

GEN SILENT SURVEY PROJECT: New Hampshire

October 2021



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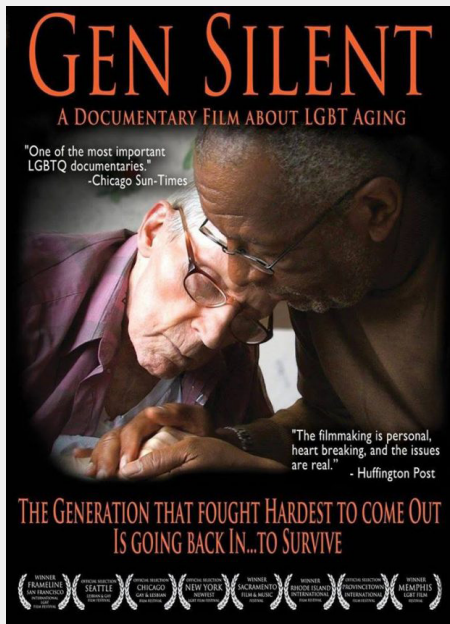
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We gratefully acknowledge the support that has made the *Gen Silent Survey Project* in New Hampshire a success. First, the Endowment for Health funded this project, and we are especially thankful to Jennifer Rabalais and Kelly Laflamme for championing this work. Our fellow members of the New Hampshire Alliance for Healthy Aging (NHAHA) Diversity, Equity, and Inclusion Committee, especially members of the LGBT subcommittee, are bravely leading the charge for informed and equitable services for LGBT older adults. Numerous individuals provided valuable input at various stages including Brian deVries, Mark Ing, Lisa Krinsky, and Jane Tavares.

We want to extend our deepest gratitude to the LGBT older adults featured in *Gen Silent* who opened up their lives so that we may open up our hearts: Alexandre and Lawrence, Krys Anne, Lois and Sheri, and Mel, to whom this report is dedicated.



Without the vision and dedication of Stu Maddux and Joseph Applebaum of the Clowder Group there would be no *Gen Silent*.

The Clowder Group is a social entrepreneurship organization that documents timely topics to create award-winning films and online media that is used by communities and organizations to spark change. Its award-winning films include, *Gen Silent*, about LGBT older adults who face going back into the closet out of fear of caregivers. Its latest offering, *All the Lonely People*, explores the breadth and depth of the worldwide loneliness and isolation epidemic in the wake of the COVID-19 pandemic. Click here to learn more: theclowdergroup.com.

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Executive Summary

New Hampshire aging service delivery systems are caring for one of the largest growing aging populations in the country (Dugan et al., 2019; Himes & Kilduff, 2019). In ten years, more than one-third of the state's population is expected to be over 65 years of age, 5% of whom identify as lesbian, gay, bisexual, and transgender (LGBT; The Williams Institute, 2019). The State of New Hampshire, Department of Health and Human Services, Bureau of Elderly and Adult Services *State Plan on Aging* (2019), hosted two listening sessions with LGBT older adult residents. They raised concerns about stigma based upon their LGBT identity and voiced the need for LGBT training for aging service providers and the healthcare workforce. Finding evidence-based and cost-effective LGBT aging training resources is essential to advance diversity, equity, and inclusion for the aging service system workforce, especially tools that can be virtually adapted during unprecedented times.

About the Study

The *Gen Silent Survey Project* evaluates whether *Gen Silent* (Maddux, 2010), a documentary film on the unique challenges of LGBT older adults, can impact knowledge, attitudes, and intentions of aging service system providers. A pre- and post-survey evaluation tool was developed and tested to accompany *Gen Silent* screenings. This study was approved by the University of Massachusetts Boston Institutional Review Board (IRB).

Suggested Citation:

Porter, K. E., Rataj, A., Mertens, P., & Dugan, E. (2021). *Gen Silent Survey Project: New Hampshire*. Zen Executive LLC.

Key Findings

- Scores on nine of the ten measures of knowledge, attitudes, and anticipated behavior improved after watching *Gen Silent*.
- Change from pretest to posttest was found to be statistically significant ($p < .05$) for 90% of the survey questions.
- Majority of participants (83%) indicated their thoughts and views changed after watching *Gen Silent*. Deepened knowledge and awareness of LGBT aging issues, and increased empathy and connection to LGBT older adults were cited as reasons for this change.
- Majority of participants' (76% - 79%) posttest scores improved after watching *Gen Silent*.
- The percentage of participants who stated they had no interest in LGBT aging prior to the film dropped by 50% after viewing *Gen Silent*.
- Statistically significant between group differences were observed. Baby Boomers were significantly more likely to show improvement on posttest scores ($B = 1.02, p = .045$) after watching *Gen Silent* compared to participants from other generations.
- LGBT participants were significantly more likely to score higher on the pretest ($B = 4.56, p = .008$) compared to non-LGBT participants. Non-LGBT participants had 15 times higher odds ($p = .017$) of doing better pretest to posttest when compared to LGBT participants.
- Similarly, caring for a LGBT individual predicted a higher pretest score ($B = 2.89, p = .037$). Participants who were caring for a LGBT person had 6 times higher odds of having scores that stayed the same from pretest to posttest ($p = .026$) when compared to participants who were not caring for a LGBT person.

Introduction

|Background

The New Hampshire Alliance for Healthy Aging (NHAHA) has been leading efforts to advance diversity, equity, and inclusion (DEI) in the aging field to address disparities faced by historically underserved residents, including those who are lesbian, gay, bisexual, and transgender (LGBT). The DEI committee purchased screening licenses for *Gen Silent*, the critically acclaimed documentary film about LGBT aging. *Gen Silent* screenings are being held to raise awareness of LGBT aging issues and start conversations with aging professionals, healthcare providers, and community members.

While most older adults share worries about who will care for them as they age, LGBT older adults experience additional vulnerabilities. Compared to their non-LGBT peers, LGBT older adults are twice as likely to be single and live alone, and four times less likely to have children, thus increasing dependence upon aging services (Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders [SAGE], n.d.-a). Yet, due to the historical times during which they came of age, LGBT older adults are less likely to utilize senior centers, meal programs, and other entitlement programs because they fear discrimination based upon their sexual orientation or gender identity and expression (SOGIE; SAGE, n.d.-b).

When they must depend upon the aging service system, LGBT older adults often feel it will be safer to go back in the closet, that is to hide their sexual orientation or gender identity (Maddux, 2010). Granite State LGBT older adults fear being stigmatized and have asked that the aging services system workforce receive training on LGBT aging (State of New Hampshire, 2019). The *LGBT Readiness Scan: New Hampshire* reports that agencies serving older adults in the Granite State are willing and eager to engage staff and stakeholders in LGBT aging training, but lack

|Note on Terminology

This report uses the acronym **LGBT** to refer to sexual and gender minority adults which include, but are not limited to, individuals who identify as lesbian, gay, bisexual, asexual, queer, transgender, Two-Spirit, nonbinary, gender nonconforming, and intersex. For the current generation of older adults, “LGBT” is the most culturally resonant term, and is therefore used in this report. The authors appreciate that more inclusive terminologies exist (e.g., LGBTQ+), recognize the heterogeneity of LGBT communities, and acknowledge that not all LGBT people identify by this term.

access to ongoing training resources needed to build capacity and cultivate readiness to safely serve LGBT older adults (Porter et al., 2020).

|Study Purpose

Given the paucity of LGBT aging resources in New Hampshire, finding ways for agencies to access evidence-based and cost-efficient training tools is essential to ensure equitable care (Porter et al., 2020). The *Gen Silent Survey Project* aims to evaluate change in knowledge, attitudes, and anticipated behaviors of providers after watching the film *Gen Silent* through a pre and post survey design. *Gen Silent* is a 70-minute documentary film that follows the lives of six LGBT older adults living in the Boston area (Maddux, 2010). *Gen Silent* has been shown worldwide for ten years, yet no evaluation has been done to substantiate anecdotal benefits that the film is an effective training resource for providers caring for older adults. Empirical evidence of effectiveness is essential for agency leaders who must prioritize training investments with limited professional development budgets. Moreover, during pandemic times, identifying training resources that can be utilized virtually is essential.

Methods

| Study Design

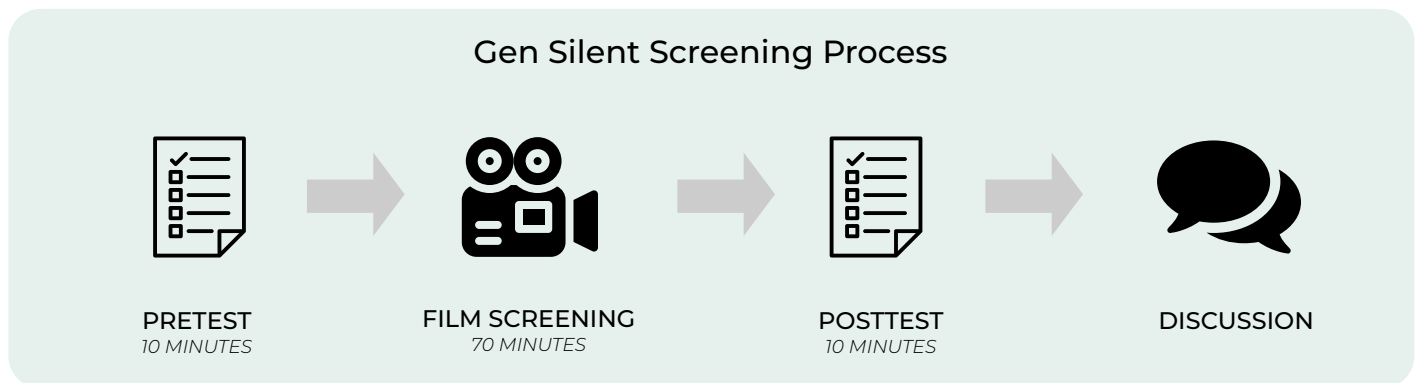
A quasi-experimental pretest–posttest survey was distributed to attendees at three film screenings of the documentary *Gen Silent* in New Hampshire. The first screening ($n = 26$) was held in-person at the Red River Theater in Concord on March 11, 2020, at the professional development conference hosted by the New Hampshire Health Care Association (NHHCA). This screening was attended by long term care and nursing home staff and administrators, including nurses, activity directors, social workers, and unit managers, along with staff and volunteers from the state Office of the Long-Term Care Ombudsman. Of note, this screening date coincided with the date the World Health Organization declared COVID-19 a worldwide pandemic. Although additional screenings were originally scheduled in-person, the *Gen Silent Survey Project* adapted the design to provide virtual screenings using an online format.

The second screening ($n = 43$) was held virtually on November 4, 2020, as a professional development opportunity co-hosted by Rockingham Nutrition Meals on Wheels and Meals on Wheels of Hillsborough County (formerly SJCS). Attendees included executive directors, senior leadership team, administrative staff, site coordinators, and meals on wheels drivers and delivery volunteers.

The third screening ($n = 39$) was held virtually on March 24, 2021, as a professional development educational event through St. Joseph Hospital in Nashua for all staff including clinical providers, administrative staff, committee members, and interpreters.

Participant study duration was approximately 90 minutes which was comprised of a 10-minute pretest, followed by watching the 70-minute film, succeeded by a 10-minute posttest. The in-person screening utilized a self-administrated pen and paper mode to reduce social desirability bias due to the sensitive nature of the questions. Although this mode increased data entry burden, the study team wanted to capture participants' immediate reactions to the film on site prior to further discussion. The two virtual screenings utilized an online survey mode via Survey Monkey in real time. All attendees were told verbally that participation in the survey aspect was voluntary and would have no consequences on their employment or in any other way; signed consent was not required.

The study was designed, implemented, and analyzed through The Zen Executive LLC in collaboration with, and approved by the University of Massachusetts Boston IRB. The contents of this report are solely the responsibility of the authors and do not represent the official views of the Endowment for Health.



| Data Collection Procedures

Data collection procedures differed by survey mode. Attendees at the in-person screening received two envelopes, one green with a green-colored paper pretest survey and the other yellow with a yellow-colored paper posttest survey. The additional steps taken to have two different colored envelopes and survey paper was to reduce error and ensure the integrity of the data during both collection and data entry. Each pre and posttest set contained a seven-digit Study ID for matching. This was comprised of the four-digit month and day of the screening followed by a three-digit number from 001 to 026. Virtual viewers were provided a link and QR code to the Survey Monkey pre and posttest on the Zoom screen. The online pre and postsurvey asked four questions that were combined to create a unique identifier for each participant.

All screenings began identically. The trained study investigator provided a scripted welcome to all screenings with instructions for how to complete the pretest survey along with an explicit statement that participation was voluntary. Participants were provided 10 minutes to complete the pretest survey; no one requested additional time when asked. In-person viewers were then instructed to place the survey back in the green envelope for collection. Once collected, green envelopes were placed inside a green zippered pouch which remained with the study team. Online survey collection was closed at the completion of the time limit.

All attendees, whether they participated in the study survey or not, then watched the 70-minute film, *Gen Silent*. At the end of the film, the study investigator again provided scripted instructions at all screenings for how to complete the posttest. Virtual viewers were provided a link and QR code to the Survey Monkey posttest on the screen while in-person viewers were instructed to complete the yellow paper posttest provided. All participants were provided 10 minutes to complete the posttest survey; once again, no one

requested additional time when asked. In-person viewers were then instructed to place the survey back in the yellow envelope for collection. Once collected, the yellow envelopes were placed inside a yellow zippered pouch which remained with the study team. Online survey collection was closed at the completion of the time limit. After the posttest data was collected, the trained study investigator facilitated a discussion with the attendees.

| Survey Tool

The pretest and posttest surveys were developed using the Tailored Design Method to reduce total survey error, including nonresponse and measurement errors (Dillman et al., 2014). Questions were crafted using a holistic approach that considered survey mode, respondent motivation, question format, simplicity, and brevity. Question development required a delicate balance and took into account the following considerations:

1. The survey questions on the pretest had to be the exact same questions on the posttest to accurately measure change without introducing measurement bias.
2. Each question had to be designed so that participants would have the ability to answer correctly before seeing the film and after.
3. Although the film was not designed as a teaching tool, the questions had to measure the participants' extracted knowledge from the film while measuring change in empathy and anticipated behaviors.
4. The survey needed to be kept short since participants would be filling it out twice, before and after watching a 70-minute film.
5. Seven additional demographic questions on the pretest, and three additional open-ended questions on the posttest, were included.
6. To maximize variability in which to assess change, multiple-value response measurements that could be classified as right or wrong were preferred over dichotomous items. "I don't know" and "undecided" answer responses were included where appropriate.

Three open-ended questions were asked on the posttest survey so that participants could share more about their thoughts, feelings, and attitudes beyond what could be captured in the 10 solely close-ended survey questions.

Once the survey tool was developed, questions were cognitively tested, and the tool was reviewed by several LGBT aging experts both familiar and unfamiliar with the film. The survey tool underwent numerous iterations; the final version included five questions with true/false/I don't know answer categories and five closed-ended ordinal scale questions with 5-point or 4-point construct specific response categories on both the pre and posttests.

|Analytic Strategy

All data were coded and entered, then checked by two study team members for quality control. This included paired matching of both a pre and a posttest; all surveys included had a matched pair. The study team made the following decisions and assumptions based on these data collected:

- In response to “What is your racial and ethnic identity?” one participant wrote in “human.” This was coded as missing.
- The pretest-posttest design was developed to assess directional change, and as such, the answer responses were assumed to be on a continuous scale with the most correct answer on one end, “I don't know” or “undecided” in the center (if appropriate), and the most incorrect answer on the other end.
- If a participant circled two answer categories on the pretest, those answers were coded as “I don't know/undecided.”
- If a participant circled two answer categories on the posttest, those answers were matched to the participant's pretest. Posttest coding was decided based upon a pattern of directional change if any was observed, otherwise those answers were coded as “I don't know/undecided.”

The analytic steps were as follows:

1. Descriptive statistics are provided for the sociodemographic and pretest to posttest change for each question.
2. The Wilcoxon signed-rank test, a non-parametric test, was used to compare two matched samples (the pretest with the posttest) as an alternative to paired *t*-tests because the normal distribution of the difference between the pre and posttest means could not be assumed.
3. Supplemental analyses were run to assess if the findings were driven by group differences in job category (i.e., clinical care provider vs non-clinical care provider), generation (i.e., baby boomers vs non-boomers), gender (i.e., female vs nonfemale), previous LGBT training (i.e., yes vs no), LGBT identity (i.e., yes vs no), and screening mode (i.e., in-person vs virtual screening).
4. Linear (OLS) regression models were utilized to compare group differences in the change from pretest to posttest for each question, as well as the pretest to posttest change in the total sum score for the whole test.
5. Logistic regression models compared group differences on whether a participant did better on their posttest score compared to their pretest, as well as whether a participant's score stayed the same.
6. For the three open-ended questions on the posttest, two researchers initially read all responses and independently arrived at themes from the data. Discussion of themes was deliberated across both researchers allowing for mutual consensus.

IBM SPSS Statistics 27 software was used.

Findings

| Descriptive Statistics

Of the 117 cumulative attendees, 114 participated in the voluntary pretest and 113 participated in the voluntary posttest survey resulting in 108 matched pre-post paired surveys for a 92% response rate (participation was voluntary and no incentives were provided). Screenings were comprised largely of white non-Hispanic participants (86%) who were mostly women (85%). Participants spanned four generations with the majority born in the time period of the Baby Boomers (43%; born 1946 - 1964), followed by Generation Y (28%; born 1977 - 1995), Generation X (25%; born 1965 - 1976), and then the Silent Generation (4%; born 1945 or before). Participants held various job roles, some more than one, including administrative staff (38%), health and home care providers (30%), agency senior leadership (14%), meals on wheels driver/delivery volunteers (13%), members of the Office of the Long-Term Care Ombudsman (6%), and other roles (e.g., interpreter, educator, research assistant, chaplain, etc.; 16%). Motivation to participate in the screening included professional development (62%) and wanting to learn more about LGBT issues (83%). Eight participants (7%) were caring for a friend or family member who is LGBT and five (5%) identified as LGBT. Thirty-two percent (32%) of participants had already attended a prior LGBT training. All but eleven (10%) participants reported that they did know an LGBT person.

| Pretest Posttest Change Statistics

The survey asked the same ten questions immediately before viewing the film and immediately after the film (and before any discussion about the film). Posttest scores were compared to pretest scores on an individual basis and on a survey-question level. Results demonstrated that change from pretest to posttest was in the anticipated direction in all but one question. In the first screening, that question was worded “Homosexuality is considered a mental illness by the mental health profession.” Based upon written responses on the pen and paper survey participants may have been confused about the time period the question referenced, therefore, it was revised on the two subsequent screenings to read “Homosexuality is currently classified as a mental illness.” Individual change in the sum score of the nine remaining questions from the pretest to the posttest ranged from -3 points to +12 points (see Table 1). While most participants (79%) improved upon their survey score after watching *Gen Silent*, 10% scored lower on the posttest, while 11% showed no change in score. Mean pretest scores were five points higher for LGBT participants compared to non-LGBT participants (24 vs 19, respectively).

Table 1. *Pretest to Posttest Change for All Participants*

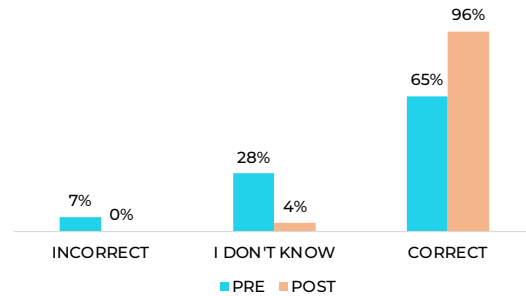
	Did Better	No Change	Did Worse	Lowest Change	Highest Change
Including mental illness question	76%	11%	13%	-4	+10
Excluding mental illness question	79%	11%	10%	-3	+12

For clarity purposes, the findings for the change from pretest to posttest for each question are reported here as correct answer and incorrect answer or as anticipated or unanticipated direction.

Q1 Most LGBT older adults have family members they can rely upon for help.

Circle one: True False I Don't Know

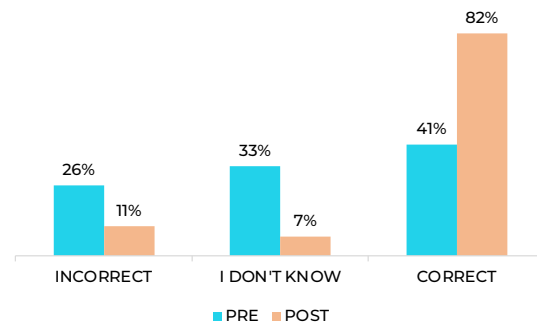
Scores improved by 31% on this question after watching *Gen Silent*. Many participants (65%) answered correctly on the pretest which increased to 96% on the posttest. All who answered incorrectly and all but 4% who answered “I don't know” on the pretest changed their answer to the correct answer on the posttest.



Q2 Most LGBT older adults live alone.

Circle one: True False I Don't Know

Scores improved by 41% on this question after watching *Gen Silent*. Forty-one percent of participants answered correctly on the pretest which increased to 82% on the posttest. Those who answered incorrectly on the pretest dropped from 26% to 11% on the posttest along with a 26% reduction in “I don't know” answers.

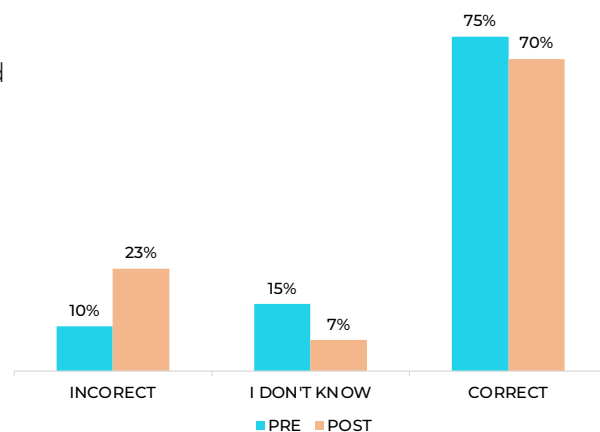


Q3 Homosexuality is considered a mental illness by the mental health profession.

Circle one: True False I Don't Know

“Homosexuality is considered a mental illness by the mental health profession” was changed to “Homosexuality is currently classified as a mental illness” on screening two and three.

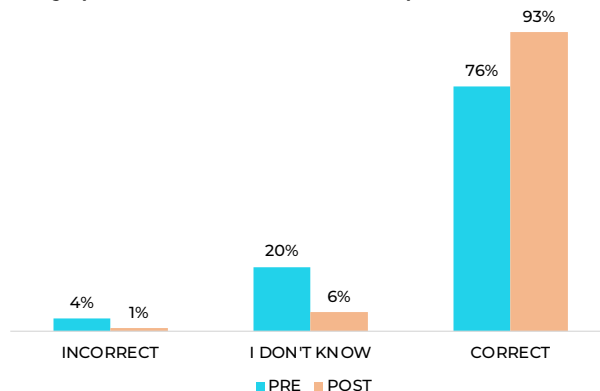
Scores worsened by 5% on this question after watching *Gen Silent*. Most participants answered correctly on the pretest (75%) but that dropped down to 70% on the posttest. Those answering “I don't know” on the pretest (15%) dropped to 7% on the posttest.



Q4 Most LGBT older adults can live their lives openly (i.e., “out of the closet”) in nursing homes.

Circle one: True False I Don't Know

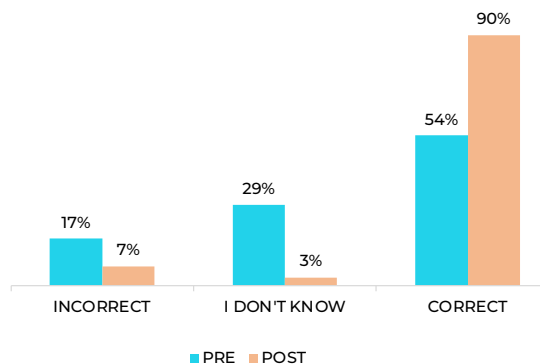
Scores improved by 17% on this question after watching *Gen Silent*. Most participants (76%) answered correctly on the pretest which increased to 93% on the posttest. Those answering “I don't know” on the pretest (20%) dropped to 6% on the posttest.



Q5 Most LGBT older adults expect to be treated poorly by eldercare providers.

Circle one: True False I Don't Know

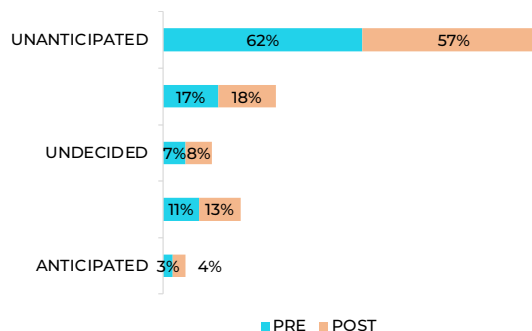
Scores improved by 36% on this question after watching *Gen Silent*. Around half of participants (54%) answered correctly on the pretest which increased to 90% on the posttest. “I don't know” responses decreased from 29% to 3% and incorrect responses dropped from 17% to 7%.



Q6 I believe that treating everyone the same is the best policy.

Circle one: Strongly Agree Agree Undecided Disagree Strongly Disagree

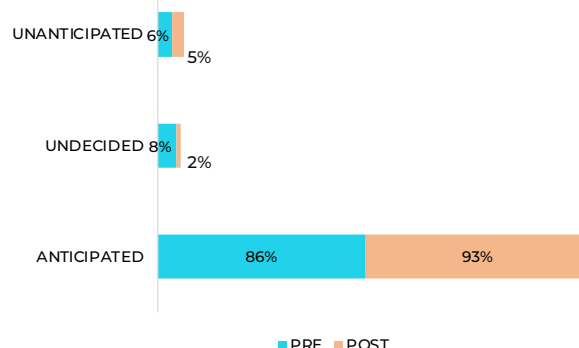
There was no statistically significant change in score for this question. Scores improved by 3% overall in the anticipated direction, decreased by 5% at the unanticipated extreme, while undecided answers remained similar after watching *Gen Silent*.



Q7 It is easy to tell if someone is gay.

Circle one: Very Easy Moderately Easy Slightly Easy Not Easy I Don't Know

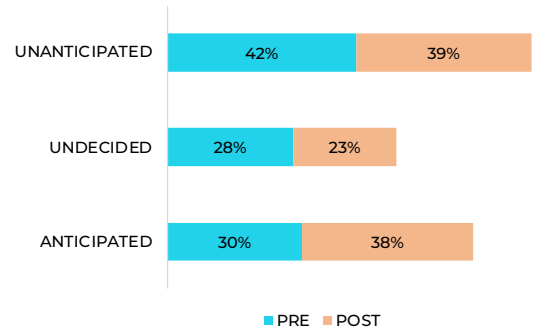
Scores improved by 7% on this question after watching *Gen Silent*. Undecided answers decreased by 6% while scores improved by 1% in the unanticipated direction.



Q8 I believe it is rude to ask about a client's sexual orientation on/during an intake.

Circle one: Strongly Agree Agree Undecided Disagree Strongly Disagree

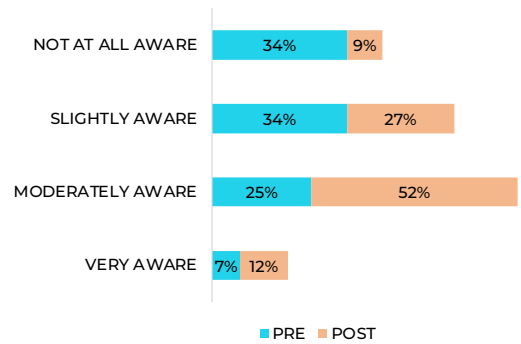
Scores improved by 3% in the unanticipated direction, undecided answers decreased by 5%, while answers in the anticipated levels increased by 8% after watching *Gen Silent*.



Q9 How aware are you of the historical experiences of LGBT older adults?

Circle one: Very Aware Moderately Aware Slightly Aware Not Aware At All

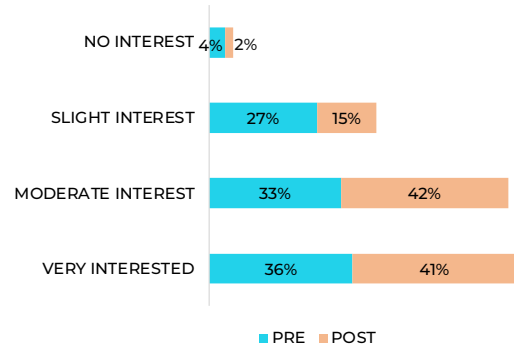
Prior to watching *Gen Silent*, 34% of participants reported they were not at all aware of the historical experiences of LGBT older adults which dropped to 9% after viewing the film. Both participant groups who reported they were “moderately aware” and those who reported they were “very aware” of the historical experiences of LGBT older adults doubled after viewing the film (from 32% to 64%).



Q10 How much interest do you have in the topic of LGBT aging?

Circle one: No Interest Slight Interest Moderate Interest Very Interested

Participants who rated their interest in LGBT aging as “moderate” or “very” increased by 14% (from 69% to 83%) after viewing *Gen Silent*. Participants who reported they had no interest in LGBT aging prior to the film decreased by half (from 4% to 2%) after watching the film.



| Nonparametric Tests

Wilcoxon signed-rank tests were conducted to test whether the observed pretest to posttest changes were statistically significant, that is, whether results could be attributed to chance ($p > .05$) or not ($p \leq .05$). As shown in Table 2,

the Wilcoxon signed-rank tests indicated that watching *Gen Silent* did elicit a statistically significant difference in 90%, or 9 out of 10, of the pretest to posttest ranks.

Table 2. Wilcoxon Signed-Rank Test Results for Questions with Significant Pretest to Posttest Change (N = 108)

Question	Z Score	P Value
Most LGBT older adults have family members they can rely upon for help	-5.51	$p = 0.000$
Most LGBT older adults live alone	-5.52	$p = 0.000$
Homosexuality is currently classified as a mental illness	-2.24	$p = 0.025$
Most LGBT older adults can live their lives openly (i.e., “out of the closet”) in nursing homes	-4.15	$p = 0.000$
Most LGBT older adults expect to be treated poorly by eldercare providers	-4.66	$p = 0.000$
It is easy to tell if someone is gay	-2.19	$p = 0.028$
I believe it is rude to ask about a client's sexual orientation on/during an intake	-2.68	$p = 0.007$
How aware are you of the historical experiences of LGBT older adults	-5.39	$p = 0.000$
How much interest do you have in the topic of LGBT Aging	-2.89	$p = 0.004$

| Supplemental Regression Analyses

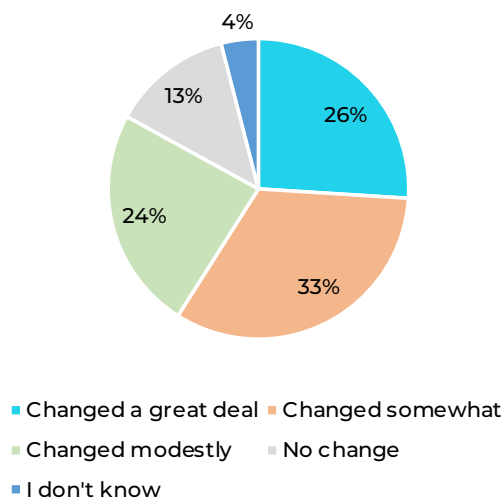
- Generational differences were observed. Baby Boomer participants (i.e., those born between 1946 and 1964) were significantly more likely to show improved scores after viewing *Gen Silent* ($B = 1.02, p = .045$) compared to non-Boomers.
- Being LGBT significantly predicted a higher pretest score ($B = 4.56, p = .008$); mean pretest score was 24 for LGBT participants and 19 for non-LGBT participants. Participants who were not LGBT had 15 times higher odds ($p = .017$) of doing better pretest to posttest when compared to LGBT participants.
- Similarly, caring for a LGBT individual predicted a higher pretest score ($B = 2.89, p = .037$); mean pretest score was 22 for those who were caring for a LGBT person compared to 19 for those who were not. Participants who were caring for a LGBT person had 6 times higher odds of having scores that stayed the same from pretest to posttest ($p = .026$) when compared to participants who were not caring for a LGBT person.

Mixed Method Responses

Three open-ended questions were asked on the posttest to provide participants an opportunity to contextualize their quantitative responses, pose their own questions, and offer more nuanced opinions. Results of themes are presented below.

Change in Thoughts and Views

The postsurvey asked “After seeing this film, my thoughts or views about LGBT older adults have (circle one): Changed a Great Deal, Changed Somewhat, Changed Modestly, No Change, I don’t know. Please describe in words your response above.” Results showed that about 33% ($n = 28$) of participants reported that their thoughts or views changed somewhat, 26% ($n = 28$) changed a great deal, and 24% ($n = 26$) changed modestly. Conversely, 13% ($n = 14$) of participants indicated no change and 4% ($n = 4$) indicated “I don’t know.”



Responses from the second part of the question, “describe in words your response above,” fell into three main themes: knowledge, empathy, and action/allyship. First, participants indicated the film increased their knowledge and awareness of LGBT older adults, for example, one participant indicated “I never really thought about seniors of this demographic. This film opened my heart and mind to be conscious of this demographic and the unique needs that they may have.”

Other participants discussed a deepened understanding of the challenges LGBT older adults face in both residential and home-based settings such as one participant who stated “[the film] opened my eyes more to the disadvantages and unequal treatment they face.” Although several participants stated that they had basic knowledge about the historical discrimination LGBT people confronted, they indicated that watching the film expanded their understanding of the stigma and fear that persists for many LGBT older adults. One participant wrote “it is truly sad that in this country and day and age that people have to live with the fear and stigma associated with what should be an acceptable way of life.” Some participants discussed having an increased awareness of LGBT older adult care needs within the medical and health care sector, specifically, one participant wrote “I had not thought much about their experiences in nursing homes and in seeking medical care without a family support system.”

Second, participants expressed increased empathy towards LGBT older adults after viewing the film, one participant commented “I could have imagined what a person in the LBGTQ+ community would go through but not to the extent that was shown in this film.” Participants discussed a newfound understanding of the struggles (i.e., social isolation, estrangement, and a lack of support) that LGBT people encounter as they age such as one participant who wrote “I did not realize that many [LGBT] elders felt so isolated from their families.” Participants commented on the persistent stigma that has contributed to LGBT older adults’ lack of trust in providers resulting in their desire to go back into the closet to protect themselves from discrimination. More specifically, one participant indicated “this film gave me a new perspective on how difficult it is for LGBT older adults to trust healthcare workers/ caregivers and how challenging and silencing that can be.” Upon identifying mistrust as a barrier, participants acknowledged that they needed to be “more open about talking about personal values, beliefs, and lifestyles.”

Third, participants conveyed an urgency to act and be an ally for LGBT older adults. Participants discussed increasing educational opportunities to improve awareness of LGBT aging issues, for example one participant wrote “there needs to be more awareness and training around acceptance and making elderly LGBT people feel comfortable about aging and asking for help.” Participants also shared self-motivated action statements such as “I know now that I must educate my staff” and “I’ll be more thoughtful about my interactions with older LGBT adults.” Participants expressed the need and desire to be an advocate like a participant who said, “very decidedly sure I need to be involved and work side by side to... support older adults who have had to mask selves, [it is a] matter of great urgency.” Similarly, another participant shared “the film opened my mind to the need to advocate for more organized efforts to support self-determination supports for LGBT [older adults].”

Fewer in-person viewers indicated that their thoughts and views changed after watching *Gen Silent* compared to those who screened the film virtually, although this was not statistically significant. Specifically, 23% of in-person viewers indicated that they had no change in thoughts and views compared to only 10% of virtual viewers. Further, 30% of virtual viewers indicated that their thoughts and views changed a great deal compared to only 12% of in-person viewers. In-person viewers largely cited increased empathy as a key explanation for their attitudinal shift (34%) whereas virtual viewers cited deepened knowledge of LGBT aging issues (48%). Both in-person and virtual viewers discussed equally that action/allyship contributed to their thought and view changes.

Change in Anticipated Behavior

The open-ended postsurvey question asked “After seeing this film, is there anything you anticipate doing differently? This could be in your practice or your job.” Four main themes were identified among the responses: need for training, asking sexual orientation and gender

identity and expression (SOGIE) questions, newfound awareness, and increasing advocacy. First, comments about training the self, staff, and clients/residents were prominent. Participants discussed the need to “bring a greater understanding through training to my place of employment” to provide more supportive services to LGBT older adults. This is not surprising given the theme of increased knowledge described in the Change in Thoughts & Views section.



Second, asking clients or residents about their SOGIE was an area of anticipated behavior change, albeit somewhat ambiguous (e.g., “Maybe, possibly asking if someone is of the LGBT”). One participant indicated that they plan to “invite people to open up about themselves,” while another expressed the “struggle between trying to respect privacy versus building rapport/trust with my residents re (asking) sexual orientation.” Participants expressed a desire to ask but remain hesitant about how to go about this. One participant shared that it “might be more comfortable asking an alone elder if they have been or are having LGBT issues.”

Third, participants expressed the desire to bring more awareness to their job role. Participants discussed ways to be mindful of LGBT older adults within their organizations such as being “cognizant ... of prejudice/biases of those caring for LGBTQIA+” and being “observational about the special relationships in ...[clients] lives.” Others discussed ways to incorporate their newfound awareness on an individual level such as “being more sensitive to the needs of this demographic

and the fact that they may not have anyone, our organization may be the only lifeline they have.”

Fourth, some participants discussed feeling better informed to advocate for LGBT clients and staff. Participants indicated varying levels of advocacy. For example, on a personal level, one participant discussed “be[ing] more open about my support for the LGBT community.” Others discussed advocating at the community level, such as one participant who discussed providing more training at religious-based organizations while another wrote about helping to counteract bullying behavior perpetrated by homophobic or transphobic peer-residents. Some participants discussed advocating at a systems level for increased programming such as “hav[ing] a social time or place of gathering for all elderly LGBT community at least monthly.”

Finally, a few participants indicated that there were no new anticipated actions or behaviors they planned to engage in. Some participants cited reasons such as “I do not have direct contact with our clients so there isn't really anything to change” and “I really don't know what I could do differently.”



Additional Comments Shared

Finally, the survey asked, “If there is anything else you want the researchers to know, or have additional comments, please use the space below.” Participants shared a range of thoughts, questions, and concerns. Specific to the film, responses included “wish they had shown a positive story, also on someone that had no struggle,” and “have things improved in the last 10 years?” Other participants reiterated that the film could be used for educational purposes including “great for all healthcare workers to view/discuss” and “this needs to be out more in the public for all to become more educated.” Some participants discussed action-oriented goals such as creating “...inclusive and friendly senior center and care facility lists and sources” and increasing “...best practice research to better care [for] the [LGBT] older adults.”

A major theme throughout was that of appreciation for the screening and the film. Many participants discussed being thankful for “those involved in the film for sharing their stories” and for the film’s advocacy for LGBT older adults. Other comments were related to staff, such as one that asked whether LGBT residents are more comfortable at a facility with openly LGBT staff, and another was concerned that residents may not want to be cared for by a LGBT staff member. Similarly, one participant recommended that “we also have to learn how to help other residents of our facilities be more accepting.”

— — — — —
“This film opened my heart and mind to be conscious of this demographic and the unique needs that they may have.”

— Participant

Discussion

The 70-minute *Gen Silent* documentary was not created to teach or train providers, thus, the development of a brief pretest-posttest design to assess change was complex. Knowledge points found in the film were often too specific to ask participants prior to seeing the film without introducing bias. Response categories needed to offer enough sensitivity to measure change immediately after the intervention. *Gen Silent* has been in circulation for ten years; feedback from past viewers provided by the film producers suggested that the film could expand knowledge and engender empathy from its viewers. **The *Gen Silent* Survey Project findings support this notion among providers serving older adults in New Hampshire.**

The majority of participants posttest survey scores improved after watching *Gen Silent*; 75% when all 10 questions were included which increased to 79% when excluding the revised question. Moreover, scores on nine of the ten measurement questions increased after watching the film. More robust analyses revealed statistically significant change in 90% of the measures ($p < .05$). These measures highlighted major disparities (e.g., lack of familial support systems, high rates of living alone, etc.) experienced by LGBT older adults, which lead to higher rates of dependence upon aging service delivery systems. As well, understanding the historical experiences of stigma, which underlies why LGBT older adults are less likely to utilize traditional elder services given their greater need, opens a door for agencies and providers to engage in a readiness process to prepare to put the welcome mat out for LGBT older adults (Porter et al., 2020).

There was a sole question with statistically significant change from pretest to posttest in the unanticipated direction. The original question on the March 2020 survey asked, "Homosexuality is considered a mental illness by the mental health profession. Circle one: True, False, I Don't Know."

A few participants handwrote notes (i.e., "was") next to this question which offered insight that the interpretation of the implied timing, namely the word "is," may have been the source of confusion. Although this did not come up during the cognitive interviewing, it is unknown whether this question would have similar findings in another group of participants. Thus, the question was revised for the two virtual surveys to read "Homosexuality is currently classified as a mental illness" to reduce potential measurement error. This did not change the findings so it may be that this question was unable to effectively capture the information presented in the film.

In addition to asking film-relevant questions, another way the survey sought to measure efficacy was to see if interest in the subject matter changed for viewers. No one reported being less interested in LGBT aging after watching *Gen Silent*, and moderate and high interest in the topic increased from 69% prior to watching *Gen Silent* to 84% after the film. Given that COVID-19 had recently been identified, and the professionals who participated in these screenings (i.e., aging service providers, long-term care facility staff, meals on wheels providers) were caring for those most at risk, an increase in interest was encouraging.

The open-ended question responses support the quantitative findings that the *Gen Silent* documentary is a tool that can increase providers' and administrators' knowledge about LGBT aging while shifting attitudes and improving anticipated behaviors toward LGBT older adults by increasing empathy. Participants requested and recommended more training on LGBT aging including ways to be a better ally and how to respectfully and effectively ask SOGIE demographic questions. Appropriately, by participants increasing their knowledge base through the film on LGBT aging, they recognize the value of and want to share it with others (i.e., colleagues, stakeholders, public, etc.)

Although most participants (82%) reported that their thoughts and views about LGBT older adults had changed after watching *Gen Silent*, the qualitative responses help explain the instances when change was not found. It is impossible to gauge the amount of knowledge and awareness participants came to the screening with, for example, 32% reported attendance at a training or workshop about LGBT issues in the past, and 90% responded that they know someone who is LGBT, while 5% of participants identified as LGBT. It was hypothesized that change scores would be different if a participant had attended a previous LGBT training (findings were not supported) or if they identified as LGBT (findings were supported). LGBT participants and those who were caring for a LGBT person did score higher on the pretest, thus showing less pretest to posttest improvement. Some participants arrived already an LGBT ally and had personal experiences which may have resulted in a higher pretest score and less change between the pretest and posttest; as was summed up by one participant who said, “I am still an ally.” In fact, participants who responded to the open-ended questions with allyship comments were most likely to report “no change” in their thoughts or views about LGBT older adults after screening *Gen Silent*.

Additional write-in responses are worth noting although not consistent enough to be considered a theme. Several participants included comments about “respecting all people” and “treating everyone equally” and one participant answered the question about racial identity “Race? Only one – human race!” While well-intentioned, acknowledging differences is important for aging service providers to highlight disparities. Asserting equal treatment denies people’s experiences of discrimination and disregards bias (i.e., acting on prejudice and stereotypes without intending to do so; Banaji & Greenwald, 2016; Foglia et al., 2014). Equity is not achieved by treating everyone the same, but rather by treating people differently based on their needs and experiences such that their outcomes can be the same. Another participant said, “I

support human rights for all as long as we don’t infringe upon others rights,” suggesting that human rights are competing or conflicting. Fears that people may lose something, or may have to change, to support the human rights of marginalized people is not uncommon. In fact, these fears are often used as arguments to support sanctioned discrimination of LGBT people.



Anticipated behavior change is complex to measure, especially since the study intervention was not designed as a teaching tool nor was it targeted to providers. The question about asking SOGIE was crafted to assess potential change in providers’ comfort level after watching the film since equitable care starts with being able to identify LGBT older adults. Wanting to create an open environment by asking SOGIE, while at the same time feeling conflicted, is not surprising given that a better understanding of the struggles of LGBT older adults was matched with a desire for more training. As participants’ empathy deepened toward LGBT older adults, the desire to create a more trusting, open environment resulted. Yet, the ambiguity of the findings speaks to the need for sufficient staff education to first build the capacity to ask questions effectively and with no harm to residents/clients (Porter et al., 2020).

Although statistically significant differences in pretest to posttest scores were not found by screening mode, in-person viewers were less likely to answer that their thoughts or views about LGBT older adults had changed compared

to virtual viewers (73% vs 83%, respectively). Demographically, 83% of those in administrative roles participated in the virtual screenings who may have been less connected to the lived experiences of LGBT older adults when compared to those in direct client contact roles. Moreover, participants who were caring for a LGBT person scored higher on the pretest and were more likely to have pretest to posttest scores that stayed that same. As well, the in-person screening was hosted the same day COVID-19 was announced as a global pandemic; this could have led to heightened anxiety and increased mental distraction of in-person viewers. As the virtual screenings were hosted 8 and 12 months into the pandemic, virtual viewers may have felt they could dedicate more mental energy to the film.

Participants' preferences for virtual or in-person viewing may also have played a role in responses. For example, participants might have been more distracted or may have felt "Zoom fatigue" throughout the virtual screening. Conversely, virtual viewing may have provided a private space that was more conducive to evoking emotion when watching the film and/or responding to the survey. In-person viewers likely had similar experiences; some might have felt uncomfortable during the screening in a group setting while others may have felt more focused due to the nature of being in-person.

Limitations & Contributions

The *Gen Silent Survey Project* planned screenings throughout the state in 2020. The first screening on March 11, 2020, was the same day the World Health Organization declared COVID-19 a pandemic; only 26 of the 100 expected registrants attended. Two days later, Governor Sununu declared a state of emergency and all subsequent *Gen Silent* screenings were cancelled. The study team was able to revise the protocol to change to virtual screening opportunities for the November 2020 and March 2021 screenings. This provided an opportunity to test differences in screening mode; no statically significant differences in

results were found between in-person vs virtual screenings.

This study was limited by its quasi-experimental design, which included the absence of a control group. The film did not lend itself easily to a pretest-posttest survey design, validated questions were not able to be included, and the number of questions were limited due to duration constraints. However, the study benefitted from the pre-posttest design by increasing internal validity and controlling for the knowledge participants arrived with prior to the intervention. Social desirability bias cannot be discounted from the results; however, the potential for this bias is reduced by the anonymity of the survey and self-administered design.

These results are not generalizable. Participation in the survey was voluntary; therefore, it may indicate a greater interest or comfort level with the subject matter at baseline, thereby excluding the experiences of others with more profound opposition to the subject. These data are self-reported, so individuals may have had greater (or lesser) shifts in perception but did not quantify it as such on the survey. However, participants appeared to both benefit and take value from the experience.

Notwithstanding these limitations, since the impact of *Gen Silent* has never been quantified in its ten-year history, this study serves as an important contribution. The multiple screening modes and ample sample size allowed for robust statistical techniques in which to quantify the findings and to observe between group differences. Viewing the documentary *Gen Silent* was found to be a safe intervention that could serve as a cost-efficient training resource. The film format provides broad accessibility to account for staff turnover, onboard new stakeholders, and can be watched virtually with no statistically significant differences found in the effectiveness when comparing mode.

|Next Steps

Granite State agencies and providers serving older adults want and need accessible and effective training resources to ensure informed, safe, and equitable care for LGBT older adults. The *Gen Silent Survey Project* provided an opportunity to test a pre and postsurvey design to accompany screenings of the documentary film *Gen Silent* for aging service providers. *Gen Silent* was found to be an effective and efficient provider education tool that could be screened in-person and virtually.

Organizations that would like to provide a *Gen Silent* screening to staff and volunteers as part of this study can contact drkristenporter@gmail.com. Interested New Hampshire community members and providers who would like to get involved with diversity, inclusion and equity (DEI) efforts in NH aging services can join the NHAHA DEI committee by inquiring here <https://nhaha.info/contact-us/>

We are indebted to all lesbian, gay, bisexual, and transgender older adults whose challenges, struggles, and triumphs have furthered equity for all.

|About Zen Executive

Zen Executive LLC brings soul to science as a social impact consulting group.

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Resources

Topic	Document/Resource	Source
ABUSE	Elder Abuse: LGBT	FORGE
AGING	Aging and Health Report Out and Aging Study of Lesbian and Gay Baby Boomers The Facts on LGBT Aging	Caring & Aging with Pride MetLife SAGE
ASKING SOGI	Inclusive Questions for Older Adults Questions about SOGI in Aging Services Maintaining Dignity (Challenges LGBT OA) Asking SOGI White Paper	SAGE & National Resource Center of LGBT Aging SAGE & National Resource Center of LGBT Aging AARP Fenway Institute, Center for American Progress
COVID-19	COVID-19 & LGBT Older Adults Queering the COVID-19 Response Preparing for COVID-19: LGBT and HIV	SAGE, Movement Advancement Project, Center for American Progress Community Catalyst National Resource Center on LGBT Aging
CULTURAL SAFETY	Cultural Safe Services LGBT People Defining Cultural Safety Implicit Bias: Project Implicit Implicit Bias: Stanford Encyclopedia	Australasian Journal on Ageing Springer Publications Project Implicit Stanford Encyclopedia of Philosophy
DEMENTIA	LGBT Older Adults and Dementia	Alzheimer's Association
FAITH-BASED ORGANIZATIONS	Unitarian Universalist Church of Concord NH Affirming Church Directory	Unitarian Universalist Church of Concord NH The GALIP Foundation
INCLUSIVE SERVICES	Inclusive Services- A Practice Guide Affirming Resources LGBT+ Older Adults Maintaining Dignity: LGBT Older Adults Pushing for Equality: LGBT Elders Affirming Spaces Project	SAGE & National Resource Center Affirming LGBT+ Resources 2018 AARP SAGE Affirming Spaces Project
LEGAL	Lambda Legal	Lambda Legal
LGBT MEAL SITES	LGBT Congregate Meal Programs in MA Affirming Resources LGBT+ Older Adults Research: Value of Meal Sites by Sexual Orientation MA LGBT Meal Site Calendar Research: State-Level Review Congregate Meal Sites in US	Fenway Health LGBT Aging Project Affirming LGBT+ Resources 2018 Journal of Applied Gerontology Fenway Health LGBT Aging Project Research on Aging
LGBT ORGANIZATIONS	New Hampshire LGBT Resources PFLAG (Parents, Families, Friends, Allies...) SAGE USA	University of New Hampshire PFLAG SAGE

Resources

Topic	Document/Resource	Source:
LTC NURSING HOME	LTC Ombudsman LGBT RR Fact Sheet	National Long-Term Care Ombudsman Resource Center
	Lambda Legal LGBT Nursing Home Resident Rights	Lambda Legal
	Stories from the Field LGBT + LTC	National Senior Citizens Law Center
MENTAL HEALTH	Suicide Risk and Prevention	Fenway Institute
NATIONAL RESOURCES	State Resources and Helplines	SAGE & National Resource Center
	National Resource Center on LGBT Aging	SAGE & National Resource Center
	The National Gay and Lesbian Task Force	NGLTF
	National Center for Transgender Equality	NCTE
NH RESOURCES	NH Executive Order 2016-04 - Employee Sexual Harassment Policy	State of New Hampshire
	Policy and Procedure on Transgender Employment - State Employee Gender Transition Form	State of New Hampshire
	LGBT Legal Rights	New Hampshire Legal Aid
	NH State Plan on Aging	State of New Hampshire
	NHAAA	New Hampshire Alliance for Healthy Aging
	Endowment for Health	Endowment for Health
Seacoast LGBT History Project	Seacoast LGBT History Project	
POLICY	Advancing LGBT Policy- MA Model	The Fenway Institute
	LGBTQ+ Rights New Hampshire	ACLU New Hampshire
	MA LGBT Commission	State of Massachusetts
READINESS MODELS	LGBTQ Inclusive Services Readiness Checklist	Aging Ahead, St. Louis Area Agency on Aging, National Resource Center on LGBT Aging
	Community Readiness Model	Tri-Ethnic Center, Colorado State University
	LGBT Health Center Readiness Assessment	National LGBTQIA+ Health Education Center, Fenway Institute
	The National LGBT Health Education Center	The Fenway Institute
	LGBT Aging Project	The Fenway Institute
	Healthcare Equality Index	Human Rights Campaign
	The Joint Commission's Field Guide on Advancing LGBT Health	The Joint Commission
SOCIAL AND SUPPORT GROUPS	Renaissance New England	Renaissance New England
	Seacoast Gay Men	Seacoast Gay Men
	Rural Outright	TLC Family Resource Center
	White Mountain Pride	White Mountain Pride

Resources

Topic	Document/Resource	Source:
TERMINOLOGY	Ally's Guide to Terminology	GLAAD & MAP
	Glossary of Terms	Human Rights Campaign
	Words Not to Use	GLAAD
TRAINING	Training Aging Network LGBT Competent Care	Center for Consumer Engagement in Health Innovation
	A Practical Guide to Creating Welcoming Agencies	National Resource Center on LGBT Aging
	Formerly Training to Serve	Rainbow Health
TRANSGENDER	Book: Transgender and Gender Nonconforming Health and Aging	Springer Pub
	Providing Competent and Affirming Services for Transgender and Gender Nonconforming Older Adults	Clinical Gerontologist
	The Intersection of Transgender Identities, HIV, and Aging	Springer Publications
	Improving the Lives of Transgender Older Adults	SAGE
	Freedom New Hampshire	Freedom New Hampshire Coalition
	FORGE: Transgender Aging Network (TAN)	FORGE
	National Center for Transgender Equality	NCTE
	Transgender NH	Transgender NH
Trans Action NH	Trans Action NH	

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