	County	Residents	Age 60+	Services	LGBT support
Melbourne Beach	Brevard County	3,101	934	None	Sexual orientation mentioned in employment applications.
Melbourne Village	Brevard County	662	260	Not accessible.	Not accessible.
Palm Shores	Brevard County	900	222	None	No mention of sexual orientation in employment applications.
Belle Isle	Orange County	5,988	1,449	None	Employment applications not accessible online.
Eatonville	Orange County	2,159	430	None	Employment applications not accessible online.
Edgewood	Orange County	2,503	522	None	No mention of sexual orientation on employment applications.
Lake Buena Vista	Orange County	10	6	None	No employment applications online
Oakland	Orange County	2,538	386	None	No mention of sexual orientation on employment applications.
Windermere	Orange County	2,462	541	None	Employment applications not accessible online.

Planning & Service Area-8 is located on the western side of the state with Charlotte, Collier, DeSoto, Glades, Hendry, Lee, and Sarasota counties. The agency coordinating efforts in the area is the Southwest Florida Area on Aging offers different resources and services that relate to the Older Americans Act, mostly provided through private agencies. Over 1.6 million people live in this PSA and 35% are 60 years old and older, and three of the seven counties are rural (Florida Department of Elder Affairs, 2014). There are 17 adult day cares, 167 home health services, and 139 assisted living facilities (Florida Department of Elder Affairs, 2014). According to 2015's evaluation of services via every county, Senior Connections received high marks for quality and responsiveness. Charlotte and Sarasota have no suburban areas.

Table A 13

PSA-8 Counties

County	Rural	Residents	60+	Services	LGBT support
Charlotte	No	161,173	70,820	ADC: 2 AFCH: 23 HHA: 18 ALF: 14	No mention of sexual orientation in employment applications Does not state whether or not weddings are preformed
Collier	No	330,076	112,393	ADC: 3 AFCH: 3 HHA: 35 ALF: 20	No mention of sexual orientation in employment Still offers marriage solemnizing

County	Rural	Residents	60+	Services	LGBT support
DeSoto	Yes	34,759	8,418	ADC: 0 AFCH: 1 HHA: 1 ALF: 4	No mention of sexual orientation in employment. Does not state whether or not weddings are preformed
Glades	Yes	12,880	3,792	ADC: 0 AFCH: 0 HHA: 0 ALF: 0	No mention of sexual orientation in employment Does not state whether or not weddings are preformed
Hendry	Yes	38,405	6,549	ADC: 0 AFCH: 0 HHA: 2 ALF: 1	No mention of sexual orientation in employment Stopped offering wedding solemnizing
Lee	No	643,965	200,486	ADC: 9 AFCH: 18 HHA: 58 ALF: 38	No mention of sexual orientation in employment application Still offering wedding solemnizing
Sarasota	No	385,744	154,801	ADC: 3 AFCH: 10 HHA: 53 ALF: 62	No mention of sexual orientation in employment Still offering wedding solemnizing

Table A 14

PSA-8 Suburban Municipalities

Suburban	County	Residents	Age 60+	Services	LGBT Support
Everglades City	Collier County	400	147	None	Can't access employment applications online
Fort Myers Beach	Lee County	6,277	3,610	None	No mention of sexual orientation on employment applications.
Sanibel	Lee County	6,469	4,146	None	Can't access employment applications.

Planning & Service Area 9 covers five counties, Indian River, Martin, Okeechobee, Palm Beach, and St. Lucie, on Florida's eastern seashore. All services are coordinated by *Your Aging & Disability Resource Center.* This nonprofit, private organization offers different resources and services as required by the Older Americans Act. This PSA is home to almost 2 million people with 29% being 60 years old or older (Florida Department of Elder Affairs, 2014). One county, Okeechobee, is designated as rural (Florida Department of Elder Affairs, 2014). There are 2 adult day cares, 18 home health agencies, 19 assisted living facilities. According to 2015's evaluation of services via every county, the coordinating agency received high marks for quality and responsiveness.

Table A 15

PSA-9 Counties

County	Rural	Residents	60+	Services	LGBT support
Indian River	No	141.020	49,694	ADC: 2 AFCH: 1 HHA: 18 ALF: 18	No mention of sexual orientation in employment applications, but does encourage women and minorities to apply. Does not state whether or not weddings are preformed

County	Rural	Residents	60+	Services	LGBT support
Martin	No	148,108	52,652	ADC: 2 AFCH: 1 HHA: 12 ALF: 10	No mention of sexual orientation in employment Still offers marriage solemnizing
Okeechobee	Yes	40,028	9,188	ADC: 0 AFCH: 0 HHA: 4 ALF: 32	No mention of sexual orientation in employment. Does not state whether or not weddings are preformed
Palm Beach	No	1,340,514	379,800	ADC: 15 AFCH: 11 HHA: 196 ALF: 125	Mentions sexual orientation as protected in the employment application. Still performs marriage solemnizing
St. Lucie	No	288,291	76,635	ADC: 3 AFCH: 7 HHA: 23 ALF: 58	No mention of sexual orientation in employment Still offering wedding solemnizing

Table A 16

PSA-9 Suburban Municipalities

Suburban	County	Residents	Age 60+	Services	LGBT support
Fellsmere	Indian River County	5,197	327	None	No mention of sexual orientation on employment applications.
Indian River Shores	Indian River County	3,901	3,148	None	No mention of sexual orientation on employment applications or equal opportunity.
Orchid	Indian River County	415	349	None	No application or mention of employment opportunities noted on website.
Jupiter Island	Martin County	817	477	None	No mention of sexual orientation on the employment application.
Ocean Breeze Park	Martin County	355	269	None	No application online.
Sewall's Point	Martin County	1,996	647	None	No application online.
Atlantis	Palm Beach County	2,005	1,095	None	No mention of sexual orientation on the employment application.

Suburban	County	Residents	Age 60+	Services	LGBT support
Briny Breezes	Palm Beach County	601	504	None	No application online.
Cloud Lake	Palm Beach County	135	33	None	No application online.
Glen Ridge	Palm Beach County	219	41	None	No application online.
Golf	Palm Beach County	252	163	None	No mention of sexual orientation on the employment application.
Gulf Stream	Palm Beach County	786	362	None	No application online.
Haverhil	Palm Beach County	1,873	286	None	No application online.
Highland Beach	Palm Beach County	3,539	2,339	None	No mention of sexual orientation on the employment application.
Hypoluxo	Palm Beach County	2,588	841	None	No application online.
Juno Beach	Palm Beach County	3,176	1,880	None	Sexual orientation mentioned on employment application.
Jupiter Inlet Colony	Palm Beach County	400	183	None	No application online.
Lake Clarke Shores	Palm Beach County	3,376	865	None	No application online.
Lake Park	Palm Beach County	8,155	1,311	None	Mentions sexual orientation on the front page of the HR website.
Loxahatchee Groves	Palm Beach County	3,180	616	None	No application online.
Manalapan	Palm Beach County	406	175	None	No mention of sexuality orientation on the employment application.

Suburban	County	Residents	Age 60+	Services	LGBT support
Mangonia Park	Palm Beach County	1,888	232	None	No application online.
Ocean Ridge	Palm Beach County	1,786	863	None	No mention of sexual orientation on employment application.
Pahokee	Palm Beach County	5,649	934	None	No mention of sexual orientation on the employment application.
Palm Beach	Palm Beach County	8,346	4,657	None	Sexual orientation is mentioned as protected on the human resources website.
Palm Beach Shores	Palm Beach County	1,142	565	None	No mention of sexual orientation on the employment application.
South Bay	Palm Beach County	4,876	511	None	Sexual orientation mentioned on employment application.
South Palm Beach	Palm Beach County	1,171	829	None	Sexual orientation mentioned on employment application.
Tequesta	Palm Beach County	5,629	1,759	One center	Sexual orientation mentioned on employment application. (Also, gender.)
St. Lucie Village	St. Lucie County	590	154	None	No employment application online.

Planning & Service Area-10 is located on the western side of the state with only one county, Broward. The county is not rural. Almost 1.8 million people live in Broward County with 21% of the population 60 years old or older (Florida Department of Elder Affairs, 2014).The agency coordinating efforts in the area is the Southwest Florida Area on Aging offers different resources and services that relate to the Older Americans Act, mostly provided through private agencies There are 36 skilled nursing facilities, 17 adult day cares, 270 home health services, and 139 assisted living facilities (Florida Department of Elder Affairs, 2014). According to 2015's evaluation of services via every county, the coordinating organization received high marks for quality and responsiveness.

Table A 17

PSA-10 County

County	Rural	Residents	60+	Services	LGBT support
Broward	No	1,757,483	369,251	ADC: 17 AFCH: 21 HHA: 253 ALF: 270	Sexual orientation is mentioned as protected on human resources website. Continues to solemnize marriages.

Table A 18

PSA-10 Suburban Municipalities

Suburban	County	Residents	Age 60+	Services	LGBT support
Hillsboro Beach	Broward County	1,875	1,273	One senior center	No mention of sexual orientation on employment applications.
Lauderdale-By-The-Sea	Broward County	6,058	3,043	None	No mention of sexual orientation on employment applications.
Lazy Lake	Broward County	24	11	None	No employment applications online.
Pembroke Park	Broward County	6,102	1,384	None	No employment applications online.
Sea Ranch Lakes	Broward County	670	236	No website.	No website.
Southwest Ranches	Broward County	7,345	1,333	None	No mention of sexual orientation on the employment applications.

Planning & Service Area-11 is located on the southernmost tip of Florida. There are two counties in this PSA: Monroe and Miami-Dade. Monroe is a rural county. This PSA is home to 2,618,718 people and the 60 years and older group accounts for 20.1% of the population (Florida Department of Elder Affairs, 2014). The "Alliance for Aging: is the coordinating organization (Alliance for Aging, 2015). There are 57 skilled nursing facilities, 97 adult day cares, 735 home health services, and 945 assisted living facilities (Florida Department of Elder Affairs, 2014). According to 2015's evaluation of services via every county, the coordinating organization received high marks for quality and responsiveness.

Table A 19

PSA-11 Counties

County	Rural	Residents	60+	Services	LGBT support
Monroe	Yes	72,118	20,040	ADC: 1 AFCH: 0 HHA: 2 ALF: 2	Could not find the employment application online Continues to solemnize marriages.
Miami-Dade	No	2,546,600	506,819	ADC: 96 AFCH: 21 HHA: 733 ALF: 943	Sexual orientation is mentioned as protected on human resources website. Continues to solemnize marriages.

Table A 20

PSA-11 Suburban Municipalities

Suburban	County	Residents	Age 60+	Services	LGBT Support
Bal Harbour	Miami-Dade County	2,513	997	None	No mention of sexual orientation on website. No employment applications.
Bay Harbor Islands	Miami-Dade County	5,628	1,234	None	Has sexual orientation in the employment application.
Biscayne Park	Miami-Dade County	3,055	509	None	No mention of sexual orientation in the employment application.
El Portal	Miami-Dade County	2,325	425	None	Has sexual orientation in the employment application.
Golden Beach	Miami-Dade County	919	165	None	No access to employment application online.
Indian Creek	Miami-Dade County	86	18	None	No access to employment application online
Medley	Miami-Dade County	838	294	Several things for people of all ages, no specifics.	No employment application online.
North Bay Village	Miami-Dade County	7,137	981	None	Sexual orientation is mentioned in employment application.
Surfside	Miami-Dade County	5,744	1,801	None	No mention of sexual orientation on website. No employment applications.
Virginia Gardens	Miami-Dade County	2,375	508	No access online.	No access online.
West Miami	Miami-Dade County	5,965	1,747	One community center catering to seniors	No mention of sexual orientation on website. No employment applications.

Appendix B:

Recruitment Information

Note: First are the original emails the four gatekeepers. As noted in Chapter 4, the gatekeepers did not return phone calls or emails; therefore, emails were sent to other groups and community centers. Also, the recruitment flyer is attached.

Gatekeeper 1: **(PSA-5's E.D. was called; Flyer was sent via email)**

Gatekeeper 2: **(SAGE: paitcheson@sXXXXXX.org)**
Dear Mr. Aitcheson,

My name is Brian Fuss, and I am a doctoral candidate at Walden University in the School of Public Policy and Administration. I know I contacted you before and was unable to call because I hit a few hurdles; however, those hurdles have been mitigated. As I noted before, I am hoping you or someone in your agency could help me secure participants for my study.

My dissertation is a qualitative study exploring what it is like aging as a lesbian or gay senior residing in Florida's rural or suburban counties. It was because of SAGE's publications and advocacy that I found the research gap.

After a few hurdles, I finally received approval from the IRB committee to begin data collection. Walden University's approval number for this study is 02-03-16-0122692. My advisor is Dr. Ripoll at patricia.ripoll@waldenu.edu if you have any questions. And I am certainly willing to send a copy of my proposal and IRB approval letter.

I am attaching a flyer.

Thank you--I appreciate your willingness to assist me. I look forward to hearing from you.

Can I call you this week to discuss my dissertation?

Best,
Brian

Gatekeeper 3: **(NATIONAL LESBIAN RIGHTS: EOlvera@nclXXXXXX.org)**
Dear Mr. Olvera,

My name is Brian Fuss, and I am a doctoral candidate at Walden University in the School of Public Policy and Administration. I know I contacted you before and was unable to call because I hit a few hurdles; however, those hurdles have been mitigated. As I noted before, I am hoping you or someone in your agency could help me secure participants for my study.

My dissertation is a qualitative study exploring what it is like aging as a lesbian or gay senior residing in Florida's rural or suburban counties.

After a few hurdles, I finally received approval from the IRB committee to begin data collection. Walden University's approval number for this study is 02-03-16-0122692. My advisor is Dr. Ripoll at patricia.ripoll@waldenu.edu if you have any questions. And I am certainly willing to send a copy of my proposal and IRB approval letter.

I am attaching a flyer.

Thank you--I appreciate your willingness to assist me. I look forward to hearing from you.

Can I call you this week to discuss my dissertation?

Best,
Brian

Gatekeeper 4: **(FLORIDA EQUALITY: Online Contact imbedded in website)**

Dear Ms. Garner-Wells,

My name is Brian Fuss, and I am a doctoral candidate at Walden University in the School of Public Policy and Administration. I am hoping you or someone in your agency could help me secure participants for my study.

My dissertation is a qualitative study exploring what it is like aging as a lesbian or gay senior residing in Florida's rural or suburban counties.

Walden University's approval number for this study is 02-03-16-0122692. My advisor is Dr. Ripoll at patricia.ripoll@waldenu.edu if you have any questions. And I am certainly willing to send a copy of my proposal and IRB approval letter.

I am attaching a flyer.

Thank you--I appreciate your willingness to assist me. I look forward to hearing from you.

Can I call you this week to discuss my dissertation?

Best,
Brian

New people contacted

I contacted Annette Marquis, who used to be the southern district coordinator with the Unitarian Universalists.

I was able to talk with her and she gave me a list of resources and places to contact that would likely help with recruitment efforts.

First, she suggested writing up a blurb for the Universalist's newspaper explaining the study.

She suggested I contact the local churches directly.

Here is the email I sent to Annette*:*

> *Amy Hoffman suggested I contact you about the study I'm conducting. I'm a doctoral student at Walden University. My study a qualitative study. I'm doing in-depth interviews with gay and lesbian seniors in Florida's rural and suburban areas.*
>
> *I'm attaching a recruitment flyer.*
>
> *Do you have any suggestions on how I can reach people? I know the UU has been on the forefront of social justice movements, and Amy thought you'd be a great resource for me.*

Another lead is Brian McNaught, who is a longtime activist in the Florida area.

The email I sent is the same as Annette's.

> *Amy Hoffman suggested I contact you about the study I'm conducting. I'm a doctoral student at Walden University. My study a qualitative study. I'm doing in-depth interviews with gay and lesbian seniors in Florida's rural and suburban areas.*
>
> *I'm attaching a recruitment flyer.*
>
> *Do you have any suggestions on how I can reach people? I know the UU has been on the forefront of social justice movements, and Amy thought you'd be a great resource for me.*

Another suggestion was to email the Wild Iris Bookstore, which is known in Florida to attract lesbians.

This is the email I sent:

> *My name is Brian Fuss, and I am a doctoral candidate at Walden University in the School of Public Policy and Administration. I have been active in the LGBT community for many years, mostly in public health. I am hoping you or someone in your organization could help me secure participants for my study.*
>
> *My study explores what it is like aging as a lesbian or gay senior residing in Florida's rural or suburban counties through in-depth interviews.*
>
> *Walden University's approval number for this study is 02-03-16-0122692. My advisor is Dr. Ripoll at patricia.ripoll@waldenu.edu if you have any questions. And I am certainly willing to send a copy of my proposal and IRB approval letter.*
>
> *I am attaching a flyer.*
>
> *Thank you--I appreciate your willingness to assist me. I look forward to hearing from you.*
>
> *Can I call you next week to discuss my dissertation? Or you can call me at 857.777.6908.*
>
> *Best,*
> *Brian*

Gay & Lesbian Seniors Needed For A Dissertation Study

Are you gay or a lesbian?

Are you at least 60 years old?

Do you live in on one of Florida's rural or suburban areas?

If you answered **YES**, Brian Fuss, a doctoral student at Walden University, is looking to talk to you about your life experiences.

For more information, please contact Brian at (857) 777-6908 or brian.fuss@waldenu.edu. Please leave a message that you are interested in participating. The best time to call is between 10:00 am and 9:00 pm.

IRB Approval Number: 02-03-16-0122692

Appendix C:

Interview Protocols and Questions

Initial Protocol

A. Selection Criteria Screening Tool

 Do you identify as?

  Lesbian Gay

 What county do you reside in?

   Rural   Suburban

   PSA #

 What year were you born?

Time

Date

Place

Name

Code

Preamble

Thank you for participating in my study. I appreciate your willingness to explore the topic of aging in Florida's rural and suburban areas as a part of the LGBT community. Participation in this study requires that I review with you the general principles of consent or voluntary participation. If you agree to continue with the interview I will ask you to sign two copies of the consent form. One copy will be yours to keep and the other will be placed in my research files.

I anticipate the interview will be no longer than two hours with the minimum time being 30 minutes. The average will be about one hour. However, please take as much time as you need.

This research will not cause any undue harm; however, it might cause some emotional upset. Please let me know if a particular question or questions cause you discomfort and we will skip those in the interview. However, for thoroughness I ask you to consider answering all the questions. If you feel comfortable as we progress through the interview we can return to any skipped questions.

I will be recording the information using a tape recorder. Also, I will be taking notes. At any time you can ask me what I am writing down. If you would like, you can have a copy of the transcriptions and a copy of the completed dissertation, at no charge. Confidentially is respected. I will only use non-identifying codes to talk about your experiences in the dissertation. For example, if your name is Brian, I will change it to B01 in my field notes and the transcription of our recorded interview.

There are several parts to this semi-structured interview. A is the interviewer information. B is demographics. C is health. D is day-to-day experiences. E is government services. F is about the LGBT community. F is closure.

Finally, while your full participation is valuable to my research, you may ask that we end our conversation at any time.

B. Demographic Information
    Specialized Code

Date of Birth

County of Residence
        How long lived in this county?

Political Party Registration
        What political party do you most likely vote for?

Race
        Ethnicity

Sexual Orientation
        Do your friends know you are (gay, lesbian)?
        Does your family know you are (gay, lesbian)?
            Who in your family?

    Tell me about when you came out.

    Do you have a partner?
        When did you meet?
        Did you marry? Were there any difficulties you encountered?
        If widow, do you collect Social Security from spouse?

Do you have adult children?
        How many?
        What is your relationship with them?

Do you currently work?
> What was your profession?
> Are you out to colleagues?
> Do you rely on them for help?

How involved are you in the gay rights movement?
Tell me about how your feel the gay rights are now compared to when you came out.

Are you religious?
> If so, what faith?
> How often do you attend services?

What is your highest level of education?
C. Health
On a scale from 1-5, 1 being horrible and 5 being fantastic, rate your health.

Are you able to care for yourself?
> Explain

Has your doctor ever inquired if you were gay?
Have you told your doctor you are gay?
> Why not?
> What was your doctor's reaction?

Where do you go for medical care?

Do you feel your sexuality impacts your healthcare? Explain.

As you age, what is your most important concern regarding health?

If you know about any of these things, please tell me about them.
> Older Americans Act
> Defense of Marriage Act
> Social Security

D. Day-to-day experience
Have you ever been denied services because you are gay?
Can you tell me about this experience?

Tell me what your biggest worries are about aging?

Tell me about your experience living in this county.
> Do you ever consider moving to a metropolitan area? If so why?

Walk me through the challenges you feel you face that heterosexuals (straight) do not experience.

Walk me through opportunities you feel you have that urban people don't have.

Tell me about your social network.

What age related groups do you belong to?

E. Government Services
In the last year, what government services have you used?

What resources are open to you as you age?

What resources would you most likely use and why?

What resources are you least likely to use and why?

Explain your level of comfort level in disclosing your sexual orientation
to healthcare providers
to staff at a senior center
while getting aging services

Do you have any stories of someone you know being made uncomfortable about being a gay person when trying to get aging services? Can you tell me about it.

F. LGBT Community
How involved are you with the LGBT community? What is your level of involvement?

Tell me about your experiences with the LGBT community?

Do you feel a part of the LGBT community?

What are your thoughts about gay rights? Have they negatively or positively impacted you?
G. Closure
Is there anything you want to tell me that I haven't asked?

Thank you for participating in my dissertation.

Final Interview Protocols

CHECKLIST

	Day to day experience living in a suburban or rural area
	Any stories of discrimination
	Biggest worries regarding aging and what are plans to combat or mitigate these worries.
	From research top issues: Social isolation, enough money to live, taking care of self.
	Experiences with the gay rights movement.
	What is it like to be gay or lesbian in the area?
	Do you feel overlooked in the LGBT community?

Selection Criteria Screening Tool

      Do you identify?

            Lesbian

            Gay

      What county do you reside in?

            Rural

            Suburban:

            PSA #

What year were you born?

Time:

Date:

Place:

Name:

Code:

Part A: Study Information

Thank you for participating in my study. I appreciate your willingness to explore the topic of aging in Florida's rural and suburban areas as a part of the LGBT community. Participation in this study requires that I review with you the general principles of consent or voluntary participation. I need to review the consent form with you.

[FOR FACE-TO-FACE: I will ask you to sign one copy, which is for my records. I will give you another copy for your records. GIVE CONSENT FORM TO THE PARTICIPANT AND REVIEW THEM WITH HIM OR HER.]

[FOR SKYPE, PHONE, OR FACETIME: I will ask you to reply to the email I sent you with the words, "I consent." Please keep a copy of this consent form for your records. REVIEW THE CONSENT FORM WITH THE HIM OR HER]

There are several parts to this semi-structured interview:

This current part or Part A presents the reasons for this study and discusses the consent forms.
Next, Part B asks demographic information, such as are you religious? Your sexual orientation, etc.
Then, Part C discusses your health, such as, how healthy are you?
Part D asks about your day-to-day experiences of living in a rural or suburban area.
Next, Part E asks about any government services you use.
Part F asks about your involvement in the LGBT community.
Finally, Part G will provide closure and give you the opportunity to discuss anything not asked.

Once again I want to thank you for participating in my study.

We are going to now move to the demographic information section. Okay?

B. Demographic Information
> Although this is completely open ended, tell me about yourself.

What is your Political Party affiliation?
> What two issues do you vote on and why?

> What is your ethnicity?

> Tell me about when you first disclosed you were lesbian or gay to another person.

> Do you have a partner?
> > Is this person of the same-sex or opposite sex partner?

When did you meet?

Did you marry? Were there any difficulties you encountered?
If widow/widower, do you collect Social Security from spouse?
Does this person live with you?
    If not, where are they?

Do you have children?
        How many children do you have?
        What is your relationship with them like?
        How old are your children?
        Are your children biological or adopted?
        Do your children know you are gay or lesbian?
        Are your children gay/lesbian?
        (If partnered) How is the relationship between your partner and children?

Do you currently work?
If so, are you out to colleagues and supervisors?
If not, what was your profession?
        What happened when you came out to your colleagues?
What happened when you came out to your supervisors?
        Do you rely on any colleagues for support as you age?
        Why did you disclose your sexuality?
What were your feelings surrounding your disclosure?

Are you religious?
        If so, what faith?
        How often do you attend services?
        Have you disclosed your sexual orientation to your spiritual leader?
Tell me about the feelings/thoughts and experience of disclosing
this your sexuality.
            Have you disclosed your sexuality orientation to the congregation?
Tell me about the feelings/thoughts and experience of disclosing
this your sexuality.
        How comfortable do you feel talking with a spiritual leader about your
sexuality and aging?

What is your highest level of education?

Thank you for your honesty. (Go back and get clarification on anything.) Now, I want to
move onto discussing your health. Okay?

C. Health
On a scale from 1-5, 1 being horrible and 5 being fantastic, rate your overall
physical health. Why do you rate it a (NUMBER)?

Do you have any chronic diseases that affect your quality of life? Please tell me
about them.

Are you able to care for yourself?

If you were unable to take care of yourself, how would you get care?

Has your doctor ever inquired about your sexual orientation?

Have you told your doctor of your sexual orientation?
So what has caused you to not disclose your sexual orientation?
What was your doctor's reaction?

Where do you go for medical care?
Do you go for regular care?
What was the last thing you went to this medical establishment for?
When was the last time you went?
Where is this location in relationship to where you live?

Do you feel your sexuality impacts your healthcare? In what way?

Are you sexually active? How do you meet sex partners?

As you age, what is your most important concerns regarding health?

Were you ever refused healthcare because of your sexual orientation?

If you disclosed your sexuality to a healthcare provider, were you treated
differently by any healthcare staff? Tell me about this experience.

(Go back and get clarification on anything.) Now, I want to move onto discussing your
day-to-day experiences living in (NAME OF AREA). Okay?

D. Day-to-day experience
Have you ever been denied any services and you suspected it was because of
being gay or lesbian?
Can you tell me about this experience?

Tell me what your two biggest worries about aging and why?

Why did you move to (NAME)? What attracted you to this area?

Tell me about your experience living in (NAME).

Do you ever consider moving to a metropolitan area?
What are your reasons for wanting to move or not move?

What is your "typical" day look like?

Why do you like living here?

Tell me about your social network.
How much time do you spend alone?
Do you get out on a daily basis?
Are you out to them?
Are friends mostly gay and lesbian?

Once again, thank you. (Go back and get clarification on anything.) Now, I want to move onto the government services you use. Okay?

E. Government Services
In the last year, what government services have you used?
What resources/services do you believe are open to you as you age?
What services/resources would you most likely use and why?
What services/resources are you least likely to use and why?

Do you have any stories of someone you know being made to feel uncomfortable about being gay or lesbian when trying to get aging services?
Can you tell me about it.

Do you feel marginalized because you are gay while accessing Do you feel senior senior services?
What types of feelings come up?

Is there a senior center close by that you frequent? How many miles? Why do you go there?

If there was a senior center close by that catered to LGBT individuals, would you go to it? (Ask probing questions)

If there were a room or program as part of a senior center's services, would you attend it? (Ask probing questions)

How involved are you in the local political process?
Have you ever run for a political office?

Thank you. Are you doing okay? We are almost finished. (Go back and get clarification on anything.) Now, I want to move onto a discussion of the LGBT community. Okay?

F. LGBT Community
How interested are you in the national LGBT Rights Movement?

What do you think about the current LGBT Rights movement compared to when
    you came out?

    Tell me about your experiences in your local LGBT community?
            Are there things that concern you? Tell me about these.
            Are there things that please you? Tell me about these.
            Do you feel accepted by the local LGBT community? Why or why not?

    Does living in a suburban or rural area hinder your involvement in the LGBT
community? If so, why? If not, why?

    Do you feel invisible in the LGBT community?

    How supportive are your local representatives of the LGBT community?
            What about your state representatives?
            What about your national representatives?

    What could local representatives do to support seniors?
            What about LGBT youth, adults, and seniors?

Thank you very much. (Clarify anything that needs clarifying).
Those are the only questions I had as part of this study. Thank you again for participating in my study.

G. Closure
        Is there anything you want to tell me that I haven't asked?

Thank you for participating in my dissertation.