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CDEP LOCAL EVALUATION REPORT

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► Michelle Alcedo, former Director of Programs. Michelle was instrumental in conceptualizing and securing Openhouse's participation in the CRDP. She was the primary producer of reporting until early 2021. Without Michelle's contributions, the success of the CRDP at Openhouse would have been impossible.

► Karyn Skultety, PhD, former Openhouse Executive Director

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ABOUT THE CALIFORNIA REDUCING DISPARITIES PROJECT

The idea of the California Reducing Disparities Project (CRDP) was born in 2009 out of former U.S. Surgeon General David Satcher's call for national action to reduce mental health disparities among minority populations. The program was later launched in California as a statewide prevention and early Intervention effort to provide a community-focused approach to reducing the disparities of poorer health outcomes and experiences of minority populations. CRDP focuses on five populations:

► African Americans
► Asians and Pacific Islanders (API)
► Latinos
► Lesbian, Gay, Bisexual, Transgender, Queer, and Questioning (LGBTQ)
► Native Americans

In the first phase of CRDP, each population developed its own community-participatory strategic plan to identify culturally appropriate strategies to improve access to services, quality of care, and mental health outcomes. Phase II of CRDP was launched in 2015 with the release of the request for proposals to community organizations serving CRDP populations. In a landmark breakthrough for minority populations' mental health concerns in California, the Office of Health Equity within the California Department of Public Health announced this $60 million funding initiative to advance the strategies documented in these strategic reports.

The concept of Phase II retained the CRDP community-focus by making $1.14 million available to community organizations to expand and evaluate mental health programs that are culturally congruent with community needs. The program recognized that while hundreds of millions of dollars from the Mental Health Services Act flow through mainstream public agencies, almost no programs within these agencies are designed to meet the unique needs of CRDP populations. Culturally rooted programs almost always lack a formal evidence base, and yet they have created by the community and for the community in the face of the public system's failure to take their needs into account. CRDP honored the lived experience of communities, and funded programs based on community defined evidence of effectiveness.

This program, extraordinary by any measure, is strategically designed so that upon completion, these community programs—such as Openhouse's Community Engagement Program—will have the beginnings of a more formal evidence base. The hope is that this will provide a breakthrough for community organizations to begin qualifying for mainstream funding and be able to expand and replicate services to meet what the strategic plans showed to be an enormous need. This report aims to present evidence of effectiveness for Openhouse's program, based in the San Francisco Bay Area.

For updates and more information about the California Reducing Disparities Project, please visit the CDPH Office of Health Equity website.

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EXECUTIVE SUMMARY

In 2016, Openhouse was selected as one of 35 community-based organizations (CBOs) to participate in Phase II of the California Reducing Disparities Project (CRDP), described above, to address disparities in mental health in the LGBTQ+ population. A 2011 report found that over half of all surveyed LGBTQ+ older adults reported feeling isolated or lonely compared to just 36% of cisgender, straight older adults. The same study found that about 31% of LGBTQ+ older adults reported symptoms qualifying a depression diagnosis, and 39% of study participants reported that they have seriously thought about taking their own lives at some point. In San Francisco specifically, a 2016 needs assessment conducted by the San Francisco Department of Aging and Adult Services (DAAS) identified LGBTQ+ older adults among the top four groups of older adults in the city most likely to experience isolation.

Openhouse has served LGBTQ+ older adults in the San Francisco Bay Area since 1998 by providing housing and resource assistance, social services, and by creating aging-friendly opportunities to strengthen and rebuild community connectedness. With the funding from the CRDP grant, Openhouse launched its Community-Defined Evidence Program (CDEP), a holistic and comprehensive prevention and early intervention program aimed to prevent and reduce social isolation and loneliness, as well as the symptoms related to depression, anxiety, and long-standing trauma for LGBTQ+ older adults by offering tailored programming that:

1. Increases social connectedness and engagement, sense of community, and access to aging and LGBTQ-affirming mental health services;
2. Reduces harm from discrimination, shame, rejection, inequality, and other prejudices experienced by LGBTQ+ older adults; and
3. Responds to the social and environmental determinants of health, such as housing and food insecurity.

The CDEP was comprised of the following Program Components:

Friendly Visitor Program

The Friendly Visitor (FV) program was created to help older adults who may have diminished social connections, who live alone, who are without informal caregiving support, and/or who live with chronic health conditions that prevent them from accessing socialization activities typically offered through Openhouse or other centers. The purpose of the FV program is to promote healthy aging as measured by participants' feelings of isolation and connection to community. Following a comprehensive in-home geriatric health assessment, Openhouse matches FV program volunteers with seniors to provide ongoing, weekly, and biweekly companionship and emotional support. FV program volunteers learn to approach individuals with an empathetic, supportive, and non-judgmental understanding of the unique challenges that LGBTQ+ seniors experience to "meet them where they are"—engaging in active listening and bearing witness to the challenges of their senior match in a way that normalizes their experience. FV program volunteers continually assess the seniors' emotional and physical health and help coordinate social services like in-home care and grief counseling. In this way, the FV program serves as a critical link between isolated LGBTQ+ seniors and the other services that Openhouse offers, such as case management, psychotherapy, housing assistance, in-home support services, and home-delivered meal programs.

Emotional Support Program – Groups

Given LGBTQ+ older adults potential stigma and fear of accessing mental health services and other social services supports, Openhouse offers staff-and peer-facilitated support groups. The goal of the Emotional Support Program Groups (ESP-Group) is to provide LGBTQ+ seniors an opportunity to build community with peers facing similar challenges, in a safer, age- and LGBTQ+-affirming space. These groups can provide an increased sense of self-worth and self-knowledge through shared vulnerability, challenge, and trust, and can empower group members in how they approach relationships outside of the group. Group facilitators are often Openhouse clients themselves and have longstanding histories of participation in activist groups, therapy groups, and consciousness raising groups that bolster their facilitation. Facilitators employ diverse approaches, such as literature, theory, videos, art, and music, to encourage group participation and reflection on group topics.

Emotional Support Program – Individual

The individual intervention component of the Emotional Support Program (ESP-Individual) was added to provide additional support for participants utilizing other CDEP interventions. Partnering with trained therapists, the ESP-Individual program offered direct and brief early intervention services to address the specific barriers that prevent LGBTQ+ seniors from accessing long-term mental health support and/or utilizing other support services at Openhouse, or other community-based services. The individual intervention served as a means to rebuild or strengthen trust in supportive services by offering culturally and linguistically competent emotional support; enhance or develop new skills to live independently; and identify and mitigate barriers that prevent participants from connecting with their peers and building community. Due to low participation in the first few years of CDEP implementation, the ESP-Individual component was suspended. Openhouse heard from its community members that they preferred groups to receive emotional support over these individual sessions, however individual therapy clearly remains a need in the broader community.

Social Engagement and Recreational Programming

To ameliorate social and environmental conditions that may serve as barriers for LGBTQ seniors, Openhouse organizes over 100 hours per month of intellectually stimulating activities and opportunities that bring LGBTQ+ older adults together to meet each other, reduce social isolation and enhance their quality of life. Activities include game days, bi-weekly and monthly lunches, movie screenings, museum tours and other outings, general discussion groups, financial planning seminars, and arts and writing workshops. Activities are co-created and designed by staff, volunteers, and participants with the goal of creating a safe, affirming, and inclusive space for participants. Openhouse social engagement and recreation programming is offered onsite and co-located in other senior-specific sites, helping to bridge LGBTQ+-welcoming programming to accessible spaces for community members across San Francisco. Openhouse staff often use these activities to build trust and rapport with community members and connect them with other Openhouse services like case management, housing assistance, support groups, and more.

As part of the CRDP, Openhouse followed CDEP participants over nearly five years, using a mixed-methods observational study design consisting of surveys, focus groups, and interviews to understand how their participation in the CDEP had an impact on their mental health. This evaluation was structured using six core questions:

1. To what degree do individuals participate in each of the Program Components? Is participation sustained?
2. To what degree are Program Components perceived to be helpful and culturally responsive?

3. How do process measures vary by race, ethnicity, language, gender identity, health status, and other socio-demographic variables?
4. To what degree did new or existing participants engage in additional Program Components? What caused the increase?
5. To what degree is participation in Program Components associated with perceived improved social connectedness, quality of life, and mental health?
6. How do these outcome measures vary by race, ethnicity, language, gender identity, health status, and other socio-demographic variables?

Both quantitative and qualitative data collected show that, as a whole, Openhouse's CDEP programming had substantial and significant positive effects on LGBTQ+ older adults' lives, most notably through increases in community connectedness and reductions in isolation and loneliness. There were also significant increases in Openhouse clients' hope by showing them that that they can live fulfilling and authentic lives as they age. No one program stood out as a key driver of these benefits.

Despite Openhouse's dedicated outreach, participation in programs suffered as a result of the COVID-19 pandemic, with many community members dropping out of the Friendly Visitor Program. Qualitatively, participants also expressed that the pandemic had a negative effect on their mental health and increased feelings of isolation and loneliness. At the same time, participants' who continued to participate in programs during the COVID-19 pandemic said that Openhouse served as a lifeline.

CDEP PROGRAMMING:

1. Reduced isolation and loneliness
2. Increased community connection
3. Increased mental health
4. Increased quality of life
5. Increased feelings of hope

With transformation in the types of services needed by its clients because of COVID-19 and new ways in which Openhouse provides those services and supports—like home-delivered meals, medications, and legal, income, and housing assistance—future evaluations of Openhouse programming and services may also assess how Openhouse, compared to other service and aid organizations in San Francisco, uniquely addresses these needs. Future evaluations should assess how, by coupling delivery of basic needs with opportunities for LGBTQ+ adults to find belonging, Openhouse's unique program model impacts and influences the social and emotional outcomes of its most vulnerable clients. Additionally, while effort was made to ensure a diverse sample of participants, there were not enough data on the experiences of community members of color and transgender and gender nonconforming community members; therefore, additional work is needed to examine how experiences of and outcomes from Openhouse programming differ across these demographic groups.

The underlying power of these interventions stemmed from the fact that they were developed and implemented *by*, *for*, and *with* LGBTQ+ older adults. Because of their history, LGBTQ+ older adults have unique needs and ways of forming communities. Openhouse and its LGBTQ+ staff and volunteers understand this and are better able to design their programming with this in mind. While other organizations can provide similar support and services for LGBQT+ older adults, the unique impacts that Openhouse has on this populations' social and emotional wellbeing is the very illustration of what it means to improve mental health equity, and serves as a model for how to best "take care of our own."

INTRODUCTION

There are an estimated 2.7 million LGBTQ+ older adults aged 50 years and older living in the United States, with the number expected to double by 2030.[1] While mental health struggles of LGBTQ+ youth have been well documented in recent years, there is a growing body of evidence that underscores the unique and disproportionate mental health and social needs of LGBTQ+ seniors. A 2011 report found that over half of all surveyed LGBTQ+ older adults (aged 50+) reported feeling isolated or lonely compared to just 36% of cisgender, straight older adults.[2] The same study found that about 31% of LGBTQ+ older adults reported symptoms qualifying a depression diagnosis. Underlying these statistics are unmet socialization needs faced by LGBTQ+ older adults. One study in Chicago found that 51% of respondents reported socialization activities as their number one unmet need, closely followed by regular phone calls or visits, and mental health counseling.[3] While similar rates of isolation and loneliness have been noted among LGBTQ+ older adults across all ages, the social needs of LGBTQ+ older adults change as they continue to age from their 50s, 60s, and beyond. LGBTQ+ older adults in their 50s and 60s may need more support in retirement planning; whereas older LGBTQ+ adults in their 70s and 80s may need more support with personal care, like home-delivered meals or queer-friendly nursing home communities.[1] Additionally, LGBTQ+ older adults aged 80+ have noted increased needs for legal support crafting wills and powers of attorney.[1] Unlike their cisgender, straight counterparts, LGBTQ+ older adults are less likely to have children and partners and therefore tend to rely on their friends and peers for this type of assistance and social connection as they age.[4] While these chosen families are strong and resilient, as LGBTQ+ older adults grapple with their own aging-related physical, emotional and cognitive conditions, it impedes their ability to care for one another and maintain strong social connections. These networks also do not have the legal recognition to access paid family leave at work to care for each other, share health insurance plans, or to make medical decisions for one another.[1]

A 2016 needs assessment conducted by the San Francisco Department of Aging and Adult Services (DAAS) identified LGBTQ+ older adults among the top four groups of older adults in the city most likely to experience isolation.[5] Though the most recent Gallup poll estimated that the San Francisco metro area is home to the largest percentage of LGBTQ+ individuals of any city in the United States, a 2018 city needs assessment of the LGBTQ+ community highlights that LGBTQ+ individuals still face increased stigma and disparities in social resources.[6,7] Additionally, recent data published by the Public Policy Institute of California found that San Francisco Bay Area has the greatest income inequality of any metro area in the state of California.[8] Further, a 2020 report showed that the Bay Area is the most intensely gentrifying city of any metro area in the United States, with 31.3% of its neighborhood tracts actively facing gentrification.[9] Rising income inequality and gentrification has disproportionately disadvantaged residents of racial and ethnic minority groups, especially Black/African American and Hispanic/Latinx residents, increasing residential segregation and leading to further health disparities among these groups.[9] While no definitive quantitative data exist on how income inequality and gentrification is impacting LGBTQ+ older adults, the 2018 LGBTQ+ needs assessment calls out the need for increased housing supports for LGBTQ+ adults over 65 years old as a primary finding, explaining that due to the high cost of living in San Francisco, economic hardship can leave older LGBTQ+ people in a vulnerable position.[7] This needs assessment also highlights that traditional supportive and affordable housing options for older adults are not always welcoming to and affirming of LGBTQ+ older adults, with many older adults saying they feel they have to go back into the closet in order not to lose their housing or be mistreated by residential staff.

The CRDP Phase I LGBTQ Population Report underscores the power of social support as a protective factor in mitigating the psychological stress of stigmatization.[10] While a source of resilience, decades of

systemic and interpersonal discrimination, stigma, and historical traumas—most notably the HIV/AIDS epidemic—have weakened social support systems among LGBTQ+ older adults and exacerbated feelings of loneliness and stress.[11,12] Because of these experiences, many LGBTQ+ older adults may feel unwelcome or have little faith that traditional mental health and service providers will respect and understand their lives, chosen families, and coping strategies that have enabled them to survive and thrive.[5] This distrust of even the most well-meaning providers results in LGBTQ+ seniors delaying access to needed services or avoiding care altogether until a crisis forces action. Despite evidence of the unmet need for emotional support services for LGBT seniors, according to The San Francisco LGBT Aging Policy Task Force report, very few agencies offer these services and/or target outreach to this population.[13]

As the only nonprofit in San Francisco whose mission is to serve the unique needs of LGBTQ+ seniors, Openhouse is well-positioned to offer support services and programs to reduce mental health disparities among unserved/underserved LGBTQ+ elders not typically reached by traditional aging services. Since 1998, Openhouse has served LGBTQ+ older adults by providing housing and resource assistance, social services, and by creating aging-friendly opportunities to strengthen and rebuild community connectedness. Older adults ages 50 and beyond participate in Openhouse programming
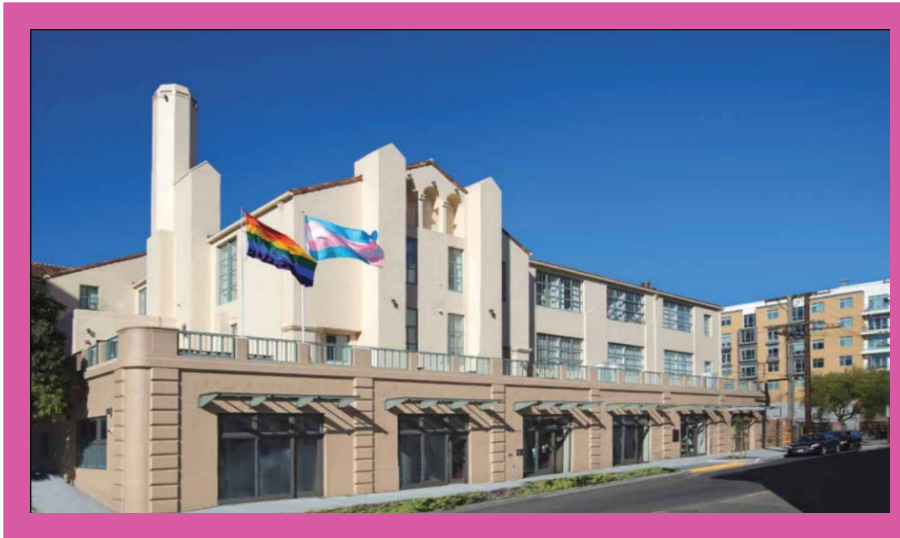
and services and come to Openhouse for a variety of different needs. Peer volunteers are foundational to the success of Openhouse. LGBTQ+ seniors expect that Openhouse facilitators, volunteers, support group leaders, even volunteer receptionists will treat them with compassion and respect when entering our community spaces. Openhouse peers are typically LGBTQ+-identified individuals and allies with shared community interests and values such as "taking care of our own," with similar aspirations such as "building a world I want to grow old in," with shared history, and knowledge grounded in a sense of belonging to, or affinity with, LGBTQ communities. Peer volunteers are trained in the Openhouse LGBTQ+ aging cultural humility model, which includes a strengths-based approach to person-centered care, trainings on health disparities and concerns as informed by LGBTQ+ history, targeted interventions that address barriers to accessing health and social services, and appropriate terminology and language for LGBTQ+ identities and relationships.

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

CDEP PURPOSE, DESCRIPTION, AND IMPLEMENTATION

CDEP Purpose

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

Increase social connectedness and engagement, sense of community, and access to aging and LGBTQ-affirming mental health services.	Reduce harm from discrimination, shame, rejection, inequality, and other prejudices experienced by LGBTQ+ older adults.	Respond to the social and environmental determinants of health, such as housing and food insecurity.

CDEP Description and Implementation Process

The Openhouse CDEP is an expansion and evaluation of three core elements of its CEP. The CEP was selected because it directly advances strategies outlined in the CRDP Phase I LGBTQ Population report to address the early onset of mental health distress and prevent serious mental illness. Each of the three core elements are interwoven as a program to allow for multiple points of entry and easy referral between programming opportunities, in the spirit of no wrong pathway to connectedness and mental health support. Approximately one third of the LGBTQ+ seniors Openhouse serves participate in multiple CEP programs.

Friendly Visitor Program

To address the well-documented social isolation in the LGBTQ+ senior community, Openhouse established a Friendly Visitor (FV) program for seniors with diminished social connections, who live alone, are without informal caregiving support, and/or who live with chronic health conditions that prevent them from accessing socialization activities typically offered through Openhouse or other centers. The purpose of the FV program is to promote healthy aging as measured by participants' feelings of isolation and connection to community. Following a comprehensive in-home geriatric health assessment, Openhouse matches FV volunteers with seniors to provide ongoing, weekly and biweekly companionship and emotional support.

Prior to being matched, FV volunteers receive training on the challenges of aging in the LGBTQ+ community and the risk factors associated with social isolation. The training combines didactic and experiential/interactive learning to build volunteers' cultural understanding and competency in the intersectional identities held by LGBTQ+ seniors. FV volunteers learn to approach individuals with an empathetic, supportive, and non-judgmental understanding of the unique challenges that LGBTQ+

seniors experience to "meet them where they are"—engaging in active listening and bearing witness to the challenges of their senior match in a way that normalizes their experience.

Working in tandem with the FV Program Manager, FV volunteers continually assess the seniors' emotional and physical health and help coordinate social services like in-home care and grief counseling. In the absence of biological family, FV volunteers may even become seniors' advocates in hospitals and long-term care facilities. To that end, the FV program also includes staff-led monthly support groups to share experiences with other volunteers, discuss how to navigate challenging situations, ways to honor grief and loss, and learn more about the unique and emerging challenges that LGBTQ+ seniors face as they age. The FV program also serves as a critical link between isolated LGBTQ+ seniors and the other services that Openhouse offers, such as case management, psychotherapy, housing assistance, in-home support services, and home-delivered meal programs.

The table below outlines the original planned program structure and delivery for the FV program activities over the course of the CRDP and evaluation. Given the long-term hope to scale and replicate the CDEP programs, documentation of the program model was treated with great importance.

Program cycles planned	4	Program start date	01/18/18
Cycle duration/ frequency	12 months; 2-hr visits 2x/month, ongoing (no limit)	Setting	In-home and community visits. During the COVID-19 pandemic, the setting changed to phone calls
Participants per cycle	70-100	Staff	Staffed by the FV Program Manager and Program Coordinator
Enrollment	Rolling and continuous enrollment; no sequential ordering or building on other components		
Participant demographic features	The program serves LGBTQ+ older adults aged 60+: 62.10% male-identified, 30.65% female-identified, 5.64% transgender; 64.52% White, 4.00% multiracial. Additional demographic statistics are not known at this time		

Emotional Support Program – Individual

The individual intervention component of the Openhouse Emotional Support Program (ESP) was the newest service of Openhouse's CEP and was added to provide additional support for participants utilizing other CDEP interventions. Partnering with trained therapists from the Access Institute, the ESP-Individual program offered direct and brief early intervention services to address the specific barriers that prevent LGBTQ+ seniors from accessing long-term mental health support and/or utilizing other support services at Openhouse or other community-based services. This intervention was a means, not an end, toward an outcome determined by the community member.

Many community members who come to Openhouse for any number of programs and services struggle with significant biopsychosocial stressors and have a history of multiple losses and complex trauma due to years of discrimination, homophobia, and transphobia. Some live with untreated mental illness and experience symptoms while participating in Openhouse programs and services. Others have expressed a need for mental health services beyond the scope of Openhouse's mission and may have a history of negative interactions with social services and healthcare providers because of their LGBTQ+ status.

This individual intervention was intended to help rebuild or strengthen trust in supportive services by offering culturally and linguistically competent emotional support; enhancing or developing new skills to live independently; and identifying and mitigating barriers that prevent participants from connecting with their peers and building community. The intent of this intervention was to empower clients by meeting them where they were and to serve as a "bridge" into long-term mental health and social services that Openhouse does not provide.

Key cultural considerations in this adapted treatment model included:

▶ Culturally integrated psychotherapy: Mental health treatment for LGBTQ+ seniors at Openhouse must be informed by the history of the LGBTQ+ community and the particular sociohistorical era that this cohort of seniors have lived through. Therapists received extensive training in the history of bias in the mental health system and therapeutic approaches to exploring how homo-, bi-, and transphobia have impacted LGBTQ+ individuals.

▶ Trauma-informed interventions: This generation of LGBTQ+ seniors experienced higher levels of trauma than the general population, including the local assassination of Harvey Milk, devastating loss of friends and partners from HIV/AIDS, and other many systemic and individual-level traumas due to bias, discrimination, and stigma. Trauma-informed psychotherapy involves a series of interventions designed to heal this trauma, including interventions to build psychosomatic equilibrium and basic bodily and psychic safety, address affective dysregulation and improve mediation of emotions, and build networks social and community support.

▶ Community-based collaboration: Access Institute therapists worked on-site at Openhouse and maintained ongoing consultation and coordination with Openhouse social work and peer-support staff. In addition, the peer-support and social work staff at Openhouse received periodic trainings by the Access Institute therapists to build their capacity to support and enhance the individual psychotherapy.

The table below outlines the original planned program structure and delivery for the ESP Individual program component's activities over the course of the CRDP and evaluation. During the first two years

of CDEP implementation, however, very few Openhouse community members enrolled in the ESP Individual program component. Community members expressed that they preferred to engage with groups to receive emotional support and that one-on-one programming felt somewhat intimidating. Additionally, the partnership that Openhouse formed with the Access Institute faced some administrative and technical challenges during the first few years of programming. For these reasons, the ESP Individual program component was suspended.

Program cycles planned	8	Program start date	09/1/2017
Cycle duration/ frequency	16 weeks; 1 hour per week	Setting	In-home and onsite 1:1 sessions
Participants per cycle	10-14	Staff	Two post-doctoral fellows from Access Institute
Enrollment	Rolling and continuous enrollment; no sequential ordering or building on other components		
Participant demographic features	Unknown		

Emotional Support Program – Group

Given LGBTQ+ older adults potential stigma and fear of accessing mental health services and other social services supports, Openhouse currently offers staff-and peer-facilitated support groups including:

► HIV Long-Term Survivors support
► Women's support
► Men's Drop-In support
► LGBTQ Caregivers of those with Dementia support
► Hoarding and cluttering support
► Trans Resilience: Transgender Gender Non-Conforming support
► LGBTQ Seniors with Chronic Physical Disabilities Support
► LGBTQ People of Color Support
► Grief support
► Self-care support

Through the CDEP, Openhouse expanded its support group offerings based on community interest, creating groups like connecting authentically while aging, long-term HIV survivors, women and disabilities, chronic fatigue support, spirituality and aging, and more. The goal of Openhouse support groups is to provide LGBTQ+ seniors an opportunity to build community with peers facing similar challenges, in a safer, age- and LGBTQ+-affirming space. These groups can provide an increased sense of self-worth and self-knowledge through shared vulnerability, challenge, and trust, and can empower group members in how they approach relationships outside of the group. As a result of participating in groups at Openhouse, members often get together outside groups to go on walks, out for coffee, visit museums, and engage in other social activities. Many community members share stories of feeling unsafe or unsupported within mainstream senior service agencies, healthcare institutions, and other support agencies because their identities LGBTQ+ people have been met with ignorance or outright derision. A critical part of the role of Openhouse staff and facilitation team is to "center" the lives of LGBTQ+ older adults, that is, to work to create a space where their experience is not marginal or "other".

Openhouse recognizes that different community members have different needs. As part of Openhouse's commitment to tailored care and programming, facilitators and staff routinely meet to discuss clients' needs, including issues expressed within programs and coming from the community. New groups are then formed through an intentional process to meet the needs of the community within the context of a support group. As part of this process, Openhouse staff and group facilitators use targeted outreach and work to hold space for women, black, indigenous, and people of color (BIPOC), transgender people, and members of other marginalized communities in an attempt to ensure the groups are serving clients that are reflective of the broader LGBTQ+ community and to create safety for group members. Group facilitators are often Openhouse clients themselves and have longstanding histories of participation in activist groups, therapy groups, and consciousness raising groups that bolster their facilitation.

For the CDEP, ESP-Group facilitators received Peer-Facilitation Training and continued facilitation support and consultation from Openhouse and were encouraged to think about the impact of systems of power and oppression on group members and how one's socialization and social status interacts dynamically with other aspects of a group members' presentation, strengths, and challenges. Facilitators employed diverse approaches, such as literature, theory, videos, art, and music, to encourage group participation and reflection on group topics.

The table below outlines the original planned program structure and delivery for the ESP Group program component's activities over the course of the CRDP and evaluation.

Program cycles planned	16	Program start date	01/18/2018
Cycle duration/ frequency	Varied; 1-1.5 hours/weekly depending on the group	Setting	Most groups are onsite; two are offsite
Participants per cycle	8 (closed-weekly and series based) to 30 (drop-in weekly), depending on the type and frequency of group	Staff	Groups are led by volunteers, staff, partner organization staff, or trainees
Enrollment	Rolling and continuous enrollment; no sequential ordering or building on other components		
Participant demographic features	Varies by group		

Social Engagement & Recreational Programming

Evidence shows that social connection and engagement lead to better mental health outcomes, especially for LGBTQ+ older adults.[5] To ameliorate social and environmental conditions that may serve as barriers for LGBTQ seniors, Openhouse organizes over 100 hours per month of intellectually stimulating activities and opportunities that bring LGBTQ seniors together to meet each other, reduce social isolation and enhance their quality of life. Activities include game days, bi-weekly and monthly lunches, movie screenings, museum tours and other outings, general discussion groups, financial planning seminars, and arts and writing workshops. Activities are co-created and designed by staff, volunteers, and participants with the goal of creating a safe, affirming, and inclusive space for participants. Openhouse social engagement and recreation programming is offered onsite and co-

located in other senior-specific sites, helping to bridge LGBTQ+-welcoming programming to accessible spaces for community members across San Francisco.

This work began in 2007, through a Technical Assistance and Integration Services (TAIS) contract with the San Francisco DAAS. Openhouse learned that providing LGBT aging cultural humility training to agency staff was just the first step toward enhancing cultural and linguistic competence of service providers. The TAIS model was developed specifically for off-site programming in "mainstream" senior service locations to embed the best practices for serving LGBTQ+ older adults learned from the training into center culture. For example, at 30th Street Senior Center, serving predominantly Spanish-speaking monolingual seniors, Openhouse's monthly LGBTQ+-themed film and bilingual discussion generates a rich dialogue between the straight cisgender and LGBTQ+ seniors. Meal programs with social engagement and facilitated discussions at Curry Senior Center, known as the "Lunch Bunch," bring together low-income, socially isolated LGBTQ+ seniors in the Tenderloin district of San Francisco.

Openhouse also hosts a biweekly Rainbow Lunch discussion group open to all LGBTQ+ seniors located at Openhouse's new LGBTQ-welcoming affordable senior housing. As part of the CDEP, Openhouse expanded Rainbow Lunch to offer more frequent social/discussion groups targeting specific communities within the LGBTQ+ community. Community organizations are also invited to give presentations to participants about resources and support on topics like senior scams and identity theft or resources related to HIV/AIDS treatment.

Openhouse staff often are able to use these activities to build trust and rapport with community members and connect them with other Openhouse services like case management, housing assistance, support groups, and more.

The table below outlines the original planned program structure and delivery for the Social Engagement and Recreational Programming component's activities over the course of the CRDP and evaluation.

Program cycles planned	N/A	Program start date	01/18/2018
Cycle duration/ frequency	Rolling and continuous cycles but for evaluation structure purposes, we will use 12 months; each	Setting	55 Laguna, Openhouse's senior housing site

			of the groups are 1.5 hours/biweekly		
Participants per cycle		20-30 for biweekly onsite Rainbow Lunch; 10-30 for other activities	Staff	Partner organization staff or Openhouse staff	
Enrollment		Rolling and continuous enrollment; no sequential ordering or building on other components			
Participant demographic features		Varies by program. Programs are one-time and so do not have defined participants			

Program Offerings, Participation and Changes

The program offerings, participation, and any changes for all CDEP components are documented in the table below. Any material program changes are noted and the narrative that follows the table provides detail about what change was made.

			Friendly Visitor Program	Emotional Support Program		Social Engagement & Recreational Programming
				Individual	Group	
2017		# of program cycles	1 (Ongoing)	1 (Ongoing)	2	1 (Ongoing)
		Total served	81	0	200	130
		Any major program changes?	No	No	No	No
2018		# of program cycles	1 (Ongoing)	1 (Ongoing)	2	1 (Ongoing)
		Total served	112	3	199	266
		Any major program changes?	No	No	No	No
2019		# of program cycles	1 (Ongoing)	1 (Ongoing)	2	1 (Ongoing)
		Total served	117	-	203	276
		Any major program changes?	Yes	Component Dropped	Yes	Yes
2020		# of program cycles	1 (Ongoing)	1 (Ongoing)	2	1 (Ongoing)
		Total served	64	-	203	78
		Any major program changes?	Yes	Component Dropped	Yes	Component changed to "Community to You"
2021		# of program cycles	1 (Ongoing)	1 (Ongoing)	2	1 (Ongoing)
		Total served	80	-	187	22
		Any major program changes?	Yes	Component Dropped	Yes	Yes

Due to technical challenges with Openhouse's participation database, participant-level attrition rates by program component could not be calculated. However, overall program participation numbers grew throughout most of the CDEP, and then decreased sharply in 2020 with the onset of the COVID-19 pandemic and pivot to virtual programming.

Explanation of Major Program Changes

2019 Program Changes:

► The Friendly Visitor Program Supervisor left Openhouse in August, affecting enrollment and engagement of participants already enrolled.

► Openhouse dropped the ESP-Individual component, as it was not effective in serving LGBTQ+ older adults who could most benefit from one-on-one support. Some reasons included ineffective outreach by interns due to lack of connections with broader mental health community in San Francisco. The outreach conducted by Openhouse attracted typical users of mental health services rather than attracting unserved/underserved LGBTQ+ older adults. Additionally, there were some administrative and technical challenges that Openhouse experienced with the therapists contracted from the Access Institute, which led to a dissolution of this partnership. Therefore, Openhouse did not have the proper staff to run this program.

► In July 2019, the co-manager of the Support and Wellness Program, who oversaw support group programs and facilitated support groups, left Openhouse. This prompted the restructuring of the Support and Wellness Program. The program got renamed to Community Wellness and Services (CWS) Program. The program now has one dedicated manager (as opposed co-management model utilized previously) and there was a position created (the Community Wellness and Services Program Supervisor) which oversees the implementation of the CRDP and ESP-Groups program. The transitions in staffing and in the program in general created a challenge in increasing enrollment. In September and October, the Community Wellness and Services Program (CWS) Supervisor began establishing a structured and supported Peer Facilitation Program (including trainings, consultation, regularly scheduled meetings, and other forms of support). This program increased the number of facilitators available to run support groups, leading to an increase in support groups, with the vision of leading to an increase in enrollment through the ESP-Groups component. The Peer Facilitation program seems like the best practice for meeting the growing needs the LGBTQ+ Older Adult community. Peer facilitated support groups benefit the peers who are facilitating and provide a myriad of benefits for the community itself.

► Openhouse contracted with two LGBTQ+ seniors to support their CDEP (two 0.2 FTE's) as program assistants. One was a senior leader for the Social and Recreational component and reports to Manager of Community Engagement, and one administers local core, SWE, and local evaluation instruments and makes initial calls to new participants to enroll in the CDEP. The latter reports to Community Wellness and Services Manager.

2020 Program Changes:

► Friendly Visitor Component: When the stay-at-home orders were instituted in San Francisco on March 16, 2020 Openhouse shifted delivery of the intervention from mostly in-person visits to phone only support calls. Younger volunteers adjusted to working from home full time, as well as adapted to the stay-at-home orders and were not able to consistently call their community

member matches. Staff spent more time following up with volunteers to check in with them about their own mental health, providing emotional support that enabled them to continue to show up for seniors.

► The Emotional Support Program Individual component was not effective in serving LGBTQ+ older adults who could most benefit from one-on-one support, therefore was dropped as a component. Interns were not able to conduct effective outreach due to lack of connections with broader mental health community in San Francisco. Outreach conducted by Openhouse attracted typical users of mental health services rather than attracting unserved/underserved LGBTQ+ older adults.

► When the Community Wellness and Services Program (CWS) Supervisor began establishing a structured and supported Peer Facilitation Program in October it was believed that the Program would increase the number of facilitators available to run support groups. Of the 12 peer facilitators trained, one started a new health and wellness walking group, and one started a 4-week series storytelling group. The others became stronger peer facilitators of existing groups. During this reporting period, Openhouse was awarded a grant funded by the Department of Disability and Aging to offer services for transgender and gender nonconforming seniors, the first program of its kind to be funded by an Area Agency on Aging. In April, Openhouse hired two additional staff, transgender and gender nonconforming (TGNC) Community Liaisons (TCL), who both identify as members of trans communities of color. The program also hired a community member who identifies as a Black trans senior to co-facilitate a new weekly support with the TCLs, called Trans Resilience Support Group. The new team was trained on the Openhouse peer facilitation model. The group met one time in March, prior to the TCLs joining as staff and before shelter in place. Now, the group meets weekly to offer support virtually through Zoom. This group brought 5 new trans elders to Openhouse. As for the support groups, Openhouse saw about 90% participation in virtual groups from in-person groups. One staff member launched 15 of the virtual programs, offering one-on-one technical support before each group meeting. Openhouse continued to add support group offerings and encourage peer facilitators to keep their eyes open for new ideas for virtual support groups from participants.

May – October 2020

► Friendly Visitor Program Visits were no longer in person but conducted by phone or socially distanced outdoors with participants.

► All groups in ESP-Group moved to a virtual format using Zoom or call-in by phone.

► Social Engagement and Recreational Programming monthly lunch discussion groups ended, but they developed "Community to You" outreach campaigns to have a presence with community members. They delivered 600 Pride bags/backpacks which contained a custom fabric mask, hand sanitizer, t-shirt with our Pride parade chant, "Still here, Still Queer, Seniors are the reason you're here!" They also delivered homemade soul food meals from a Black-owned caterer for TGNC and POC elders in lieu of our Trans Intergenerational Brunch.

2021 Program Changes:

► Friendly Visitor Program: Visits were no longer in person but conducted by phone, Zoom, or socially distanced outdoors. In addition, more emphasis was placed on helping participants with

practical support than before shelter in place, such as grocery shopping, errands, and prescription medication pickups.

► Emotional Support Program in Group Setting: All groups moved to virtual format or call-in by phone participation.

► Social Engagement and Recreational Programming monthly lunch discussions ended, and Openhouse developed "Community to You" campaigns to let community members know that "we are still here" and that the community was not forgotten during these challenging times. With the support of volunteers in November, Openhouse delivered 600 Give Thanks Gift baskets which contained custom designed fabric masks, hand sanitizer, soup mug with soup packets, hot cocoa, puzzles, and written cards to community members. In December, they also delivered personalized Friendly Visitor holiday gift bags to participants enrolled in the program and provided home meals to participants enrolled in the Home Delivered grocery program, and others who were food insecure.

Participant Demographics & Anti-Racism

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

Race/Ethnicity	Openhouse[14]	San Francisco[15]
Asian/Pacific Islander	9.2%	36.5%
Black/African American	13.0%	5.6%
Hispanic/Latinx	11.7%	15.2%
Multiracial	4.3%	4.5%
Native American/Alaskan Native	1.3%	0.7%
White	58.7%	40.2%
Other	1.8%	-

While no good data exist on the breakdown of sexual orientation and gender identity of San Francisco as a whole, Openhouse, as a specifically LGBTQ+ organization, serves a more diverse population of sexual and gender minority individuals, as shown below.

Sexual Orientation	Openhouse[14]
Bisexual	10.0%
Gay	46.0%
Lesbian	14.0%
Other (Questioning, Unsure)	3.0%
Queer	1.0%
Straight	26.0%

Gender Identity	Openhouse[14]
Female	38.0%
Intersex	0.1%
Male	58.0%
Non-Binary	0.4%
Other	0.5%
Transgender	3.0%

Openhouse recognizes and affirms that LGBTQ+ older adults live at intersections of identities across race, ethnicity, class, culture, HIV status, sexual orientation, gender, gender identity and expression, spirituality and ability. In recent years, Openhouse has collaborated with other community organizations serving LGBTQ+ people of color to engage marginalized LGBTQ+ senior communities using a cultural

humility and intersectional approach. As part of the CEP expansion through the CDEP, Openhouse added specific affinity events for LGBTQ+ older adults of color to discuss their experiences and explore literature on racial and ethnic identities within the LGBTQ+ community.

Building capacity through an intersectional approach and serving the most marginalized segments of LGBTQ+ elder communities has been a challenge, and Openhouse believes it could do better. With decades of combined experience working with LGBTQ+ populations, Openhouse staff are alert to institutional systems of power and oppression—ageism, racism, classism, sexism, homo/bi/transphobia—and their commitment to social justice and equitable access drives Openhouse programming and the approach to the CDEP. To that end, Openhouse held two all-staff trainings in the over a year period overlapping 2020-2021 with a focus on Anti-Oppression and Anti-Racism. These trainings were aimed at addressing the continued social justice focused work that is an ongoing area of professional development and growth for the organization. Openhouse invited a renowned Bay Area social justice consultant, Lisa Marie Alatorre, to work with staff to provide training and then develop a plan for how they can better meet the needs of the most marginalized segments of the LGBTQ+ senior population through power analysis and self-reflection activities. Staff co-created an ongoing work plan to increase support for front-line staff of color and improve allyship with one another, and community members of color. One outcome of the training was the creation of an ongoing POC Caucus to seek and offer continued support in a safe space and to evaluate the success of internal-and external-facing inclusion efforts. Another step Openhouse is taking is to bring an Anti-Racism training to the Board of Directors retreat. From governance to direct service staff, Openhouse is working to move beyond diversity toward creating safer, affirming spaces for true inclusion across segments of LGBTQ+ communities.

EVALUATION DESIGN AND METHODS

In the spirit of its work, Openhouse used a community-based participatory research (CBPR) approach to structure and conduct this evaluation. In CBPR, the community members participating in and being served by the research also co-design and inform the all aspects of the research process, including protocol design, recruitment, research tools, data analysis, and data presentation and dissemination.[16] CBPR has roots in mid-twentieth century research on education movements in Latin American and has been employed frequently by the LGBTQ+ community to structure research with advocacy, most notably for HIV/AIDS.[17,18] A main component of Openhouse's CBPR approach was the formation of a Community Research Group (CRG), which oversaw the entire CDEP evaluation process. From the evaluation launch in 2017 to the publishing of the final report in 2021, the CRG met semi-annually to design research materials and tools, brainstorm recruitment and outreach efforts, and continuously review data findings for further exploration and analysis. Openhouse worked with Health Management Associates, Community Strategies® (HMACS), a national research and consulting firm skilled in conducting CBPR for the social determinants of health with LGBTQ+ communities, to develop and conduct this evaluation.

Research Questions

The CRG was instrumental in developing the research questions that guided this evaluation. Openhouse targets the root causes of poor mental health for LGBTQ+ seniors—loneliness, social isolation, and historical trauma—in a culturally tailored, engaging manner. Through this evaluation, Openhouse aimed to investigate the strength of these programs in addressing these root causes and their larger impact on mental health. As part of ongoing efforts to infuse anti-racism in its practices and ensure that all identities within the LGBTQ+ umbrella feel welcome and affirmed, Openhouse also explored how these potential outcomes differed by certain demographic factors. The evaluation questions are below:

1. To what degree do individuals participate in each of the Program Components? Is participation sustained?
2. To what degree are Program Components perceived to be helpful and culturally responsive?
3. How do these process measures vary by race, ethnicity, language, gender identity, health status, and other socio-demographic variables?
4. To what degree did new or existing participants engage in additional Program Components? What caused the increase?
5. To what degree is participation in Program Components associated with perceived improved social connectedness, quality of life, and mental health? [Outcome Question]
6. How do these outcome measures vary by race, ethnicity, language, gender identity, health status, and other socio-demographic variables?

Design

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

Surveys

Quantitative data were collected through the administration of survey instruments and followed a pretest and posttest matched pair format for two of the four CEP programs: FV program and ESP-Group. Since ESP-Individual programming and Social Engagement and Recreational Programming did not have defined participation and activities were one-time and not regularly reoccurring, only one survey instrument was developed for participants to reflect on their experiences for the activity. Additionally, a Local Core survey was developed for all Openhouse community members enrolled in the CDEP, regardless of individual program participation. The Local Core survey followed a pretest and posttest matched format, with ongoing posttests every 6-months to assess differences in responses over time based on length of engagement. A survey instrument was also developed to assess Friendly Visitor Program volunteers' experiences with the training they received prior to being linked to an Openhouse community member. This instrument was administered once following the training program and asked volunteers to mark skills from a list that they felt more confident in after taking part in the training and provided open response questions for them to elaborate on their experience with the training. The CRG helped develop all survey instruments and tailored questions to solicit information about individuals' experiences with each program. The CRG adapted validated tools—including the UCLA Three-Item Loneliness Scale, the Health Related Quality of Life Scale (HRQOL) from the Behavioral Risk Factor Surveillance System (BRFSS) Questionnaire, and the Brief Sense of Community Scale (BSCS)—to assess the impact of CDEP programming on Openhouse clients' mental health and experiences.[19,20,21] Openhouse conducted a power analysis to assess the target sample size for each of the survey tools to ensure adequate validity and strength of statistical analysis of these data.

Prior to the COVID-19 pandemic, participant pretests and posttest were conducted onsite at Openhouse facilities by trained staff members. Friendly Visitor volunteer assessments were also administered onsite following trainings. Participants either completed the survey instrument on paper by themselves, or staff members read the instrument to them and completed it on their behalf. For survey instruments corresponding to specific program components—such as the FV program, ESP-Group, and Social Engagement and Recreational Programming—pretests and posttests were administered directly following those program components. However, given the disproportionate health concerns and impact of the COVID-19 pandemic caused by coronavirus, Openhouse suspended all in-person activities and services in 2020, including CDEP programs. Varying levels of technology access and literacy among community members made it difficult to collect data through traditional online surveying methods, so after a brainstorming session of the CRG, one CRG member stepped up to outreach CDEP participants and conduct pretests and posttest via phone, reading aloud the survey instrument questions and recording participants' responses verbatim. Not only did this boost data collection, it also helped to reconnect community members to Openhouse services and served as a friendly outreach for community members who were otherwise isolated under the public health emergency order. In fact, these efforts were more successful at collecting data than the previous efforts before the COVID-19 pandemic because community members had a greater desire and need for connection.

Power Analysis

Openhouse's power analysis was predicated on three assumptions from the literature. First, the mean effect size for 12 studies that used a single-group pretest-posttest design was -0.367.[22] Studies that specifically used the UCLA Loneliness Scale showed a mean effect size of -0.499. An intervention that has components that are similar to those being utilized by Openhouse was conducted with people age 52+ and showed an effect size of -0.45 and an estimated correlation between the pretest and posttest scores of 0.7.[23] All of these were used in the power analysis.

Second, this power analysis assumed Openhouse was looking at and comparing continuous (ordinal but treated as interval) values of responses to questions about loneliness and connectivity. Further, it assumed a one-group design, using pre and post measurement.

Third, this power analysis used standard statistical assumptions. Openhouse planned to employ a two-tailed test because of the exploratory nature of this first round of analyses. This analysis used 0.20 risk of making a Type 2 error (80% power threshold) and a 0.05 (5%) risk of making a Type 1 error.

Based on these assumptions, and using a standard power calculator for a matched pair sample and t-tests as the basic test of significance we calculated the need for a sample size of *37 participants* (matched from pre to post) to provide sufficient power. The anticipated levels of participation met this sample size, with one possible exception.

CDEP Component	Expected Number of Participants Per Cycle	Number of Cycles	Expected Total Number of Participants	Provides Sufficient Power?
Friendly Visitor Program	7-10*	4	97-130	Yes
Emotional Support Program—Individual	10-14	8	80-112	Yes
Emotional Support Program—Group	16	16	256	Yes
Social Engagement and Recreational Programming: Rainbow Lunch	20-30	3	60-90	Yes
Social Engagement and Recreational Programming: Off Site	10-30	3	30-90	Maybe

*First cycle only. Subsequent cycles will have approximately 30-40 new participants each cycle.

These larger sample sizes will allow Openhouse to conduct analyses on specific subgroups as well, such as lesbians only, gay males only, and/or among people within specific age, race/ethnicity, or income groupings, if there are sufficient numbers of individuals within those groupings.

Focus Groups

The qualitative design for this evaluation included annual focus groups with program participants. These focus groups were used to supplement quantitative data to explore the "how" and "why" CEP programs work or do not work, uncover challenges and barriers of participants, and understand additional areas for program improvement. Focus groups with program participants ask about:

- ► Their first impressions of Openhouse
- ► Positive and negative experiences had at Openhouse
- ► Changes they think could be made to improve their experiences
- ► How they believe diverse perspectives are valued
- ► How Openhouse has impacted their lives

Focus groups with staff were specifically used to assess their perceptions on program impact for participants and opportunities for program improvement. Prior to the COVID-19 pandemic, focus groups were conducted in-person onsite at Openhouse by trained research staff. However, during the

COVID-19 pandemic, focus groups were conducted virtually via Zoom or phone call. The questions asked to participants at focus groups conducted during the pandemic also shifted. They included similar topics as before, but also added questions about:

- ► How they found out about the transition to virtual services
- ► Their experiences participating in virtual services, including barriers and challenges
- ► Additional needs they have because of the COVID-19 pandemic and if and how Openhouse has helped them with those needs
- ► How Openhouse supported them with needs related to increased societal awareness of systemic racism and police brutality following the murder of George Floyd

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

In-Depth Interviews

Given the sweeping impact of the COVID-19 pandemic on Openhouse programming and the lives of LGBTQ+ older adults in San Francisco, Openhouse decided to engage five clients in more in-depth interviews about their experience with Openhouse programming during the CDEP. Interviews were conducted via phone by a trained research staff. These interviews were loosely structured and provided a chance for Openhouse clients tell their own stories about how their mental health and wellbeing were impacted by the services, programming, and community Openhouse provides. As part of these interviews, interviewees had the opportunity to submit pictures, written messages, videos, to further illustrate and provide testimony to their experience, though no participants who were interviewed chose to do so.

Implementation

Sampling & Participants

Recruitment for the CDEP followed Openhouse's standard recruitment and outreach processes. Sampling for surveys followed a convenience format; Openhouse collected data from all individuals who participated in CEP services and were interested in and able to consent to participate in the CDEP. Openhouse also engaged in several additional recruitment and outreach strategies specifically for the CDEP. These included flyer distribution at Openhouse events, one-on-one outreach by Openhouse staff from current client lists, and community events and meals specifically to enroll individuals in the CDEP. Individuals were also recruited to participate in the evaluation as they enter services or engage with CDEP activities. Those who were engaged in services already were recruited to participate in the evaluation as soon as it began. Recruitment included a complete informed consent process. To ensure participants were fully informed, each participant received information about the evaluation, what they would be asked to do as part of the evaluation, the potential risks and benefits, and other information. A cognitive screening was used as part of the consent process, to ensure that an individual had the capacity to give informed consent. For people who were not able to read and understand the recruitment materials on their own, Openhouse staff and/or members of the evaluation team read materials to interested individuals and explained the materials, the program, and the evaluation in language they are able to understand. The recruitment and consent materials and methods were tested with the CRG before they were implemented. The CRG provided guidance to Openhouse on how to

best explain the CDEP and enrollment to be understood by the target population, provided feedback on the language of recruitment and consent forms, and aided in the recruitment of participants. Qualitative sampling for focus groups and in-depth interviews followed a purposive format, with Openhouse staff and CRG members outreaching specific individuals who were enrolled in the evaluation. The goal of this purposive sampling for qualitative data collection was to ensure a broad range of experiences and identities across CDEP participants was captured.

The CRG was also instrumental in shaping two key components in population outreach for the evaluation. First, beyond age, Openhouse recognizes and affirms that LGBTQ older adults live at intersections of race, ethnicity, class, culture, HIV status, sexual orientation, gender, gender identity and expression, spirituality, ability, and other identities—all of which intersect to shape individuals' experience at Openhouse. Alongside Openhouse staff, the CRG developed demographic questions and categories using specific, intentional language so that this evaluation could capture nuances in intersectional experiences. As data collection began, the CRG evaluated findings with an intersectional lens to ensure that data were analyzed and presented in a manner true to experience, and then used these analyses to further inform recruitment of participants.

Programs

When the COVID-19 pandemic began in spring of 2020, Openhouse paused all in-person programs, including the CEP programs evaluated in the CDEP. All of the CDEP programs were then moved to Zoom once Openhouse resumed operations. However, given varying levels of technology and computer literacy among participants and other factors, like increased isolation, unsatisfaction with virtual programming, general disruption to routines, and lack of access to technology and/or WiFi, many original CDEP participants did not continue to engage in CEP programs. While Openhouse staff and volunteers continued to try to engage these individuals, the internal operational struggles caused by COVID-19 made it difficult to seamlessly transition services. This massive disruption not only caused the quality of CDEP program delivery and participant responsiveness to suffer, it also disrupted and decreased the planned dose, or level of exposure and engagement, that participants had to CDEP programming.

With these challenges and changes, Openhouse and the CRG remained responsive to the needs of Openhouse's community. Questions about community needs and experiences during COVID-19 were added to focus group and interview guides, and responses helped inform Openhouse services and outreach. Additionally, the San Francisco DAAS worked with Openhouse staff to develop a large-scale survey of community needs for LGBTQ+ older adults in the city. If requested, survey respondents received follow up from Openhouse's community outreach staff to connect them with services and support offered by Openhouse or other city agencies and organizations. This prompted Openhouse to be more flexible in its delivery of CDEP programs to participants, while still maintaining fidelity to the true purpose of the CDEP: to support and evaluate services for LGBTQ+ older adults. No formal assessment of implementation fidelity or flexibility was conducted given the capacity constraints of Openhouse during COVID-19. Even though there were no formal fidelity and flexibility measures assessed in the evaluation—such as exposure or dose of programming, quality of program delivery, participant responsiveness, or program differentiation—qualitative information on changes in program delivery detailed in this report provide context for how programs were delivered throughout the CDEP evaluation and are discussed in the Results and Discussion as they relate to evaluation findings.

Data Analysis

Quantitative data from surveys were analyzed using rigorous analytic methods, using Stata for inferential analysis and for descriptive analyses, such as participant demographics, participation, and program

monitoring. This analysis plan was developed alongside the survey instruments with continuous input from the CRG. Descriptive analyses explored differences by demographic groups, and by type of service. Data from the Local Core survey instrument were analyzed as the primary point of reference and data from the ESP-Group, Friendly Visitor, and Social and Recreational Programming survey tools were analyzed to compare findings.

For inferential analysis, t tests of significance of difference were used to assess changes in mean scores for changes in measures of mental health, quality of life, social connectedness and other dependent variables between pretest and 6-month, 12-month, and 18-month posttests. Regression modelling and analysis of variance tests—ANOVA and ANCOVA—were originally proposed to test the impact of these dependent variables relative to other independent demographic variables; however, there were not adequate samples sizes of pretests and posttests across different demographic groups to allow for these tests. Unfortunately, inferential analyses were not able to be conducted on data stratified by pre and post onset of COVID-19 pandemic.

Qualitative data collected from focus groups and interviews was recorded and transcribed. A set of initial codes through which to assess transcripts was developed with the CRG, and aligned with the guides. Transcriptions were then manually coded by researchers trained in qualitative analysis and emergent themes were captured. These findings were then shared with Openhouse staff and the CRG to validate themes and ensure interpretation was culturally appropriate.

These varying data collection methods and analyses served to mutually inform and reinforce each other to ensure that findings were validated across all analyses. Given inherent differences in the experiences and identities of individuals captured through various surveys instruments versus focus groups and interviews versus in-depth interviews, there are several discrepancies in findings, which are explored in this analysis.

RESULTS

Participants

There were 140 unique Openhouse community members and 44 unique Friendly Visitor volunteers who participated in the CDEP evaluation. Friendly Visitor volunteers only participated in the FV program survey instrument, a one-time assessment, so there was no attrition. Demographic information for Friendly Visitor volunteers who participated in the evaluation was not collected. The 140 community members who participated in the evaluation completed a range of pretests and posttests across the four survey instruments—Local Core, FV program participant, ESP-Group, and Social and Recreational Programming. The total number of unique participant responses at pretest and each posttest is shown below, as is the individual attrition rate for each survey instrument. Only 6-month posttests were administered for the FV program participant and ESP-Group survey instruments.

Survey Instrument	Pretest	6-month Posttest (Attrition)	12-month Posttest (Attrition)	18-month Posttest (Attrition)
Local Core	78	63 (20.25%)	50 (20.63%)	26 (48.00%)
FV Program Participant	22	16 (36.36%)	-	-
ESP-Group	17	12 (29.41%)	-	-
Social Engagement and Recreational Programming	82	-	-	-
FVP Volunteer	44	-	-	-

Attrition remained stable over the course of the evaluation, with bout 20-30% of participants dropping out before their next posttest. The primary reason for attrition was inability to follow up with individuals because of disruptions caused by the COVID-19 pandemic. Additionally, recruitment of participants continued up until 6-months before the end of data collection; therefore, a number of participants who were recruited later in the evaluation process were not able to complete their 12-month or 18-month posttests. Even still, the number of participants who remained in the evaluation over a 6-month, 12-month, and 18-month period to complete Local Core posttests is exceedingly high and is a strong reflection of both Openhouse's efforts to retain evaluation participants and participants' motivation to continue in the evaluation and give back to the organization.

Demographic information was only collected on the Local Core survey instrument and is shown in full in Appendix A. There were more evaluation participants who identified as white, as gay, and as male completed the Local Core pretest compared to the overall population that receives services from Openhouse, according to their 2019-2020 Impact Report. It is worth noting that some participants reported their race/ethnicity and sexual orientation across multiple response options.

Presentation of Results

Findings from analysis of all data sources—pretests and posttests from all survey instruments, focus groups and interviews, and in-depth interviews—are presented below and grouped into the following broad themes:

1. Program Participation
2. Quality of Life
3. Isolation and Loneliness
4. Community Connectedness
5. Support for Diverse LGBTQ+ Identities
6. Experiences with Staff and Organization
7. Accessibility and Responsiveness of Services

Theme 1 is analyzed through participation data pulled by Openhouse's data management system. Themes 2, 3, and 4 are associated with specific scales used in the Local Core survey instrument. Several of these scales were also included in specific program component survey instruments (ESP-Groups, FV Program Participant, and Social Recreational Programming). All three of these CDEP program components targeted similar outcomes— improving mental health and quality of life, reducing isolation and loneliness, and increasing community connectedness; therefore, findings discussed in themes 2, 3, and 4 can be attributed across all three program components. When possible, findings from analyses of scales included in specific program component survey instruments are compared to triangulate findings and assess the relative impact of specific program components on themes. Analyses typically utilized a matched pair t test of significance. Consistent with standard scientific practice, differences with p-values less than 0.05 are considered statistically significant. Statistical significance may still be possible when matched pair tests (n) are fewer than 30 and t tests result in a p-value less than 0.05, but findings are less reliable with these smaller sample sizes, so these findings are reported cautiously or not at all. Findings from qualitative data are mapped onto these themes to further illustrate, refine, and provide nuance to findings. When findings from qualitative data point to specific subthemes, differences in individual items from the scales are assessed across matched pretests and posttests. Themes 5, 6, and 7 are emergent themes from qualitative data. They are not associated with specific scales from the Local Core or program component survey instruments. However, some individual items within these scales can provide additional support for qualitative findings and are included in the presentation of findings.

Each theme contains findings that help answer one or more evaluation questions, as shown below:

1. To what degree do individuals participate in each of the Program Components? Is participation sustained?
   ► **Program Participation**

2. To what degree are Program Components perceived to be helpful and culturally responsive?
   ► **Accessibility and Responsiveness of Services**

3. How do these process measures vary by race, ethnicity, language, gender identity, health status, and other socio-demographic variables?
   ► **Experiences with Staff and Organization**
   ► **Support for Diverse LGBTQ+ Identities**

4. To what degree did new or existing participants engage in additional Program Components? What caused the increase?
   ► **Program Participation**

5. To what degree is participation in Program Components associated with perceived improved social connectedness, quality of life, and mental health?
   ► **Quality of Life**

   ► Isolation and Loneliness
   ► Community Connectedness

6. How do these outcome measures vary by race, ethnicity, language, gender identity, health status, and other socio-demographic variables?
   ► **Community Connectedness**
   ► **Support for Diverse LGBTQ+ Identities**

When sample sizes allow, quantitative differences in outcomes between racial/ethnic and gender demographic groups are explored in the results. In many cases though, the number of matched pretest and posttest responses from participants of color, trans and gender nonconforming participants, and other minority socio-demographic groups is too small to explore statistical significance when assessing variation in outcomes across different socio-demographic groups, limiting the quantitative data that can be used to evaluate question 3 and 6. However, qualitative data from focus groups and in-depth interviews are used to assess evaluation questions 3 and 6.

Finally, data from all sources were impacted by COVID-19. Due to small sample sizes and some data quality issues related to dates of survey administration, limited analysis of quantitative data can be done to assess the impact of COVID-19 on findings. However, findings from qualitative data that illustrate the impact of COVID-19 are used to provide nuance to thematic findings and infer potential effects in quantitative data.

Program Participation

Of all the CDEP programs, ESP-Groups had the highest retention rate, between 68% and 84% across all five years of the CDEP (Table 1). Notably, the retention rate and total participation in ESP-Groups did not appear to suffer during the COVID-19 pandemic, as seen with the sustained numbers in participation and percentages of retained participants. However, there was a steep drop off in new community members joining groups in 2021, with only 17 new participants joining and composing just 9% of participants of groups in 2021.

Table 1. Annual ESP Group Participation					
	2017	**2018**	**2019**	**2020**	**2021**
New Participants	-	63 (32%)	47 (23%)	47 (23%)	17 (9%)
Repeat Participants	-	136 (68%)	156 (77%)	156 (77%)	170 (91%)
Total Unique Participants	200	199	203	203	187
Change in Total Unique Participants	-	-1%	+2%	0%	-8%

In focus groups and interviews with Openhouse clients, many expressed that the support they receive from groups is "vital to their existence". When asked about their participation during COVID-19, they said that they found virtual groups especially important because they were able feel a sense of normalcy

around people with whom they share life experiences. This may be why the percent of repeat participant for groups not only did not suffer, but increased between 2020 and 2021.

Unlike ESP-Groups participation, retention for the Friendly Visitor Program and Social Engagement and Recreational Programming, namely social lunches, did appear to suffer as a result of the COVID-19 pandemic (Tables 2 and 3).

Table 2. Annual Friendly Visitor Program Participation					
	2017	2018	2019	2020	2021
New Participants	-	29 (26%)	35 (30%)	39 (61%)	48 (60%)
Repeat Participants	-	83 (74%)	82 (70%)	25 (39%)	32 (40%)
Total Unique Participants	81	112	117	64	80
Change in Total Unique Participants	-	+38%	+4%	-45%	+25%

Table 3. Annual Social Engagement and Recreational Programming Participation					
	2017	2018	2019	2020	2021
New Participants	-	106 (40%)	109 (39%)	23 (29%)	19 (86%)
Repeat Participants	-	160 (60%)	82 (61%)	25 (71%)	3 (14%)
Total Unique Participants	130	266	276	78	22
Change in Total Unique Participants	-	+105%	+4%	-72%	-72%

Annual participation in the Friendly Visitor Program and Social Engagement and Recreational Programming steadily increased prior to COVID-19, with the greatest participation increase for both programs being after the first year of CDEP implementation in 2017 to 2018. Friendly Visitor Program and Social Engagement and Recreational Programming participation decreased between 2019 and 2020, by 45% and 72% respectively. This was most likely due to the COVID-19 pandemic and stay-at-home orders that went into effect in March of 2020. In focus groups and interviews, as well as open responses on survey instruments, many participants said that they lost contact with their Friendly Visitors during the COVID-19 pandemic, because they were no longer able to see each other in person. Some were able to continue connecting through phone and video calls, but this technology proved to be a barrier for some Openhouse community members, and therefore, they stopped their participation. Interestingly, there was an increase in Friendly Visitor Program participation between 2020 and 2021. During this time, Openhouse also shifted to leverage this program to provide home-delivered meals and groceries to community members. Therefore, additional Friendly Visitor Program participants in

2021 may have engaged with the program for these services, in addition to the social engagement and interaction that the program provides.

COVID-19 also proved to be a barrier for continued engagement in Social and Recreational programming. Prior to the pandemic, the most popular social events were Openhouse's lunches, offered onsite at Openhouse or at other community locations. However, given health safety concerns with in-person gatherings, Openhouse suspended these lunches in March 2020. Openhouse quickly began to offer virtual lunches on Zoom for its community members but given barriers like lack of access to technology or low levels of tech literacy experienced by community members, there was low participation in this virtual programming. In open responses to survey instruments, participants shared that even when they did attend, it was not as enjoyable as in-person lunches and the atmosphere "just felt off". Further, community members may have participated in Zoom programming at the start of COVID-19, but expressed that after a while of participating virtually, they just felt "Zoom-ed out" and dropped off; a potential explanation for the addition decrease in participation between 2020 and 2021.

Table 4. Annual Total Program Participation					
	2017	2018	2019	2020	2021
New Participants	-	371 (37%)	338 (33%)	133 (14%)	26 (3%)
Repeat Participants	-	633 (63%)	693 (86%)	786 (86%)	793 (97%)
Participants who Attended Only One Activity	196 (20%)	179 (18%)	219 (21%)	77 (8%)	16 (2%)
Total Unique Participants	985	1004	1031	919	819
Change in Total Unique Participants	-	+2%	+3%	-11%	-11%
Retention Rate	-	51.8%	35.2%	42.1%	38.5%

When looking at total participation in Openhouse programming and services, not exclusive to the programs offered as part of the CDEP, trends were similar (Table 4). Between 2017, the start of the CDEP, and 2019, the number of overall unique participants increased. During that time, the percentage of participants who attended only one activity at Openhouse was steady at around 20%, showing that a strong majority of community members who engaged in Openhouse programming engaged in more than one program or activity. This was echoed in the focus groups and interviews; many participants often said that they came to Openhouse either for social lunches or for housing assistance and then found out about the additional programs and services Openhouse has to offer and joined more activities, like support groups.

Notably, the number and percentage of new participants in Openhouse programs and activities decreased sharply in 2020 and 2021. This was mostly like due to the COVID-19 pandemic. Given health and safety barriers to in-person events and general life disruptions, it may have been harder for community members to access and attend Openhouse activities. However, both the number and percentage of repeat participants increased over time, including during the COVID-19 pandemic. This is not the retention rate—the percent of unique participants from the previous year who participated in programs and activities. The retention rate in 2020 and 2021 was around 40.0%. Instead, the percentage

of repeat participants represents all unique participants who, at some time prior to that year, participated in Openhouse programming and participated again during that year. The increases in 2020 and 2021 may have been because previous Openhouse community members who had not participated in programming recently might have felt more isolated during the pandemic and therefore rejoined Openhouse programs to feel a sense of community and connection while they were physically isolated. Unfortunately, there were no qualitative data collected that further explain these trends.

Quality of Life

Participants' quality of life composite scores increased over their participation in the CDEP, with a mean increase of 0.189 after 12 months of participation and 0.363 after 18 months of participation; both were statistically significant (Table 5). Participants themselves also identified that Openhouse had a positive impact on their quality of life; when asked the degree to which they agree Openhouse has had a strong positive impact on their quality of life on a 5-point Likert scale (1 being Strongly Disagree and 5 being Strongly Agree), mean responses at 6, 12, and 18 months of participation were 3.875 (n=48, SD=1.024), 3.898 (n=49, SD=0.872), and 3.880 (n=25, SD=0.666), respectively. The same quality of life scale was in the ESP and FV program component survey instruments but there were not enough matched pair pretests and posttests to test for statistically significant changes in the participants' quality of life composite scores.

Table 5. Quality of Life Composite Score [i,ii]					
	n	Mean Pre (SD)	Mean Post (SD)	Difference	P-value
Pre to 6-month post t test	63	3.276 (0.092)	3.323 (0.095)	0.047	0.294
Pre to 12-month post t test	42	3.207 (0.120)	3.396 (0.117)	0.189	0.005
Pre to 18-month post t test	26	3.206 (0.144)	3.569 (0.138)	0.363	0.001

[i] The composite is a mean of 7 items pertaining to participants' satisfaction with their quality of life. These items are: participants' satisfaction with their quality of life, their physical health, their energy, their abilities, their ability to perform their basic activities, the conditions of their living place, and the way they spend their spare time.
[ii] Responses followed a 5-point Likert scale format with 1 being "Very Dissatisfied" and 5 being "Very Satisfied." Increases in composite score indicate increases in perceived quality of life.

Table 6. How satisfied are you with the quality of your life? [i]					
	n	Mean Pre (SD)	Mean Post (SD)	Difference	P-value
Pre to 6-month post t test	63	3.333 (0.139)	3.396 (0.135)	0.063	0.284
Pre to 12-month post t test	50	3.240 (0.161)	3.360 (0.168)	0.120	0.210
Pre to 18-month post t test	26	3.154 (0.233)	3.769 (0.194)	0.615	0.025

[i] Responses followed a 5-point Likert scale format with 1 being "Very Dissatisfied" and 5 being "Very Satisfied."

Within the quality of life scale, participants' self-reported satisfaction with the quality of their life had the highest mean increase—0.615 after 18 months of participation—and was the only item with a statistically significant change (Table 6). Participants' reported satisfaction with their physical health increased as well. In a t test of Local Core pretests and 18-month posttests (n=26), results showed a mean increase of 0.400 from 2.680 (SD=0.236) to 3.080 (SD=0.251) (p-value=0.063). Though not statistically significant,

"Openhouse brought me back to life."

this positive trend mirrors expressions of participants in open responses and focus groups, saying that services and activities gave them a "better perspective" on their physical health and "helped them feel less dissatisfied" with their abilities. Participants who took the social recreational programming (SRP) test also felt that engaging in social and recreational programming had a positive impact on their health and wellbeing; when asked the degree to which they agree Openhouse has had a strong positive impact on their health and wellbeing using a 5-point Likert scale (1 being Strongly Disagree and 5 being Strongly Agree), the mean response was a 4.024 (n=82, SD=.753).

Though neither is statistically significant, two other drivers of participants' changes in their quality-of-life composite scores were their satisfaction with the energy they have and the way they spend their spare time. In a t test of Local Core pretest and 18-month posttest (n=26) measures, participants' satisfaction with their energy level increased by 0.385 from 2.769 (SD=0.244) to 3.154 (SD=0.252) (p-value=0.0529).

Friendly Visitor Program participants specifically called out that the programs "provide hope, youthfulness; and [Friendly Visitor]'s visits give me energy". Again, though this item was included as a variable on the FV program survey instrument, there were not enough matched pair responses to show statistically significant changes in FV program participants' satisfaction with their energy level.

In a t test of Local Core pretest and 18-month posttest measures (n=26), participants' satisfaction with the way they spend their time increased by 0.385 from 3.308 (SD=0.234) to 3.692 (SD=0.182) (p-value=0.063). Though this cannot be considered statistically significant, increased satisfaction with spare time, or leisure, was a strong theme in qualitative data, especially for participants in the FV program and Social and Recreational Programming. One participant shared that he belongs to several social groups that do things on the weekends, but since he retired, Openhouse groups have offered him opportunities to do things during the weekdays. Another participant said that activities offered at Openhouse get him out of the house more than he otherwise would.

"For me, I love the Saturday outing. Because for almost a year, I never went out on the weekend. So it was big. I remember the first day that I met up with them [friendly visitor]. I felt a little anxiety because I had not been out on a Saturday. I don't like crowds. And all of the sudden, I found myself thrust into crowds. But they were so good, they were so nice. I decided to talk about it. I decided to say, "I'm feeling a little anxious, but I want to do this." ... So it was just great. After that, I've started getting out on Saturdays, so that was the impetus for getting out of the house."

The Local Core survey instrument asked participants how they expect their overall quality of life to change over the next five to ten years (Table 7). This question assessed a subtheme of hope.

Table 7. Predicted Quality of Life (5-10 years) [i]					
	n	Mean Pre (SD)	Mean Post (SD)	Difference	P-value
Pre to 6-month post t test	63	3.095 (0.141)	3.349 (0.136)	0.254	0.024
Pre to 12-month post t test	49	2.959 (0.154)	3.184 (0.153)	0.225	0.094
Pre to 18-month post t test	26	2.769 (0.194)	3.038 (0.225)	0.269	0.122
[i] Responses followed a 5-point Likert scale format with 1 being "Much Worse" and 5 being "Much Better."					

> **"People throw around the word hope a lot and when you think about the rest of your life it can be quite daunting, but to have a little glimpse of something that's possible is probably the biggest gift I've gotten from here."**

Though only the t test between the pretest and 6-month posttest showed a statistically significant change, participants' predicted quality of life increased at all three posttest intervals when compared to their pretest response. Participants became more hopeful about their lives through participating in Openhouse programs. Participants' themselves even expressed this increase in hopefulness through focus group discussions.

Part of what gave participants' hope was that, through Openhouse programs, they see themselves living fulfilling lives as they age. Participants saw examples of other LGBTQ+ older adults—some of whom have similar experiences of physical and/or cognitive disability and other functional loss—maintaining their dignity while aging. Openhouse community members serve as their own positive role models. Participants also expressed that the information and learning sessions that Openhouse offers on how to cope with loss of functional capabilities or how to prepare legally and financially for aging has helped bring them peace of mind and acceptance with the aging process.

> **"Fear of my future is greatly lessened by getting to know vibrant people much older than me."**

Isolation, Loneliness, and Mental Health

Age and aging were also heavily associated with isolation and loneliness in focus groups and interviews. Participants explained that, as they have aged, they have lost energy and lost friends with whom to socialize and do activities in the same way they used to when they were younger. Some participants also shared that, with the loss of so many LGBTQ+ people to HIV/AIDS in the 1980s and 1990s, they feel there is a gap in their friends and social networks. Others expressed using self-isolation as a protective tool because they feel shame about their disability, race, sexual orientation, gender identity, or other factor of their identity. Some also expressed that have experienced trauma or discrimination, and feelings of isolation can set in when they feel triggered by these experiences

> **"Age can be a very isolating experience. Not having friends your own age especially friends who are LGBT can be a very sad way to live."**

In the Local Core, participants defined isolation as "not having anyone to reach out to," "not feeling connected spiritually or emotionally with others," or "not being able to express myself fully." Participants also said that Openhouse programs have helped them combat feelings of isolation and that programs like the Friendly Visitor program are their "connection to the world."

Using a composite calculated from participants' responses to items in an adapted version of the three-item UCLA Loneliness scale on the Local Core survey instrument, participants reported isolation and loneliness decreased after 6, 12, and 18 months of participation and mean decreases of 0.292 and 0.231 at 12 and 18 months, respectively, were statistically significant (Table 8).[13]

Table 8. Isolation and Loneliness Composite Score [i,ii]					
	n	Mean Pre (SD)	Mean Post (SD)	Difference	P-value
Pre to 6-month post t test	62	2.281 (0.052)	2.204 (0.053)	-0.077	0.081
Pre to 12-month post t test	49	2.311 (0.060)	2.019 (0.082)	-0.292	0.000
Pre to 18-month post t test	26	2.305 (0.083)	2.074 (0.114)	-0.231	0.005

[i] The composite score is an average of 7 items adapted from the UCLA Loneliness Scale.[13] These items ask how often participants feel they lack companionship, feel left out, and feel isolated from their family, racial community, other LGBT people, spiritual community (if they have one), and others in general.
[ii] Responses followed a 3-point Likert scale format with 1 being "Hardly Ever" and 3 being "Often." Decreases in composite scores indicate reductions in isolation and loneliness.

The ESP-Group and FV program survey instruments also assessed isolation and loneliness using the same scale. Results from a t test of matched ESP-Group pretests and 6-month posttests (n=12) showed a mean increase in isolation and loneliness composite score of 0.136 (SD=0.493, p-value=0.820) and results from a t test of matched the FVP pretests and 6-month posttests (n=15) showed a mean decrease of 0.267 after 6 months (SD=0.584, p-value=0.282). Neither difference was statistically significant.

The SRP survey instrument did not contain the full isolation and loneliness scale and participants were not tested over time; however, when asked the degree to which they agree that they feel less lonely and/or isolated after a Social and Recreational Programming event using a 5-point Likert scale (1 being Strongly Disagree and 5 being Strongly Agree), the mean response was a 4.049 (n=82, SD=0.768). In the Local Core, when asked the degree to which they agree Openhouse has had a strong positive impact on feelings of isolation and loneliness using a 5-point Likert scale (1 being Strongly Disagree and 5 being Strongly Agree), mean response at 6 months of participation was 4.000 (n=42, SD=0.855).

Qualitative data from open response questions and focus groups and interviews reveal that COVID-19 and the resulting stay-at-home orders increased and intensified participants' feelings of isolation and loneliness. Additionally, participants who said they had not previously felt isolated began to experience feelings of loneliness, isolation, and loss, saying that these feelings were "COVID-related" and that "without COVID, everything would be okay." Openhouse was somewhat able to help participants with

> **"[I am] now a shut in because of COVID and disability - haven't been outside for a year."**

these feelings through weekly phone calls and other offerings, but they persisted among those interviewed.

Some participants attributed their increased isolation to the fact that, because they live with health conditions that affect their ability to fight off COVID-19 infection, they were extra cautious in physically isolating, sometimes never leaving the house.

When asked their experiences participating in virtual programming at Openhouse, participants' experiences seemed to align with their level of comfort with technology. Those who continued to participate in virtual offerings expressed support for the quality and variety of programming, and the ability to learn more technology skills, like Zoom and FaceTime. Other participants who were who not engaged with virtual offerings said they received phone calls from either a Friendly Visitor, case manager, or other Openhouse staff member, which helped. Still other CDEP participants expressed that their lack of technology skills shrunk their social interaction and increased their isolation, and sometimes caused them to drop out of CDEP programming all together.

> **"Because of COVID, what little I was able to do, has stopped. [It is] difficult to get around physically - wind gusts stop me going out. Therapy by phone does not work for me — it's really been a problem."**

In the Local Core open responses, many participants tied this increase in isolation and loneliness from COVID-19 to decreases in their mental health, saying that they need social interaction and without it, they feel "isolated and depressed." Participants expressed that their experience with depression and other mental health disorders also caused great feelings of isolation during COVID-19.

Engaging in activities and meeting new people through Openhouse not only helped reduce participants' feelings of loneliness and isolation, but also enhanced their mental health. One participant said that the people and friends she met through Openhouse helped her get out of a deep depression. Others expressed that Openhouse programs have helped them "get out of their heads" and feel more in touch with themselves.

> **"I had issues with isolation and Friendly Visitor helps me keep things in perspective. Gives me a springboard and to not focus on myself. It has been great for me."**

Using a t test of the matched pretest and posttest composite scores calculated from participants' responses to items in a scale on the Local Core survey instrument measuring mental health status, participants had enhanced mental health after 6, 12, and 18 months of participation (Table 9). Mean composite score increases at 12 months, 0.215 (n=41, p-value=0.002), and at 18 months, 0.185 (n=26, p-value=0.042) were statistically significant.

Table 9. Mental Health Composite Score[i,ii]					
	n	Mean Pre (SD)	Mean Post (SD)	Difference	P-value
Pre to 6-month post t test	62	2.574 (0.071)	2.629 (0.077)	0.055	0.173

	n			0.215	0.002
Pre to 12-month post t test	41	2.512 (0.098)	2.727 (0.101)	0.215	0.002
Pre to 18-month post t test	26	2.592 (0.119)	2.777 (0.137)	0.185	0.042

[i] The composite is an average of 7 items adapted from the Behavioral Risk Factor Surveillance System Questionnaire.[14] These items ask how often participants felt blue, sad or depressed; felt worried, tense, or anxious; felt health and full of energy; experienced positive feelings in their life' and enjoyed their life.
[ii] Responses followed a 4-point Likert scale format with 1 being "Never" and 4 being "A Lot." Scale items were reversed scored for questions asking how often participants felt blue, sad or depressed; felt worried, tense, or anxious. Increases in composite score indicate increases in mental health.

In the ESP-Group open responses, participants shared that they found these groups helpful for their mental health. One participant shared that they came to the group to "counter isolation, depression, and feel a part of others with similar life journeys." This person mentioned that it was "healing for [them] to offer support to others as well as receive help and support."

Community Connectedness

Closely aligned with isolation and mental health was community connectedness. Similar to their feelings of isolation, many participants said aging has resulted in them losing touch with the community and that they "are not connected to the LGBT community like [they] were before." Others expressed that they never felt connected with the LGBTQ+ community.

In the Local Core survey instrument, participants were asked directly how connected they felt to the LGBTQ+ community. T tests of matched responses for participants at their pretest and their 6-month, 12-month, and 18-month posttests show they felt more connected to the LGBTQ+ community at all times after participating in Openhouse CDEP programming (Table 10). All mean increases were statistically significant.

Table 10. I feel connected to the LGBTQ+ community[i]					
	n	Mean Pre (SD)	Mean Post (SD)	Difference	P-value
Pre to 6-month post t test	62	3.161 (0.106)	3.403 (0.096)	0.242	0.001
Pre to 12-month post t test	48	3.083 (0.129)	3.333 (0.117)	0.250	0.011
Pre to 18-month post t test	24	3.167 (0.167)	3.500 (0.147)	0.333	0.029
[i] Responses followed a 4-point Likert scale format with 1 being "Never" and 4 being "A Lot."					

This question was just one item on a scale adapted from the Brief Sense of Community Scale.[15] The composite score from this scale, a calculated mean of the eleven items included in the scale, was used to measure participants' overall community connectedness. Participants felt increased community connectedness after 6, 12, and 18 months of participation and these mean composite increases were statistically significant at all time periods (Table 11).

Table 11. Community Connectedness Composite[i,ii]					
	n	Mean Pre	Mean Post	Difference	P-value

	N	(SD)	(SD)		
Pre to 6-month post t test	62	3.048 (0.081)	3.283 (0.075)	0.235	0.000
Pre to 12-month post t test	48	2.988 (0.098)	3.180 (0.091)	0.192	0.004
Pre to 18-month post t test	24	3.132 (0.132)	3.369 (0.109)	0.237	0.003

[i] The composite is a mean of 11 items adapted from the Brief Sense of Community Scale (BSCS). These items ask how often participants can get what they need in the LGBTQ community, the LGBTQ community helps fulfill their needs, they feel like a member of the LGBTQ community, they feel they belong in the LGBTQ community, they feel have a say about what goes on in the LGBTQ community, people in the LGBTQ community are good at influencing each other, they feel connected to the LGBTQ community, they have a good bond with others in the LGBTQ community, they help other people in the LGBTQ community, they get help from the LGBTQ community, and they are active or socialize in the LGBTQ community.
[ii] Responses followed a 4-point Likert scale format with 1 being "Never" and 4 being "A Lot." Increases in composite score indicate increases in community connectedness.

When broken out by race/ethnicity, white participants had a slightly larger increase in mean community connectedness score (0.259, n=39, p-value=0.000) than POC participants (0.183, n=21, p-value=0.027) between pretest and 6-month posttest. However, the mean community connectedness composite scores were the same, at 3.301 out of 5, for both groups at the 6-month posttest. The number of POC participants who completed a posttest at 12 months and 18 months was too small to generate any specific findings. There was no significant difference between cisgender and gender minority participants' changes in community connectedness; both groups experienced statistically significant increase in their mean community connectedness composite score over time.

The FV program and ESP survey instruments also assessed participants' community connectedness using the Brief Sense of Community scale, though neither had large enough samples to test for statistical significance. In a t test of matched pretests and 6-month posttests from the FV program survey instrument (n=16), the mean composite score increased by 0.053 from 3.010 (SD=0.178) to 3.063 (SD=0.177) (p-value=0.350). Interestingly, in a t test of matched pretests and 6-month posttests of the same scale from the ESP-Group survey instrument (n=12), the mean composite score decreased by 0.307 from 3.193 (SD=0.266) to 2.887 (SD=0.227) (p-value=0.828). Again, given the small sample size, these results are not substantial or significant. The SRP survey instrument did not contain the full community connectedness scale and was not administered over time. However, when asked the degree to which they agree that they feel more connected to the LGBTQ+ older adult community after participating in a Social and Recreational Programming event, the mean response was a 4.305 (n=82, SD=0.661; using a 5-point Likert scale with 1 being Strongly Disagree and 5 being Strongly Agree).

From the Local Core, the largest change over time within this scale was in participants' feelings of getting help from the LGBTQ+ community. In a t test of matched pretests and 6-month posttests (n=61), the mean value for this item increased by 0.262 from 3.066 (SD=0.107) to 3.328 (SD=0.080) (p-value=0.001) and by 0.375 (p-value=0.001), from 2.958 (SD=0.126) to 3.333 (SD=0.113), in a t test of 48 matched pretests and 12-month posttests.

Getting support from other LGBTQ+ people was also a central theme of community connectedness in qualitative data. For many, this help came in the form of emotional support and encouragement. In ESP-Group open responses, participants said that it was beneficial to hear from staff and other peers about how they work through personal problems like mental health, self-blame, guilt, and acceptance of their

> **"[Openhouse is] a place to interact with others like myself. To get information from my community. A place to feel safe and discuss anything."**

LGBTQ+ identity. This not only helped participants learn and apply these skills in their own lives, but also gave them a support network of individuals with shared experiences. One focus group participant summed it up by saying: "The staff they really encourage me a lot in the things that I involve myself within Openhouse. It's not a continuous, good feeling every day, but it's like you run into a wall, you discuss it, there's healing that occurs and then you moved forward."

Similar to isolation and loneliness, participants' feelings of community connectedness were heavily impacted by COVID-19 and the stay-at-home orders. All in-person programming stopped and Openhouse began to offer programming virtually. When asked what didn't work as well for them when activities and services changed, some participants shared that they prefer meeting in-person and coming together as a community. One person said he "misses being able to get on his razor scooter and roll over to Openhouse." Another person said that virtual lunches are not as effective and that he misses the upbeat nature of the physical space at Openhouse.

Qualitatively, technology seemed to determine whether participants' felt connected to their communities during COVID-19. Some participants said the general connectedness they feel through engaging in virtual programming or getting weekly phone calls has helped them a lot during the pandemic. One participant shared that her rapport with her Friendly Visitor during COVID-19 was very good, and that they regularly exchanged text messages and photos. Others also mentioned that virtual programming helped increase the reach community by extending participation to include people outside of San Francisco who otherwise may not be able to join Openhouse programs.

Participants who did not feel comfortable using technology or did not have access to technology said they felt left behind. One person mentioned that they don't have internet, so they haven't been able to participate in virtual offerings. Another

> **"My blindness is hard for me on Zoom. [I] attend a Zoom Wednesday meeting - sometimes very difficult."**

participant said that Zoom has been challenging and he avoids using it. Even still, participants shared that Openhouse was "courageous and fearless" in helping them with get access to technology and learn basic technology skills so that they could stay connected. Additionally, participants appreciated the creative solutions—such as phone calls, socially-distant meet ups, and letter writing—Openhouse used to maintain connections with people who have more limited access to technology, in particular with the Friendly Visitor program.

R. A.'s Story

The following is the experience of a San Franciscan who is 70 years old and is a retired teacher. He has lived in San Francisco for 25 years and identifies as a white gay cisgender man.

I originally found Openhouse because I was looking for housing. I wanted to find senior housing in San Francisco. So I went to a number of workshops there. I learned about the Rainbow Lunches. And I started going to the Rainbow Lunches every Wednesday, and that was so much fun! They had all kinds of people performing for Pride. And Openhouse even invited the Sisters of Perpetual Indulgence, who performed

and provided a wonderful lunch for us. Openhouse consistently had this welcoming and supportive lunch event honoring queer seniors, served by young volunteers. And so it was really a good experience for me to look forward to each week. I started meeting other seniors and feeling rather special. And also feeling especially grateful to Openhouse for their efforts to give LGBTQ+ seniors a place to belong.

When the pandemic hit, I was not literate in technology at all. I didn't even have a cell phone. And so in April of last year, I got my first cell phone which opened me up to the opportunities of the internet for the first time. Openhouse got me hooked up with the Community Tech Network, who provide seniors with a tablet and your own personal, very skilled, friendly and understanding tutor who trains you on how to use the tablet and the internet. What a blessing for a senior like me! I was facing isolation during a worldwide pandemic, and now, much to my surprise, I am able to connect with other people and take lots of classes on Zoom.

Openhouse provides a ton of Zoom classes especially designed to benefit seniors, and I took full advantage of different lectures, wellness support groups, and a self-compassion group to help me cope with the COVID crisis. I went to a number of different groups, and they were all amazing – really helped me psychologically deal with COVID and with the isolation. Openhouse provided me with weekly volunteers to get my groceries and all my prescriptions. They had their social worker call me to chat once-a-week to make sure I was doing ok and got me set-up in their "friendly visitor" program, which paired me with a younger queer volunteer for weekly chats and/or "safe" outings. And now I remember, they delivered masks, latex gloves, alcohol to spray on stuff, sterilized wipes and hand sanitizer right to my apartment door at the beginning of the lockdown. Now that's caring! Man-o-man, Openhouse has really been helping me survive and so my heart is full of gratitude and appreciation for their extraordinary service. And one more thing I remember, the Openhouse volunteers would hand-deliver right to our doors "gift totes" or bags full of wonderful goodies and gifts for every holiday so we did not feel forgotten.

Then I was asked to teach an Openhouse Zoom class online, and being new to tech, I was scared to death. I barely knew what Zoom was and so I had to have quickie instructions by the expert tech staff at Openhouse. (And also, I'm very camera shy at my age. So to be on camera was really a challenge for me.) It was a huge stretch. Plus, not teaching in person meant I had to have all these different strategies for teaching. But it was a good challenge because in the end, after 10 weeks, it turned out to be a really wonderful experience. And I got lots of kind emails from the class thanking me. What a great way for me to give back to Openhouse!

When you live a lifetime of being put down for being gay and losing housing, losing jobs, all these horrible things happen to you, losing your best friends to the AIDS pandemic and losing straight friends, if you come out. And then to get to be older and thinking you're probably going to go down the drain because you're older now and queer, without children. How are you going to survive?, kind of thing. And then here's Openhouse who's totally dedicated to you surviving and growing and learning and being your true self, even though you're gay.

I feel supported and cared about by Openhouse. I doubt I would have been able to survive the pandemic thus far as well without them. And I look forward to what's ahead when Openhouse opens up their new building. THANK YOU OPENHOUSE!

Support for LGBTQ+ Identities

According to participants, part of what makes Openhouse successful at enhancing participants' sense of community is that it is an explicitly queer-friendly organization that affirms and celebrates LGBTQ+

older adults' identities. In focus groups and interviews, participants said that at Openhouse, they feel they can "be themselves" and "live authentically" without fear of judgment. One person said that as a trans person, he has never been discriminated against at Openhouse, and that at other places he has gone to for mental health and social services, he felt hostility from people because of his gender identity.

> **"... embracing and being part of this community has sort of re-identified my role and my right to be in this community as a gay man, gay women, and transgender community member."**

One participant shared that Openhouse recognizes all his identities, not just his LGBTQ+ identity. He said feels that Openhouse is the one organization that really understands him and welcomes all of these identities. However, this was not true for all participants, especially participants' who did not identify as white and/or cisgender male. In focus groups and interviews, participants shared that they felt apprehensive or nervous to engage in Openhouse programming because they felt like Openhouse represented the "mainstream" gay community. Many of these participants felt further discouraged and disappointed after engaging in programming because of the lack of diversity among program participants or feeling that participants were "cliquey" and only interacted with others with similar identities. One participant shared his own story of not feeling like he fit in:

"I've been here [in San Francisco] 40 years and I never felt connected in the gay community nor have I felt connected to the African American community. I live in what was the African American community and hostility there for people who are openly gay and lesbian can be quite intense and I've experienced a lot of that. And part of me, when I reached out, I just thought, well I have to do something because I can't accept the level of isolation that I'm experiencing. And I'm basically very shy and I started of going to the Monday Men's Group and that kind of overwhelmed me and plus I was the only African American there. And some of the men looked at me like I was an alien and that's how I felt so I stopped doing that." Because some participants of racial/ethnic, gender, and other minority groups within the LGBTQ+ community could not find others with their similar identities through programming at Openhouse, they said that they could not fully express themselves or feel like they fit in.

After the murder of George Floyd and subsequent national attention on historic racial injustice, particularly against black Americans, Openhouse organized workshops for its clients to process these events and lean about how they can support racial justice movements. Focus group participants said these sessions were generally appreciated and well received.

Moving forward, focus group participants suggested Openhouse explore issues related to white privilege and addressing racism in the LGBTQ+ community. Black participants also wanted Openhouse to create spaces of support and healing for people dealing with homophobia within the African American community. Though participants mentioned that, while staff are welcoming to POC for the most part, staff could be more intentional in showing support and empathy for clients of color to make sure that they are not isolated because of fear.

> **"Now that I'm here, I don't see those people [people of color]. You know, I go to the Rainbow Lunch, I go to the trans lunch, and the dykes don't go to that."**

In the Local Core pretest and 6-month posttest, participants were asked about the extent to which they agreed that staff respect their racial and/or ethnicity, using a 5-point scale with 1 being Strongly

Disagree and 5 being Strongly Agree. In a t test of matched responses between the pretest and 6-month posttest (n=13), the mean response increased by 0.385 from 4.385 to 4.770, showing that, after engaging in Openhouse programming, participants felt even more that staff respected their race and/or ethnicity (Table 12). There was also a statistically significant mean increase of 0.750 in participants' feeling that Openhouse staff understand that people of their racial and/or ethnic group are not alike between the pretest and 6-month posttest. While there was not a statistically significant change in participants' perceptions of staff's respect for their sexual orientation and/or gender identity between the pretest and 6-month posttest, the means for both of these were high at 4.615 (SD=0.180) and 4.692 (SD=0.630), respectively. There was also not a statistically significant change in participants' feeling that Openhouse staff understand that people of their gender and/or sexual orientation group are not all alike between the pretest and 6-month posttest, but the mean response did increase and was already high at pretest.

Table 12. Perceived staff support for and understanding of participants' race and/or ethnicity and gender identity and/or sexual orientation[i]					
Question	n	Mean Pre (SD)	Mean Post (SD)	Difference	P-value
The staff here respect my race and/or ethnicity.	13	4.385 (0.506)	4.770 (0.438)	0.385	0.054
Staff here understand that people of my racial and/or ethnic group are not all alike	12	4.000 (0.213)	4.750 (0.131)	0.750	0.012
The staff here respect my gender identity and/or sexual orientation	13	4.615 (0.180)	4.692 (0.630)	0.077	0.753
Staff here understand that people of my gender and/or sexual orientation group are not all alike.	13	4.385 (0.180)	4.769 (0.121)	0.385	0.096
[i] Responses followed a 5-point Likert scale format with 1 being "Strongly Disagree" and 5 being "Strongly Agree."					

The sample of matched pretests and posttests from CDEP participants who identified as not white was too small to run additional analyses on differences in perceptions of staff support by race or ethnicity. However, the mean responses to these items were different between white participants and POC participants at 6-month posttest. When asked the degree to which they agreed staff respect their race and/or ethnicity, white participants had a mean response of 4.833 (n=6, SD=0.408) and POC participants had a mean response of 4.714 (n=7, SD=0.488). When asked the degree to which they agreed staff understand that people of their racial/ethnic group are not all alike, white participants had a mean response of 5.000 (n=5, SD=0.000) and POC participants had a mean response of 4.571 (n=7, SD=0.202). Again, due to small sample sizes, these differences in means cannot be considered statistically significant.

F.K.'s Story

The following is the experience of a San Franciscan who is 63 years old. He has lived in San Francisco for nearly 20 years and identifies as a Black gay cisgender man.

When I first came to Openhouse, I was looking for a place to live. Another agency sent me to Openhouse because of my sexual orientation, and I guess they didn't really want to handle a male gay man…so, they sent me there. As I was sitting there waiting, I met some of the people that were coming in. They were so alive and, you know, vibrant as I am. [I thought] "all right, these my type of people. This my family right here." Then one of the staff came in and said, "Don't worry. We got your back." I was like, "Wow. Really?" Me being an African-American, that's something that we don't hear often. It was just amazing.

Then they told me about the Rainbow Luncheon. Then they told me about the other programs they have and creative writing. I was like, "Wow, okay." But I asked "Well, what about a men's walking group?" They said, "Well, we don't quite have one right now." I told them my thoughts about it and what I wanted to do and everything. It was approved, and I've been at it ever since. [They had said], "we don't have too many things to do here for people of color." I said, "Yes, you do, because I started the walking group, and I'm pretty sure I am a person of color." Okay, so we do have something here for people of color. Then that became me.

Also, I became part of everything that they did, because I love the vibe of Openhouse. I love the people that surround them, because if they are faking it, I can't tell it. It seems to be for real for me how they feel about the LGBT seniors. They call me all the time. So, I think Openhouse is the best for people that are really looking for something to really do and not play like you want to do something, but to actually do something. I think this is the place to do it and to be and to join in with them. If they ain't paying attention to you, they sure got a good fake going on. Because you can tell when they listening to you. And they hear you. They are not just listening, they also hear you. They also try to step in and see what they can do for you.

We don't have many organizations that we can sit around and talk about things and be ourselves. Other organizations, you can talk, but you can't be yourself.

Experiences with Staff

Overall, participants reported good experiences with staff. In open responses across all survey instruments (Local Core, ESP-Group, FV program, and SRP), participants expressed that staff have been friendly, enthusiastic, and empathetic to their experiences as LGBTQ+ older adults. Many participants shared personal stories of how specific staff members have gone out of their way to support them and make them feel "loved" and "wanted". One focus group participant said that the staff was the reason they keep coming back to Openhouse and they feel that staff will advocate for them. Another participant said that the staff at Openhouse make them feel included and "not forgotten" and "because of this [their] life has improved."

Participants who were engaged in Social and Recreational programming and ESP-Group programming also praised staff's facilitation skills. Staff made everyone feel welcome and supported when sharing personal experiences and working through personal challenges. Focus group participants even said that, because of staff encouragement, they have become more active in the Openhouse community by volunteering or starting up their own groups. When asked on the SRP survey instrument to rate the quality of activity facilitators on a scale of 1 to 4 with 1 being Poor and 4 being excellent, participants answered with a mean score of 3.778 (SD=0.48).

Part of why participants said they felt supported and included by the staff was because many of the staff are also LGBTQ+. By having representation among staff, participants felt more comfortable interacting with them and being authentic about their experiences as LGBTQ+ older adults. One participant shared

> **"Openhouse prepared wonderfully wrapped presents for all of its clients, and for me, especially because I don't have a lot of presents to open on Christmas, it was so very touching, and I felt loved, and wanted. It made a huge difference in my Christmas."**

that he didn't think he would be comfortable seeking help from a non-LGBTQ+ organization because he thought most other senior programs were run by churches and staffed by people from religious groups who may be discriminatory towards LGBTQ+ people.

A few participants noted in Local Core open responses that they wished that the staff who service Openhouse's housing centers were also LGBTQ+ because they felt that these individuals did not have an understanding of the stress that LGBTQ+ adults face related to housing. While participants said that other Openhouse staff have been helpful supporting them with issues related to their housing and interactions with housing service staff, participants also suggested more cultural training for these housing service staff so that they can support participants' needs without involving other Openhouse staff.

Most participants' experiences with volunteers in the Friendly Visitor program were positive. In FV program open responses, participants shared stories of going to coffee with their Friendly Visitor, walking dogs together, or even starting a book club with each other. Because of the kindness and support from their Friendly Visitor, participants said they had increased energy, more things to look forward to (hope), and felt less lonely. In the FV program survey instrument, when asked to rate their satisfaction with the Friendly Visitor program on a scale of 1 to 5 with 1 being Very Dissatisfied and 5 being Very Satisfied, participants' mean response was a 4.200 (SD=0.941).

> **"My Friendly Visitor has been so kind and helpful. I truly appreciate him and feel grateful for him spending time with me."**

Individuals who volunteered as Friendly Visitors felt very prepared to participate in the program after going through the Friendly Visitor training. When asked the degree to which they agreed they felt ready to be a Friendly Visitor after participating in the training on a sale of 1 to 5 (1 being Strongly Disagree and 5 being Strongly Agree), participants' responses had a mean of 4.681 (SD=0.471). In open responses, training participants shared that the trainers were phenomenal and especially felt that "Real Play" scenarios increased their confidence. One suggestion was to invite current Friendly Visitor program participants and their Friendly Visitors to the training to share more about their experiences and answer questions. Of all of the skills taught in the Friendly Visitor training, the skill that training participants felt they had to be most conscious of was allowing silence in their visits. In open responses, many trainees expressed that they are uncomfortable with silence during social interactions. Other skills that trainees felt they had to be more aware of during Friendly Visitors were slowing down their speaking pace, matching their participants' energy levels, and validating their participants' experiences.

> **"Summarizing and paraphrasing is important to validate what you are hearing as well as making people feel like you are actively listening."**

Some CDEP participants were able to continue engaging with their Friendly Visitor during COVID-19 and the stay-at-home orders, either through regular phone calls, socially distant outdoor meetings, or even letters. One participant

mentioned that he appreciated the creative solutions his Friendly Visitor found to stay in touch during COVID-19. This continued engagement was a "life saver" for these participants, who said that otherwise, they had nothing else going on in their lives. Some participants also expressed that they wished their Friendly Visitor would stay in contact even more, because they needed more social engagement while staying at home. Other participants said that their Friendly Visitor did not maintain contact with them during COVID-19 and shared that when they tried to get a new Friendly Visitor, they were not able to get connected with one.

E.O.'s Story

The following is the experience of a San Franciscan who is 61 years old. He identifies as a gay Puerto Rican cisgender man.

When I moved out here, I just didn't have any support because I didn't know anyone. I came from a neighborhood that wasn't the greatest neighborhood, but I had some really good friends because we kept the contact and we lived in close proximity. Any one of us needed any kind of help, we would help each other. But when I came all the way out here, I lost that. And on top of losing that I was becoming very isolated because I didn't know any of my neighbors.

I wasn't really very happy moving out to where I am. I was kind of forced into taking the unit because I [didn't have any other housing options]. So I came down here, and I was really very depressed. And I just remember one day, some folks calling me and asking me if I would be interested in joining their organization, the program [Openhouse]. And I said, "Well, okay." They told me who they were and we chatted for a little while, and it was fine. I thought that it was a good idea to do that. Three of the members from Openhouse came to my house.

They came to my house, and this was all pre-pandemic. When they asked me if I wouldn't mind them coming to my place, I said, "No." I was shocked, I never expected that kind of attention. Well, they came to my place and we all sat down and we had such a great conversation.

I didn't know who they were and they just came into my house and they sat down in front of me and we were talking... and I offered them coffee. I had a coffee machine and I started making coffee for all of us. I'm not sure if you would understand this, but I'm Puerto Rican. I'm from Puerto Rico. I was born in Puerto Rico. And my whole family still lives in Puerto Rico. My grandmother lived with us for many years until her passing. My grandmother lived with us in New York City. And whenever any of my friends would come to my house, my grandmother did not know a word of English. But her way of communicating with people is, as soon as she opens the door, she's speaking to you in Spanish, so you just follow her. She would take you by the hand, straight to the kitchen, sit you down on the table and make you coffee with toast. That's what she would do. So, naturally that's the type of thing I would do, because that's what I've known all my life. Because you're sharing something very personal with people. And that to me is very welcoming and... and I felt that good about these ladies when they came to my house. The first time I've ever had anybody come to my house. And I just was shocked.

And then we were laughing... and I felt like these ladies were friends of mine for years. They made me feel so comfortable and so welcomed that... I didn't know how to really react.

And then I would hear from one of them every couple of days, and they were constantly in communication with me. And I knew that I needed some help. I was depressed, and I just didn't know that I made the right decision moving out here.

About a couple months later, I had a little dog and he was my life, and he passed away. He was 14 years old. And he contracted of diabetes. This had never happened to me before. I've never had a dog before, I got my dog when I was 45 years old, for the first time I ever actually had a dog. I had never had a dog when I was a kid, and it really meant a lot to me. And Openhouse was so understanding and they just wanted to make sure that I had everything because they understood, animal lovers know animal lovers. And I was so emotional about that because no one has ever shown me such attention and care and understanding and it really made me feel like I was worthy. And in talking right now, I get very emotional about that. They're really, really good people. Their hearts are in the right place. I think that if I hadn't known them, I don't think I would've survived that period when I lost my dog.

They were a godsend. We did a lot of things together. I had joined another part of their program where we were working on a project. The people that they connected me with, it was so well thought out that we were still friends, and we still communicate with one another. To be connected with these people that I have absolutely no idea how they came about. I have no idea where they came from. All I know is that these three ladies came to my house and it changed my life.

I can't say anything bad about the organization. They are so well put together. They've got the right people there, and they all understand how we all feel. They're very much in tuned with our emotions.

No other organization has ever, ever been so hands on. Okay. And I mean deliberately hands on to make sure that everything is going well. For example, the pandemic created some issues for a lot of us. I couldn't get out to go anywhere and get groceries or pick up some bathroom tissue or things like that. So they decided that they were going to put a group together to do that for us. And they hooked me up with one of their volunteers, and their volunteer would go out and she would bring me hand sanitizer and she would bring me bathroom tissue and she would bring me whatever I needed. She would go out there to the stores herself and drive it back to my place.

The support, emotional, physical, whatever, they will provide whatever you need. And that to me is extremely important.

For the last four years or so, my life has been a lot better because of their help.

Accessibility and Responsiveness of Services

While social engagement was impacted by COVID-19 and the stay-at-home orders, participants expressed profound gratitude for Openhouse's efforts to connect them with basic assistance and services, like food and medication delivery. Five focus group participants mentioned having needs related to getting food and not having enough to eat because of the COVID-19 pandemic and that Openhouse was able to help them with these needs. Participants also mentioned that Openhouse staff took the lead on reaching out to them as soon as the pandemic started and stay-at-home orders went into effect to ask them of their needs and provide help, rather than them having to reach out to Openhouse. In this way, participants felt that staff anticipate their needs and work to provide them with accessible support.

Some focus group participants had suggestions for additional support they wished Openhouse could have provided to address that their other needs during COVID-19 and the stay-at-home orders. These included things like help navigating unemployment, support with health affairs and directives, at-home medical care and COVID-19 testing, and delivery of basic medical supplies. These services, while important, are not currently part of Openhouse's service capabilities or mission. However, the fact that community members mentioned that they wished Openhouse could provide these services may be a

testament to the support they do receive from Openhouse and could indicate that they are not able to receive or do not feel comfortable receiving these services from other agencies or organizations.

"I felt desperate when I walked through the door initially…and I was trying to figure out any housing alternative options and somebody recommended I come here. And I came here and I walked in and not only did Openhouse support me as a gay person but they help me navigate the city system, which was quite a relief because suddenly there were options that I had no idea about and they were very helpful and informative in that way. So, I felt a sense of relief and I felt like I had some sort of hope and expectation that things were going to get better because of all this information that was given to me that I knew nothing about."

DISCUSSION AND CONCLUSION

Discussion

As a whole, Openhouse's CDEP programming had substantial and significant positive impacts on LGBTQ+ older adults' lives, most notably, increases in community connectedness, and reductions in isolation and loneliness. The underlying power of these interventions stemmed from the fact that they were developed and implemented by, for, and with LGBTQ+ older adults.

With its CDEP programming, Openhouse directly addressed one of the biggest needs cited by over half (51%) of LGBTQ+ older adults: socialization activities.[3] Participants felt that Openhouse's programs were a critical part of their lives. The social and recreational programming and the ESP-Group programming helped participants find and create communities with other LGBTQ+ older adults who shared the same interests as them. The Friendly Visitor Program helped get participants out of their living spaces and try new things, while feeling supported.

It was both the casual social connection and deeper emotional support these programs offered that caused increases in participants' feelings of community connectedness. For LGBTQ+ older adults, deep injustices and traumas sparked defining movements—the Gay Liberation Movement, movement to fight the HIV/AIDS epidemic—of their youth. These movements gave place, meaning, and purpose to the LGBTQ+ community and mutual support for shared experiences strengthened the bonds between individuals and individuals' and their community. With significant increases in participants' feelings that they are able to give and receive help from the LGBTQ+ community, Openhouse programming, especially ESP-Group programming, provides the mechanism for deeper emotional support that is needed by LGBTQ+ older adults.[3,24]

More than just feeling connected to their communities, this deeper emotional connection helped to reduce participants' feelings of isolation and loneliness. As reported in 2011, over half of all surveyed LGBTQ+ older adults reported feeling isolated or lonely compared to just 36% of cisgender, straight older adults.[2] Daily or weekly meetings with Friendly Visitors helped participants' get out of their living spaces and make them feel like they had fulfilling social lives. The emotional bonds many participants formed with their Friendly Visitors helped participants "get out of their heads", reset, and squash internal feelings of isolation, loneliness, and despair. Though the COVID-19 reduced some participants' ability to be connected or stay connected with their Friendly Visitor, for those who maintained connection, the emotional support and their Friendly Visitor provided became even more critical.

By reducing and helping participants cope with feelings of isolation and loneliness, CDEP programming also had a strong positive impact on clients' mental health. Social isolation and loneliness are closely linked with depression and anxiety in older adults.[25] Participants themselves even explained that their feelings of isolation and loneliness contribute to depression and poor mental health. They also explained that the friends they made through Openhouse and the emotional support they receive through programs like Friendly Visitor have helped them bounce back from negative mental health experiences. By enjoying time spent with others and getting "out of their heads", clients were able to recenter their headspace and break cycles of negative thinking.

Evidence also shows that increased social isolation and loneliness is associated with increased risk of poor physical health for older adults, including dementia, heart disease, and stroke.[26] Though only anecdotal, Openhouse participants' felt that their engagement in programming did have a positive impact on their physical health. A common theme among participants was that programming, especially

time with Friendly Visitors, gave them energy. This increased energy was a strong contributor to the positive increase participants had in their quality of life.

The two other strongest contributors to participants' increased quality of life were feelings of dignity and feelings of hope while aging. Dignity in care and treatment is a central issue in healthcare and long-term support settings for older adults but applies to social and recreational settings just as well.[27,28] With Openhouse, participants have the agency to start and run their own support groups and choose the activities with which they want to engage. This means clients are in control of their own social lives and create meaningful opportunities of social support for themselves in a safe, non-judgmental environment. The agency many clients felt they have with Openhouse was also a source of hope that their quality of life would continue to be strong as they got older. Without Openhouse and its programming, many clients pictured themselves "wasting away." But with Openhouse's activities and supportive services, clients can see means by which they can continue to live fulfilling lives. Even more than this, by connecting with other LGBTQ+ older adults, they can see themselves reflected in their peers who are living fulfilling lives long into older adulthood.

This representation, both in clients and in staff and volunteers, is what sets Openhouse apart and can be considered the driving force behind its overarching impact. Clients are motivated to come to Openhouse for their programming and services because it is explicitly supportive of diverse LGBTQ+ identities. Once they are at Openhouse, the welcoming and queer-centered environment allows clients to be able to be themselves authentically and feel comfortable in their own skin. This is especially important for LGBTQ+ older adults who grew up in stigmatizing social environments and may carry shame and trauma and have poorer mental health as a result.[29,30] By centering the experiences of LGBQT+ older adults, reflecting their identities in clients, staff, and volunteers, and fostering deep connections among the community, Openhouse programming mitigates this impact and gives LGBTQ+ older adults a space to thrive.

While COVID-19 and the stay-at-home orders may have complicated program participation and mitigated positive outcomes, it also sparked the creation of new and responsive services and supports that benefited Openhouse clients.

Specifically, the use of technology and home-based services helped and hindered clients' experiences with Openhouse services. Technology proved to be a barrier for many, both because of lack of access and lack of skills. This caused many clients to drop off from CDEP programming. These barriers identified are concordant with those identified in other studies and research on older adults' interactions with technology—such as feelings of inadequacy and lack of confidence.[31] Additionally, for many, virtual-based programming didn't provide the same experience as in-person programming. With the barrier of the screen, delays in video and audio, and lack of physical presence, participants did not feel the same connection with their communities or have the same casual relationships that could be fostered through side conversations and impromptu gatherings after program meetings.

All the same, the transition of services to virtual was also an opportunity for clients to enhance their skills and get connected to online platforms. Openhouse staff quickly responded to reach out to clients and provide them with phones, computers, or tablets to ensure that they could maintain participation in programming. For many, new virtual programming became the impetus for them to learn new skills like how to join and operate Zoom meetings or how to use FaceTime to talk with their Friendly Visitor. These skills not only helped them stay connected with their Openhouse community, but also other family and friends. By helping clients master these skills and maintain them as part of program participation,

Openhouse helped to enhance the personal, social, and physical contexts of technology within their clients' lives, which helps facilitate older adults' abilities to age in place.[32]

Openhouse also responded to the new needs of their clients during COVID-19, as the pandemic made it dangerous for many older adults to access their day-to-day necessities like groceries, medications, and general household supplies. Openhouse's home deliveries for these items was hailed by many as a "lifesaver" during this time. Without this assistance, clients would not have been able to successfully sustain themselves. The nimbleness with which Openhouse was able to partner with local farmers' market or food shares to set up these delivery services proved a testament to the organizations' responsiveness and creative. As an added bonus, the delivery of these necessities also helped maintain clients' feelings of connectedness during the stay-at-home orders by having a consistent social interaction each time a delivery was made.

Several limitations must be considered alongside these findings. First, there were not adequate sample sizes among POC clients and trans, gender nonconforming, and other gender minority clients in the pretests and posttests to generalize findings across all racial/ethnic groups and gender identities. Within the LGBTQ+ community, race and ethnicity can serve as a moderator to individuals' feelings of community connectedness, with Black, Latinx, and other minority racial/ethnic groups feeling less connected.[33] Additionally, LGBTQ+ older adults of color faced and continue to face intersectional oppression and stigma based on their race/ethnicity, sexual orientation, and gender identity that may worsen trauma and mental health status. Second, while the sample size for Local Core pretests and posttests was large enough to convey statistically significant results, the same was not true for individual program component tests—FV program and ESP-Group. Thus, statistical analyses could not be performed to determine which CDEP components, if any, had greater effects on specific outcomes than others. This should be further investigated in future CDEP evaluations. Third, while qualitative data collected can provide some context, the lack of date-recorded timestamp for pretests and posttests means that no adjustments could be made on analyses of outcomes relative to the COVID-19 pandemic. The pandemic and stay at home orders not only affected CDEP program operations, but also severely affected the examined outcomes—isolation and loneliness, community connectedness, mental health, and quality of life—in ways that Openhouse programming could not control for or modify. While events like the COVID-19 pandemic will hopefully not occur regularly in the future, future evaluations of Openhouse's CDEP programming may examine differences in the effect sizes of outcomes relative to in-person or virtual receipt of programming or even lasting effects of the COVID-19 pandemic on clients' community connectedness, isolation, loneliness, mental health, and quality of life.

With transformation in the types of services needed by its clients because of COVID-19 and ways in which Openhouse provides those services and supports—like home-delivered meals, medications, and legal, income, and housing assistance—future evaluations of Openhouse programming and services may also assess how Openhouse, compared to other service and aid organizations in San Francisco, addresses these needs. Individuals' physiological and safety needs provide the foundation that supports their social and emotional wellbeing.[34] Future evaluations should assess how, by coupling delivery of basic needs with opportunities for LGBTQ+ adults to find belonging, Openhouse's unique program model impacts and influences the social and emotional outcomes of its most vulnerable clients.

CRDP Impact

Prior to the award of the CRDP grant, Openhouse was renting space within the LGBTQ center but did not have a physical space in which they could offer programming. The space within the LGBTQ Center had many limitations including limited space, an open floorplan with no offices for confidential conversations or meetings, and they could not control bathrooms to make them gender neutral, among

other things. In 2016, Openhouse had four locations, so community members didn't always know where to find them. One of the locations was in the Castro neighborhood, which also impacted the demographics of people who accessed services – usually white, cisgender, gay males. At this time, they had a staff of around 7 or 8 people, all of whom did a wide array of tasks, and the emphasis of their work was on raising funds for a new physical location. Because of the limitations of their space, they could not offer programming there, and instead, brought LGBTQ-affirming programming to senior centers in the area.

Since the CRDP funding was awarded in 2017, Openhouse has undergone a huge transformation. The funding allowed the organization to move into a new location and hire a multitude of new staff. The combination of a larger, centralized, and more accessible location and new staff has allowed Openhouse to expand programming to serve more than 3,000 people each year. The new staff hired have improved administrative processes, built and sustained connections with community members, established support groups, and developed a successful peer facilitation program. One great example of the peer facilitation program is that one community member who participated in this program went on to establish a support group for LGBTQ Older Adults with Chronic Physical Disabilities, which was something he had wanted for 20 years. The group has around 15 members who attend every month.

Another major success that occurred following the CRDP funding is that Openhouse reorganized, centralized and formalized many of their processes, including the way in which they onboard new community members, conduct outreach, and do trainings in the community. Because of these changes, people started to identify Openhouse as their community. This has helped retain people over time, and get them connected to a wider array of services.

Openhouse's involvement in the CRDP has encouraged the organization to shift how they talk about and work toward racial and gender equity. They have found that over time, there is much less resistance to thinking about the intersectionality of these topics and the work that Openhouse does. Through the CRDP, Openhouse heard from community members of color that they were not feeling as though there was a space for them. Openhouse was able to act upon this feedback and establish more inclusive programming, as well as better diversify their staff. In addition, Openhouse has pioneered an ambassadors program to better welcome new community members into Openhouse to make sure they feel supported and feel they are oriented to the programming and community at Openhouse.

Additionally, Openhouse has made more intentional efforts to engage the transgender, gender nonconforming, and nonbinary community in programming, creating a specific group for these community members to connect during the COVID-19 pandemic. Within the first year of this group, membership group from 8 to over 30.

Openhouse staff members shared that they are optimistic about the future. There is a sense that because they made it through 2020-2021, which was one of the most difficult years in their history, they can conquer whatever comes next. Because their funding is now more

secure, there is a sense that they can be proactive rather than reactive in terms of how they will grow moving forward. Additionally, staff members will have the ability to become masterful in what they do, rather than regularly having to "wear different hats". Openhouse is also looking forward to a new partnership in which they will open a day program, where there will be communal activities happening all the time at Openhouse. They are also planning on opening more housing in the next two to three years.

Conclusion

By reducing isolation and loneliness, connecting them with their community, and supporting their LGBTQ+ identities, Openhouse and its programming significantly improved its clients' mental health and quality of life. It also gave its clients hope that they can live fulfilling and authentic lives as they age. Because of their history, LGBTQ+ older adults have unique needs and ways of forming communities. Openhouse and its LGBTQ+ staff and volunteers understand this and are better able to design their programming with this in mind. While other organizations can provide similar support and services for older adults, the unique impacts that Openhouse, an organization that is run by, for, and with LGBTQ+ older adults, has on this populations' social, emotional wellbeing is the very illustration of what it means to improve mental health equity and serves as a model for how to best "take care of our own."

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APPENDIX A

Local Core Participant Demographics		
	n	%
Age	78	100%
Between 50 and 64	53	68%
65 or older	25	32%
Race/Ethnicity[i]	78	100%
American Indian/Alaskan Native	5	6%
Black/African American	9	12%
Latinx/Hispanic/Spanish	7	9%
Asian	4	5%
Native Hawaiian/Pacific Islander	3	4%
White	54	69%
Other	3	4%
Multi-Racial	5	6%
Skipped	1	1%
Don't Know	0	0%
English Proficiency	78	100%
Fluent	74	96%
Know Some Vocab	1	1%
Somewhat Fluent	1	1%
Know Some Vocab	2	3%
Skipped	1	1%
Preferred Language[ii]	78	100%
Portuguese	1	1%
English	75	97%
Spanish	1	1%
Skipped	1	1%
Place of Birth	78	100%
Inside US	67	87%
Outside US	8	10%
Skipped	3	4%
Gender Identity	78	100%
Cisgender Man/Male	51	65%
Cisgender Woman/Female	10	13%
Transgender/Trans	2	3%
Genderqueer/Non-binary	6	8%
Questioning/Unsure	1	1%
Skipped	8	10%
Sexual Orientation[i]	78	100%
Gay	51	66%
Lesbian	11	14%
Bisexual	12	16%
Queer	7	9%
Asexual/Aromantic	2	3%
Pansexual	3	4%
Questioning/Unsure	3	4%
Straight/Heterosexual	3	4%
Skipped	2	3%

i Respondents could choose more than one response option. Therefore, the sum of the percentages of each response option may be greater than 100%.
ii Respondents wrote in their own responses.