

COMMENTARY

Aging, Diversity, and Difference in Rural Perspective

by Douglas Kimmel

Knowing that someone is age 70, 80, or 90 actually gives little information about the individual person. In our ageist society, chronological age operates as a master status that overwhelms other aspects of human diversity, unless we look closely at the individual. In rural Maine, in fact, it is almost impossible to guess the chronological age of our neighbors, and frequently I am surprised when the person reveals it. We all know of two 65-year-olds who are contrasts of health status, but we seldom are aware of the multiple other aspects of diversity that are important in understanding the individual aging experience. This brief commentary will focus on several aspects of diversity, calling attention to one of the less frequently recognized dimensions: sexual orientation and gender identity.

In rural Maine, we frequently think that the aging population is not diverse, that it is overwhelmingly white, and that the important dimensions of diversity are visible, such as race or ethnicity. All white people are not alike, however. We have learned that America is a melting pot that reduces white immigrants into a uniform American. Nonetheless, looking simply at the example of Maine political leaders, we find Franco-Americans such as Mike Michaud and Paul LePage, Arab-American such as George Mitchell, Italian-Americans such as John Baldacci and Louie Luchini, mixed English and French such as Margaret Chase Smith, mixed Irish and English such as Susan Collins, mixed Protestant Irish and

Russian Jewish such as William Cohen. Each of these cultural heritages bring diversity to the white melting pot of America; not everyone aging in Maine is a descendent of the Pilgrims.

In addition to the immigrants from other countries (discussed elsewhere), rural Maine has four tribes of Native Americans: Aroostook Band of Micmac, Houlton Band of Maliseet Indians of Maine, Passamaquoddy Tribe of Maine, and the Penobscot Nation.

African American families have lived in Maine since Reconstruction, many returning from Canada after the Civil War ended the Fugitive Slave Act that made Maine an unsafe residence at the end of the Underground Railroad. The Talbot family, for example has lived in Maine for six generations, and Gerald Talbot was Maine's first African-American legislator.

Less visible dimensions of diversity in aging individuals in rural Maine are place of birth (born in Maine vs from away); social-economic status, reflecting educational level, work history, housing condition, and retirement income; disabilities such as hearing, vision, mobility, developmental disorders, and mental illness; and sexual orientation or gender identity (SOGI).

Few gerontologists considered SOGI as a dimension of diversity until gay and lesbian organizations began to become visible. Prior to the late-twentieth century, gender (e.g., male or female) was regarded as the sole relevant variable of interest. Sexual orientation

was linked with sexuality, which was assumed to no longer be important for old people. Little popular information was available about transgender individuals, aside from Christine Jorgensen who had a sex change operation in the 1950s and drag performers who lip-synched to recorded music at local venues. Often gerontologists responded to my research of gay male aging with surprise: "I never thought homosexuals grew old!"

In 2012 SAGE Maine, an affiliate of Services & Advocacy for Gay, Lesbian, Bisexual, and Transgender (GLBT) Elders, conducted a statewide needs assessment to determine the focus this organization was to have as a new affiliate. We found several issues of concern. Two out of three respondents had experienced verbal harassment almost always motivated by homophobia; one out of five had been physically assaulted and one out of seven felt they were assaulted because of homophobia; nearly 30 percent experienced property damage, and one out of six felt this was due to homophobia. Twenty-two percent felt they had been discouraged from participation in faith-based activities or discriminated against in their faith-based community because of their GLBT identity.

The respondents want providers who understand their special needs. One in five reported they had been the victim of discrimination while being treated by a health care provider, and 22 percent worried that their health care providers would treat them differently if they disclosed their GLBT identity. There was also a need for appropriate legal assistance: although over half of the respondents had some legal arrangements, 28 percent had none. Moreover, an overwhelming 86 percent said they would be more likely to choose a social service provider who is trained or knowledgeable in GLBT issues.

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The need for social activities was important. While most of the respondents did not feel isolated, 16 percent reported being isolated because of lack of friends and 17 percent because they lived in a rural area. Two out of three reported being depressed for several days or longer in the past two years, and 88 percent said they would participate in GLBT community activities if they were offered in their area.

The most serious worries of the respondents were about long-term care facilities and life planning. Sixty-three percent were concerned about the facility honoring their will or their partner's wishes; 58 percent were concerned about visitation due to staff; and 53 percent were concerned about visitation due to facility regulation. Over two-thirds were concerned about receiving Social Security or other benefits after their partner died. Over half were worried about having their sexual identity honored, and 44 percent were concerned about housing after their partner passed away.

There is an important role for affirmative support and education concerning diversity issues in Maine. At least four goals are suggested by these data:

1. Provide support and assistance if harassment or assault is experienced and broader education regarding Maine legal protections for GLBT individuals.
2. Create a network of health care providers and other professionals who are knowledgeable and affirmative regarding GLBT aging issues.
3. Create opportunities for social support and activities to reduce isolation and depression as well as appropriate referrals to

GLBT-affirmative providers of mental health services.

4. Train staff and management of long-term care facilities to provide a referral network of GLBT-affirmative facilities.

SAGE Maine has begun work to meet those goals; it can be contacted at www.sagemaine.org.

We are fortunate to be growing older in Maine, where legal civil and human rights protections prevent discrimination on the basis of sexual orientation and gender identity in all public accommodations, including nursing homes, assisted living places, and hospitals—for the staff as well as for those being served. Maine is also becoming more ethnically diverse as we find that the skills and youth of immigrants from abroad are essential for economic growth and for meeting the needs of our aging population since it is the oldest state in the country. Our challenge, of course, is to maximize the benefits of diversity and to minimize any aversion to those who are different from us. In truth, the older we get, the more unique we become, each of us adding daily to the diversity of our communities. 🐟



Douglas Kimmel is professor emeritus of the City College of City University of New York, where he taught psychology and aging. He is a

co-founder of Services & Advocacy for GLBT Elders (SAGE) and currently is the executive director of SAGE Maine. A retired psychologist, he lives in Hancock, Maine, with his husband whom he married in 2013, 44 years after their church (but not legal) wedding in 1969. 🐟