

Elder African American Lesbians: A Life History Review & Health Assessment

In 1999, the Zuna Institute, a not for profit national advocacy organization, was born at the kitchen table of “sistahs” who believed that the African American lesbian community could benefit from a national presence. African American lesbians, across the country, are doing the grassroots work to improve the quality of our lives and the founders of Zuna wanted to build on this work by creating an organization that would advocate our position on issues on a national level. The founders also wanted to bridge the gap between geographically dispersed organizations and communities to provide a vehicle where we can join forces to become a more visible national community. The vision for Zuna Institute is to call upon our national collective wisdom, strength and courage to improve the quality of African American lesbian’s lives, by eliminating barriers that we face on a daily basis. These barriers are deeply rooted in public policies that encourage homophobia, racism, economic and educational injustices, and all other forms of discrimination.

Voices missing from the Annual Conferences are those over 55 years of age. Therefore, the purpose of this Project is to create a mechanism for those lesbians to attend the ZUNA Institute National Conference April 11-13th, 2003 in Los Angeles, California. We have received \$25,000 from the California Endowment to provide scholarships to women 55 and older to participate in this conference. ***The purpose of our request to the Open Meadows Foundation is to ask for funding to provide the initial support for two projects with these older lesbians who volunteer: an Elders Life History Review and a Health Assessment (a survey that would take about an hour).*** There has been NO published research about the health status and needs of this group of women. Traditional funding mechanisms are not interested this work. If we are able to support the preliminary work with your funding, we have been told that we can get funding through the California Endowment for data analysis and the write up of our results.

Elders Life History Review

Why were the voices of the elders missing in the previous ZUNA Institute conferences? Historically, the public awareness of African American lesbians that we experience today was not present for those who grew up in the 30s, 40s and 50s. Consequently, survival depended on silence and for those who made it to old age that silence has paid off. The habit of secrecy, practiced over a lifetime, is not easily changed. The Elders Life History Review proposes to begin eliminating the barriers that keep elder African American lesbians silent, and therefore unable to get needed services.

The elder participants at this conference will have taken the first step by attending. Next, it is important that a safe and supportive venue be provided in which elder lesbians can express concerns and discuss issues that directly affect them. During the conference elders will be given the opportunity to gather in small circles to explore and share life experiences with each other, facilitated by the RAs. In these circles women will be invited to talk about their lives as old African American lesbians in this society and how current public services, especially senior services do or do not meet their needs.

Trained facilitators will lay the ground work of the circle emphasizing the creation of a safe space by: 1) speaking from personal experience (“I” statements) and avoiding generalizations; 2) having respect for others – especially those who hold different opinions, thoughts and feelings; 3) honoring confidentiality and the individual’s right to privacy; 4) practicing active listening without interruption or side conversations; 5) respect for the physical and emotional boundaries of others; 6) valuing risk taking while honoring another’s right to pass; and 7) empowering each group member with the right and responsibility to maintain the group norms.

Information from these sessions will be gathered to begin the analysis of the current state of senior services and how they can be improved to meet the needs of all of us.

Health Assessment

Elderly women face many intense psychological challenges in life such as isolation, loss of social role, economic changes, caring or grieving for a spouse/partner, and terminal illness. Such stressors may lead to substance abuse, increased suicide risk, and declining physical, mental, or emotional health. Further, women are socialized to see themselves through the needs of others.¹ Many senior African American lesbians do not talk about their individual needs and experiences—either silencing their experience or fitting those experiences into the frames designed to address the majority culture’s experience. With regard to healthcare, many elder African American lesbians do not talk about their experiences and do not serve as advocates for their own needs. Further, they have less control in their lives due to a lifetime of disadvantages in work, home, and society. Thus the purpose of this Health Assessment is to quantify the health care issues of African American lesbians aged 55 and older. To do this, we will use reliable and valid instruments that should take about one hour to complete including:

Information Questionnaire (IQ) - Demographic information will be collected including age, education, ethnicity, employment status, income, prior history of depression, current medications, alcohol consumption, cigarette smoking, etc.

Center for Epidemiologic Studies Depression Scale (CESD) - The CESD is a 20 item self-report measure that assesses the presence and severity of depressive symptoms occurring over the past week². Respondents rate each item on a four point scale. After four positively worded items are reverse scored, responses are summed to obtain total scores ranging from 0 to 60. Scores of 16 and above are indicative of high depressive symptoms. The CESD is a useful tool because it measures nonsomatic (rather than somatic) symptoms of depression from the patient's (rather than clinician's) perspective.

Short Form Health Survey (SF-36) – The SF-36 is a 36-item instrument that is a product of the Medical Outcomes Study conducted by the Rand Corporation. The SF-36 is referred to as a generic measure because it assesses health concepts that represent basic human values that are relevant to everyone’s functional status⁵. The SF-36 was constructed to represent eight of the most important health concepts including: physical, social, and role functioning; psychological distress; psychological well-being; health perception; pain; energy/fatigue. Scoring guidelines are provided in a published manual with higher scores representing better functioning.⁶

Lubben Social Network Scale (LSNS)⁷: This 10 item instrument was created specifically to be used with an elderly clientele. Scores can range from 0 to 50 and are determined by summing the weights of the ten items. Three items deal with family relationships; three items examine friend relationships; and four items address interdependent relationships.

Procedures

After obtaining approval from the Human Subjects Committee at the University of California, we will recruit all women at the conference 55 years and older (both scholarship and non-scholarship recipients). We anticipate that 100 women will participate in these projects. At the conference the RAs will be taught how to obtain informed consent for both the Life History Project and the Needs Assessment. The RAs will attend a half-day workshop designed to teach them about the consent process and how to conduct the life history. The women will not be required to participate in either the Elders Life History Review or the Health Needs Assessment in order to attend the conference.

Fiscal Sponsor

Progressive Research & Training for Action (PRTA) will be the fiscal sponsor for the travel scholarships. PRTA's mission is to promote holistic, community-driven approaches that create opportunities for full inclusion in society for people stigmatized and oppressed due to race, ethnicity, gender, sexual orientation, age, disability, or economic status. PRTA develops model programs to meet community identified needs and provides technical assistance to existing service systems to enhance their ability to work with historically under-served communities. For this project, PRTA is working in conjunction with Professor Suzanne L. Dibble of the Lesbian Health Research Center @UCSF which is specifically and uniquely concerned with health and wellness issues of lesbians. Drawing upon the research, skills and experiences of a multidisciplinary group of UCSF faculty members and other nationally recognized scholars, the Center's work reflects a broad vision of health, illness, and wellness (See www.lesbianhealthinfo.org for more information).

References

¹ Kittay, EF (2002). Disability, difference, and discrimination: perspectives on justice in bioethics and public policy, by Anita Silvers, David Wasserman, and Mary B. Mahowald. Hypatia. 2002 Winter;17(1):209-13.

² Radloff, L.S. (1977). The CES-D scale: A self-report depression scale for research in the general population. Applied Psychological Measurement, 1, 385-401.

³ Carpenter JS, Andrykowski MA, Wilson J, Hall LA, Rayens MK, Sachs B, Cunningham LL (1998). Psychometrics for two short forms of the Center for Epidemiologic Studies-Depression Scale. Issues of Mental Health Nursing, 19(5):481-94.

⁴Hann D, Winter K, Jacobsen P (1999). Measurement of depressive symptoms in cancer patients: evaluation of the Center for Epidemiological Studies Depression Scale (CES-D). Journal of Psychosomatic Research,46(5),437-43.

⁵ Ware, J.E. Jr & Sherbourne, C.D. (1992). The MOS 36-item short-form health survey (SF-36). I. Conceptual framework and item selection. Medical Care, 30(6), 473-83.

⁶ Ware, J.E. Jr., Snow, K.K., Kosinski, M. & Gandek, B. (1993). SF-36 Health Survey manual and interpretation guide. Boston: New England Medical Center, The Health Institute.

⁷ Lubben JE. (1988). Gender differences in the relationship of widowhood and psychological well-being among low income elderly. Women Health,14(3-4),161-89.

⁸ Boey K.W. (1999). Cross-validation of a short form of the CES-D in Chinese elderly. International Journal of Geriatric Psychiatry,14(8),608-11.