

IMPROVING THE LIVES OF LGBT OLDER ADULTS

April 2010



SNAPSHOT REPORT

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movement advancement project ▶



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With a foreword by



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LGBT Movement Advancement Project (MAP)

The LGBT Movement Advancement Project is an independent intellectual resource for the LGBT movement. MAP's mission is to speed achievement of full social and political equality for LGBT people by providing strategic information, insights, and analyses that help increase and align resources for highest impact. For more information, go to www.lgbtmap.org.

Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders (SAGE)

SAGE is the world's oldest and largest nonprofit agency dedicated to serving LGBT older people. Since its inception, SAGE has pioneered programs and services for the aging LGBT community, provided technical assistance and training to expand opportunities for LGBT older people across the country, and provided a national voice on LGBT aging issues. In 2005, SAGE became the first official LGBT delegate at a White House Conference on Aging. In 2010, SAGE was awarded a 3-year, \$900,000 grant from the U.S. Department of Health and Human Services and the Administration on Aging to create the nation's only national resource center on LGBT aging. For more information go to www.sageusa.org.

This report was developed in partnership with:

American Society on Aging (ASA)

The American Society on Aging is an association of diverse individuals bound by a common goal: to support the commitment and enhance the knowledge and skills of those who seek to improve the quality of life of older adults and their families. The membership of ASA is a multidisciplinary array of professionals who are concerned with the physical, emotional, social, economic and spiritual aspects of aging. ASA's 6000 members are researchers, practitioners, educators, business people and policymakers. For more information go to www.asaging.org.

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FOREWORD

As America's 65+ population continues to grow in ways challenging our social and economic fabric as never before, this insightful report reveals the conditions facing America's LGBT seniors. The clear understanding of these challenges provided in *Improving the Lives of LGBT Older Adults* will aid policy makers striving to make sure all Americans can age successfully.

Even as our country moves closer to insisting on fair treatment and full opportunity for all of our people, the effects of long-standing discrimination against the LGBT community remind us of how far we still have to go.

Myths about LGBT persons have long been an obstacle to justice. Even as our society has overcome some damaging stereotypes, other myths linger and hold back progress. Importantly, the report notes the mistaken belief that "LGBT people are more affluent than other Americans."

In fact, a lack of financial security is the fearful reality for a large percentage of LGBT older adults. This report makes a thoughtful and nuanced contribution to the public policy dialogue through its depiction of issues involving financial security, health and health care, and social and community support. The report provides depth to a steadily growing pool of information.

The special challenges facing many LGBT older adults must be kept in mind. Whether it's the problem of aging in isolation or the treatment of residents in institutionalized settings or other issues, many LGBT older adults often face special challenges. This report can help government and nonprofit organizations address some of those challenges.

From a holistic perspective, the report makes it clear that LGBT individuals and the LGBT community at-large have a major role to play in determining the degree to which policy and advocacy issues that affect LGBT older adults are given appropriate consideration. Advocacy with and on behalf of LGBT older people will make a significant difference.

While many members of AARP are members of the LGBT community, the issues raised in this report extend beyond our membership and our organization. It is not only a question of LGBT fairness—the issues raised involve the fair treatment of all Americans, and how our society will promote a secure retirement.

This report will help to inform our country as we move forward to fulfill our highest ideals, appreciate our diversity, take care of each other, and ensure that all our citizens can age with dignity and purpose.

Tom Nelson
Chief Operating Officer



INTRODUCTION

Although largely invisible until very recently, lesbian, gay, bisexual and transgender (LGBT) older adults make up a significant and growing share of both the overall LGBT population and the larger 65+ population. LGBT elders are gaining visibility with the aging of LGBT Baby Boomers, who are the first generation of LGBT people to have lived openly gay or transgender lives in large numbers.

While confronted with the same challenges that face all people as they age, LGBT elders also face an array of unique barriers and inequalities that can stand in the way of a healthy and rewarding later life. This report examines these challenges, and how they make it harder for LGBT elders to achieve three key elements of successful aging: financial security, good health and health care, and social support and community engagement. It also offers detailed recommendations for addressing inequities and improving the lives, and life chances, of LGBT older Americans.

1. LGBT OLDER ADULTS IN PROFILE

The challenges facing LGBT older adults are coming into sharper focus at a time when America's overall older population is experiencing unprecedented growth. The 65+ population in the U.S. is expected to double to 80 million in the next 30 years, as shown in *Figure 1*. This growth rate is four times that of the population as a whole, putting increasing pressure on health and long-term care services.

Within this rapidly aging older America emerges a distinct population of LGBT older adults. Given that about 4.1% of American adults identify as lesbian, gay or bisexual, there are an estimated 1.5 million LGB elders today, growing to nearly 3 million by 2030.¹ Lesbians will likely be over-represented in these figures, reflecting both general population trends and the decimation wrought by HIV/AIDS, which disproportionately affected gay men.

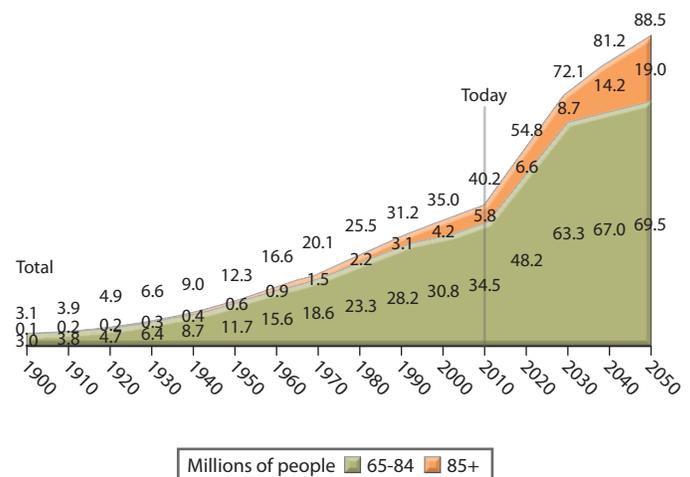
2. OVERVIEW: KEY CHALLENGES FACING LGBT ELDERS

As members of a legally and socially disfavored minority, LGBT elders face three unique challenges that make successful aging more difficult.

The effects of social stigma and prejudice, past and present. Historical prejudice against today's LGBT elders has disrupted their lives, their connections to their families of origin, their chance to have and raise children, and their

Figure 1: U.S. Population Age 65 and Over

From 1900 to 2050



Source: U.S. Census Bureau

opportunities to earn a living and save for retirement. Today's LGBT elders have seen their expressions of love labeled a psychiatric disorder, a criminal activity, anti-family and immoral, and a security risk. Ongoing stigma also stands in the way of full participation in community and society as many LGBT elders fear to seek services and care from potentially hostile aging and health services providers, or to reveal their identity to their heterosexual peers. Almost one-third of gay and lesbian Baby Boomers identify discrimination as their greatest concern about aging.²

Reliance on informal "families of choice" for social connections, care and support. Today, about 80% of long-term care in the U.S. is provided by family members. However, LGBT elders are only half as likely as heterosexual elders to have close relatives to call for help.³ This is because LGBT elders are often estranged from biological family. They also are about twice as likely to be single, and about three times more likely to be childless, compared to their heterosexual peers.⁴ LGBT elders therefore often rely on friends and community members as their chosen family. This can cause problems

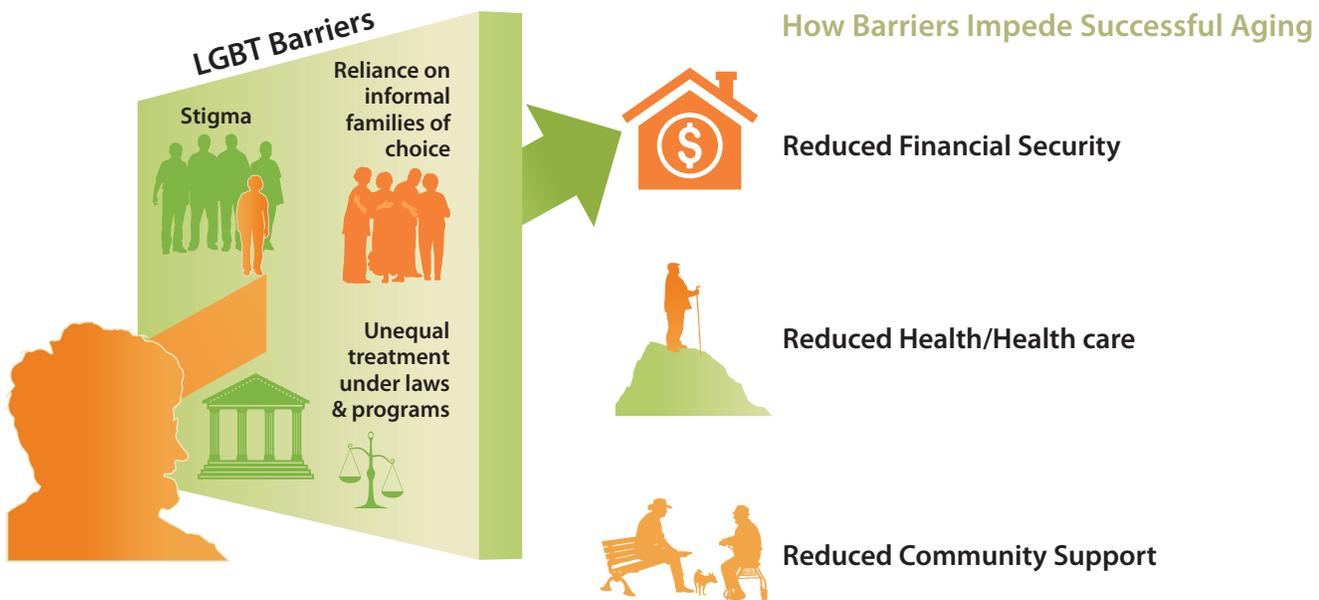
¹ The 4.1% figure is from UCLA's Williams Institute on Sexual Orientation and the Law; however, given concerns that stigma causes under-identification, many sources use an estimate of 3-8%, which would translate to 1 million to 2.8 million LGBT elders.

² MetLife Mature Market Institute, "Out and Aging: The MetLife Study of Lesbian and Gay Baby Boomers," November 2006.

³ SAGE and Hunter College Brookdale Center, "Assistive Housing for Elderly Gays and Lesbians in New York City," October 1999.

⁴ See various sources cited in long-form report, page 6.

Figure 2: The Three Challenges Obstruct LGBT Elders' Successful Aging



because official policies, laws and institutional regulations generally prioritize only legal and biological family, and in many instances deny resources and support to same-sex partners, families of choice and other caregivers who do not fall into traditional categories.

Unequal treatment under laws, programs and services. Many safety net programs are designed around the presumption of marriage. For example, Social Security provides extra benefits to spouses, while estate tax law provides tax exemptions on estates passed between spouses. However, only five states allow same-sex couples to marry, and even then, the Defense of Marriage Act means these marriages are not recognized by the federal government. Additionally, rules surrounding everything from hospital visitation to inheritance rights prioritize blood relatives over beloved partners, friends and caregivers who happen not to be related by blood. Finally, laws do not address ongoing discrimination against LGBT individuals, whether young or old. For example, advocates are still trying to gain basic non-discrimination protections that include public accommodations (which would cover nursing homes, senior centers, etc.)

We now look at how these three challenges make it harder for LGBT elders to achieve financial security; good health and health care; and social and community support (see *Figure 2*).

3. AT ISSUE: FINANCIAL SECURITY

Contrary to common stereotypes, LGBT older adults are poorer and less financially secure than American elders as a whole (see *Figure 3*). A lifetime of employment discrimination, with its resulting effects on financial security, is compounded by laws and safety net programs that fail to equally include LGBT elders. In one study, 42% of LGBT elders said financial problems are a big concern in their lives; 47% reported having less than \$10,000 in savings and other assets; and 30% are concerned about meeting their housing and shelter needs.⁵

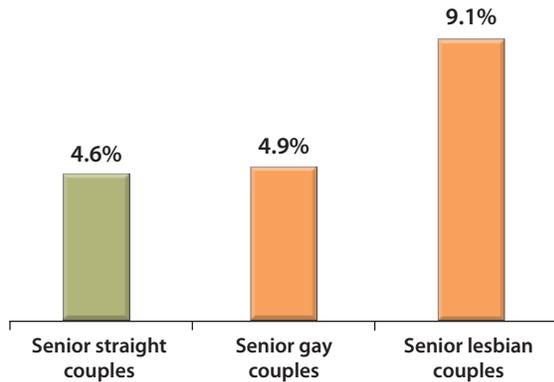
Older lesbian couples are particularly disadvantaged because of the combined effects of their sexual orientation and the gender gap in wages and savings, making them twice as likely to be poor as heterosexual couples.

Key programs and their impacts are described below.

Social Security. Social Security is the single most important financial safety net program for U.S. older adults. Despite paying into Social Security in the same manner as their heterosexual peers, LGBT elders are not equally eligible for Social Security benefits. The biggest difference:

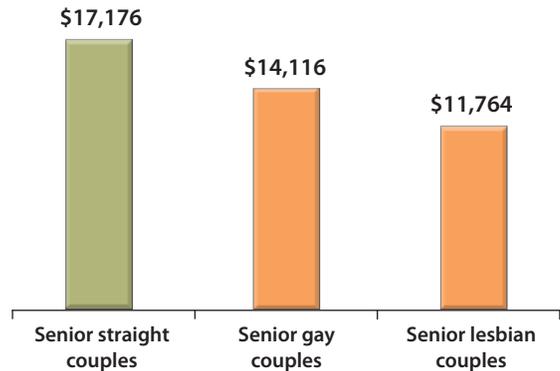
⁵ Alliance Healthcare Foundation, *San Diego County LGBT Senior Healthcare Needs Assessment*, 2003.

Figure 3: Rate of Poverty



Source: Goldberg, Naomi G. "The Impact of Inequality for Same-Sex Partners in Employer-Sponsored Retirement Plans," The Williams Institute, May 2009

Figure 4: Annual Social Security Income of Older Couples
2005/2006

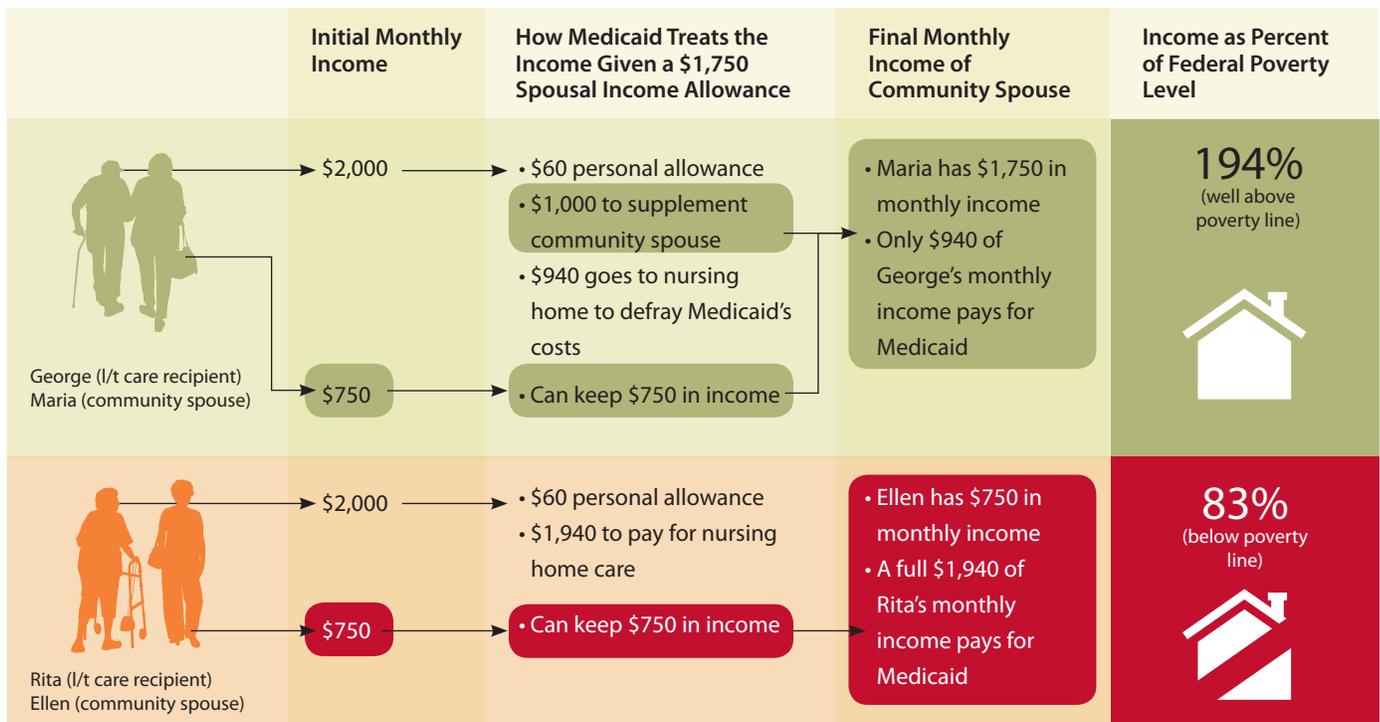


Source: Goldberg, Naomi G. "The Impact of Inequality for Same-Sex Partners in Employer-Sponsored Retirement Plans," The Williams Institute, May 2009

committed same-sex couples are denied the substantial spousal and survivor benefits provided to heterosexual married couples. The lack of spousal benefits can cost an LGBT elder as much as \$14,076 a year, while the Human Rights Campaign estimated the average annual impact of the lack of a survivor benefit for a gay man or lesbian who earned less than his or her deceased partner was \$5,528.⁶ Data show the grim effects of this unequal treatment—lesbian couples receive an average of 31.5% less in Social Security, and gay couples receive 17.8% less, when compared to heterosexual couples (see *Figure 4*).

Medicaid and Long-Term Care. Medicaid is the largest funder of long-term care in the U.S. For married heterosexual couples, Medicaid has exemptions to avoid requiring a healthy partner to sell a shared home or to live in poverty to qualify a spouse for long-term care. However, these spousal impoverishment protections do not apply to same-sex couples and families of choice. An LGBT elder in a committed relationship must still apply for Medicaid coverage of long-term care as a single person and is therefore only entitled to keep a mere \$2,000 in countable

Figure 5: How Medicaid Income Rules Can Impoverish Same-Sex Couples



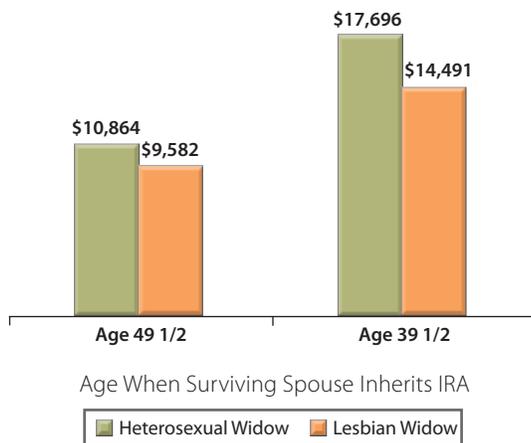
⁶ MAP analysis; Lisa Bennet and Gary J. Gates, "The Cost of Marriage Inequality to Gay, Lesbian and Bisexual Older Adults," HRC Foundation Report, 2004.

assets and generally less than \$100 in monthly income. The healthy same-sex partner of a person receiving care is not entitled to any assets, property or income from the partner receiving care, potentially leaving the healthy partner homeless, penniless, and without a living-wage income (see *Figure 5*).

Tax-Qualified Retirement Plans. Despite recent positive changes in the law, LGBT elders are still disadvantaged when inheriting IRAs and similar plans. Surviving heterosexual spouses can leave inherited retirement accounts to grow tax-free until they reach age 70½, but “non-spouse” beneficiaries cannot. Nor can “non-spouse” beneficiaries simply roll plan assets over into their own IRAs. Rather, they must start drawing down a minimum amount of funds each year beginning the year after the original account holder dies. Over time, this different treatment can have a significant impact on retirement savings and income, especially for those who inherit an account earlier in life (see *Figure 6*).

Figure 6: Difference in Annual Retirement Income from Inherited IRA

Annual Income from Inheritance Drawn Down from Age 65-80



Source: MAP analysis as explained in the longer-form of this report, page 19

Employee Pensions/Defined-Benefit Plans. Under federal law, the pension of a married earner automatically defaults to the Qualified Joint and Survivor Annuity (QJSA) option, which makes the pension payable (albeit with a smaller monthly payment) over the lifetimes of both the earner and his or her spouse. A second option, the Qualified Pre-retirement Survivor Annuity (QPSA), allows the worker’s surviving spouse to receive the pension if the worker dies before retiring. Employers may offer either or both options to coupled LGB employees, but most do not, depriving same-sex couples of needed financial protections for a surviving partner or chosen family member.

Retiree Health Insurance Benefits. Federal tax law currently allows an employer to provide health insurance to the heterosexual spouse of an employee or retired employee as a tax-free benefit; for same-sex couples, a partner’s insurance benefits are treated as taxable income. Taxation of health benefits costs the average LGBT employee with domestic partner benefits an extra \$1,069 per year in taxes.⁷ Because of these disparities, many same-sex elders simply are not offered, or cannot afford to receive, domestic partner benefits.

Estate Taxes. The federal government allows a surviving heterosexual spouse to inherit all of the couple’s assets without incurring any tax penalty. By contrast, federal and state laws require same-sex partners to pay inheritance taxes on some estates. While only a small fraction of all estates are affected by the estate tax, the burden can be especially significant for, and grossly unfair to, couples who are affected. UCLA’s Williams Institute estimates that, in 2011, same-sex couples affected by estate taxes will lose an average of \$1.1 million per couple due to inequitable laws.⁸

Veterans’ Benefits. The U.S. Department of Veterans Affairs provides a variety of benefits to veterans’ heterosexual spouses, including pensions paid to the spouse of a service member killed in combat, medical care, and home loan guarantees. These benefits are not available to a same-sex partner. For example, a same-sex partner would not receive dependency and indemnity compensation of \$1,154 per month if his or her partner was killed or severely disabled in the line of duty, despite this benefit being available to heterosexual spouses.

Inheritance Laws. In most cases, LGBT elders must put in place a series of specific and often expensive legal arrangements to try to ensure that financial decision making and property will pass to a partner or family-of-choice member. Without the proper documents, state laws automatically direct who will inherit property. Rules vary by state but generally prioritize spouses and then legal family members, meaning a life partner or members of a family of choice can be totally shut out of shared retirement savings and/or the family home.

⁷ Lee Badget, “Unequal Taxes on Equal Benefits: The Taxation of Domestic Partner Benefits,” Center for American Progress and The Williams Institute, December 2007.

⁸ Michael D. Steinberger, “Federal Estate Tax Disadvantages for Same-Sex Couples,” Williams Institute, March 2009.

Financial Security Recommendations
Broad-Based Financial Security Solutions
Repeal the Defense of Marriage Act
Gain marriage and relationship recognition state-by-state
Pass the federal Employment Non-Discrimination Act
Social Security Solutions
Revise the federal Social Security Act to provide benefits to domestic partners
Medicaid Solutions
Revise the federal Medicaid Act to extend financial protections to domestic partners and families of choice
Advocate for states to electively extend spousal impoverishment protections to domestic partners and financially interdependent elders
Advocate for states to adopt broader interpretation of spend-down and cost recovery rules in order to protect domestic partners and financially interdependent elders
Advocate for states to allow single recipients of Medicaid-funded HCBS to retain a greater living wage
Tax-Qualified Retirement Plan Solutions
Amend the Employee Retirement Income Security Act (ERISA) to allow “non-spouse” beneficiaries to draw down inherited IRAs on the same schedule as spousal beneficiaries
Employee Pension Solutions
Amend ERISA to create a designated “non-spouse joint survivor” for QJSAs or QPSAs, and make it mandatory that businesses offer this option as part of their pension plans
Encourage employers to electively offer QJSAs and QPSAs to LGBT employees and financially interdependent individuals
Employee Health Insurance / Domestic Partner Benefits Solutions
Advocate for federal legislation that provides equal treatment for domestic partner benefits
Lobby relevant states to eliminate state taxes on domestic partner benefits
Work with employers to electively offer domestic partner benefits
Estate Tax Solutions
Advocate for federal legislation that provides equal estate tax treatment for domestic partners
Advocate for relevant states to eliminate state-based estate and inheritance tax for domestic partners
Veterans Benefits Solutions
Advocate for federal legislation that provides equal treatment to the partners of LGBT veterans
Fight for repeal of Don’t Ask, Don’t Tell
Inheritance/Power of Attorney Solutions
Advocate in relevant states for more inclusive default intestacy laws
Advocate for relevant states to make it easier to designate a domestic partner or other loved one for inheritance

Recommendations: Helping LGBT Elders Achieve Financial Security

Legal recognition of same-sex relationships would address many inequities facing LGBT elders, but the uncertain timeline associated with this approach, coupled with the fact that it wouldn’t help single elders who rely on families of choice, means we must also examine broader solutions. At the federal level, many inequities could be addressed by adding and defining a category of person who is not a spouse (such as a permanent partner), but who would be treated as a spouse under various federal laws and safety net programs. There are also many changes that can be made at the state level. The table to the left shows high-level recommendations. For more details, see the longer form of this report.

4. AT ISSUE: HEALTH AND HEALTH CARE



Health and health care become increasingly important issues for people as they age. But LGBT elders face a range of unique health challenges and find it more difficult than others to receive the health care they need (see *Figure 7*).

LGBT elders’ health disparities are overlooked and ignored. Governments and service providers rarely track, and are largely unaware of, the health disparities of LGBT elders. However, LGBT people are at a higher risk for cancer, mental illnesses, and other diseases, and are more likely to smoke, drink alcohol, use drugs, and engage in other risky behaviors. Key disparities include:

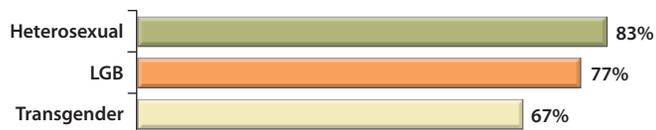
- **Access to Health Care.** LGBT people have lower rates of health insurance coverage. They are also more likely to delay getting needed care and prescriptions, and more likely to resort to visiting emergency rooms for care, often due to fear of discrimination by doctors and facilities that provide preventive and non-emergency care.
- **HIV/AIDS.** New HIV diagnoses among those aged 50 to 59 increased 32% from 2004 to 2007. The portion of people living with AIDS who are older than 50 is now more than double that of people under age 24, due in part to life-prolonging drug treatments. Yet there are almost no HIV prevention programs targeted at older adults; and doctors do not generally talk to their older patients about HIV/AIDS risks (or even sex in general).

Additionally, little is known about the long-term effects of HIV treatment.

- **Mental Health.** LGBT people have high rates of stress related to systematic discrimination. Numerous studies have shown that the LGBT population as a whole has higher rates of smoking, alcohol use, drug use, suicide, and depression.
- **Chronic Physical Conditions.** Studies suggest higher levels of chronic and other health problems among LGBT elders, including asthma, diabetes, HIV/AIDS, obesity, rheumatoid arthritis and certain illnesses such as cancer.

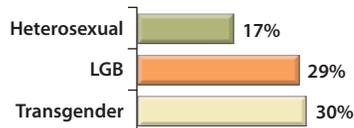
Figure 7

LGB adults are less likely to report having excellent or very good overall health.



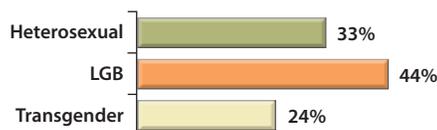
Source: Massachusetts Department of Public Health, *The Health of Lesbian, Gay, Bisexual and Transgender (LGBT) Persons in Massachusetts*, 2009.

LGB adults are more likely to delay or not seek medical care.
% of adults delaying or not seeking health care



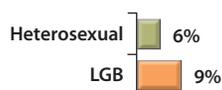
Source: Center for American Progress analysis of 2007 California Health Interview Survey data; Transgender Law Center, *State of Transgender California*, March 2009.

LGB adults are more likely to have problems with alcohol abuse.
% of adults reporting alcohol abuse



Source: Center for American Progress, *How to Close the LGBT Health Disparities Gap*, 2009. Figures represent the simple averages of alcohol abuse rates from multiple surveys and reports: Movement Advancement Project, *Advancing Transgender Equality* (2009) and Center for American Progress analysis of 2007 California Health Interview Survey data.

LGB adults are more likely to have cancer.
% of adults ever diagnosed with cancer



Source: Center for American Progress, *How to Close the LGBT Health Disparities Gap*, 2009. Center for American Progress analysis of 2007 California Health Interview Survey data.

There is limited government and social support for families of choice. Government programs and laws that facilitate long-term care of loved ones at home generally presume that the care is provided by a spouse or biological kin. Yet 10-25% of LGBT older people are unable to identify someone to call in a time of need.⁹ If LGBT elders have anyone to care for them, those caregivers are often friends, rather than family. Such family-of-choice caregivers are often treated less favorably under federal and state law. For example, the federal Family and Medical Leave Act (FMLA) requires public and large private employers to grant up to 12 work weeks of unpaid annual leave to care for a spouse, child or parent with a serious health condition. However, LGBT caregivers caring for a partner are not covered under the FMLA and risk losing their jobs if they take time to care for a loved one.

Health care environments often are inhospitable to LGBT elders. Many professional caregivers are not accepting of, or trained to work with, LGBT elders. These providers may be hostile, discriminatory, or simply unaware that LGBT elders exist. In a large 2006 study, less than half of lesbian and gay Baby Boomers were strongly confident that health care professionals would treat them with dignity and respect.¹⁰ Another study found that nearly 8.3% of the LGBT adults in New York City reported being neglected by a caregiver due to their sexual orientation or gender identity,¹¹ while MAP's analysis showed that up to 39% of all transgender people face harassment or discrimination when seeking routine health care.¹²

Nursing homes often fail to protect LGBT elders. Prejudice and hostile treatment by staff, fellow patients, and other patients' families can create unwelcoming environments for LGBT elders. LGBT elders may withdraw or be excluded from social activities, compounding feelings of isolation and loneliness. Staff may deny visitors of whom they do not approve—or an LGBT elder may feel uncomfortable having a same-sex partner or LGBT friends visit because it can lead to harassment. Nursing homes also have been known to refuse to allow same-sex couples to room together, and to bar partners or other loved ones from participating in medical decision-making.

⁹ Brian de Vries, "Aspects of Life and Death, Grief and Loss in Lesbian, Gay, Bisexual and Transgender Communities," in Kenneth J. Doka and Amy S. Tucci (Eds.), *Living with Grief: Diversity in End-of-Life Care*, 2009.

¹⁰ MetLife Mature Market Institute (2006).

¹¹ Public Advocate for the City of New York, *Improving Lesbian, Gay, Bisexual and Transgender Access to Health Care at New York City Health and Hospital Corporation Facilities*, 2008.

¹² Movement Advancement Project, "Advancing Transgender Equality," 2009.

Ensure hospitals and nursing homes extend visitation and medical decision-making rights to families of choice. In April 2010, President Obama passed a mandate to extend visitation and medical decision-making rights to LGBT partners and families of choice. The mandate applies to all medical facilities receiving Medicaid or Medicare funding. Note however that even with the mandate in place, past experience shows that education and enforcement will be critical. For example, there have been numerous incidents of medical providers and long-term care facilities challenging or ignoring the advance health care directives of LGBT people, even when illegal to do so.

Recommendations: Helping LGBT Elders Achieve Good Health and Health Care

Given the sheer size of the U.S. health care system and the complex network of laws that regulate it, multiple approaches to improving health care for LGBT elders are needed. Our recommendations, summarized in the table to the right, center on state and local advocacy, as well as provider education and training. For more detail, please see the longer form of this report.

5. AT ISSUE: SOCIAL SUPPORT AND COMMUNITY ENGAGEMENT



Despite a high level of resilience and strong connections to families of choice, LGBT older adults have higher rates of social isolation. LGBT elders are more likely than heterosexuals to live alone; they also more likely to feel unwelcome in, or be unwelcome in, health care and community settings. Research shows the harmful effects of this type of social isolation, including higher depression, poverty, re-hospitalization, delayed care-seeking, poor nutrition and premature mortality.¹³

LGBT elders face four major obstacles to social support and community engagement, described below.

LGBT elders lack support from, and feel unwelcome in, mainstream aging programs. LGBT elders often feel unwelcome at senior centers, volunteer centers, or places of worship. Few such agencies reach out to LGBT elders, nor are

Good Health and Health Care Recommendations
Health Disparity Solutions
Collect and conduct research on LGBT elder health, mental health, and the long-term effects of HIV
Provide training on health disparities
Provide coverage for LGBT elder medical needs
Target HIV prevention programs to older people
Solutions to Support Family of Choice Caregivers
Advocate to broaden the definition of covered caregivers in the federal FMLA
Advocate to broaden the definition of covered caregivers in state FMLAs
Educate LGBT elders about caregiver support services available under the National Family Caregiver Support Act and how to access these services
Inhospitable Health Care Environment Solutions
Pass non-discrimination acts (NDAs) or ordinances at the state or local level
Increase awareness and enforcement of existing NDAs
Encourage service providers to adopt their own non-discrimination policies
Examine state public health laws, nursing home laws and assisted living facility laws for opportunities to protect LGBT elders
Develop scalable, technology-enabled cultural competency training to reach large numbers of health care providers
Find ways to encourage providers to undergo training
Work with organizations that accredit health service providers to develop standards for serving LGBT elders
Help patients/residents who are mistreated to hold facilities accountable
Advocate for better support of, and training for, long-term care ombudsmen
Nursing Home Solutions
Seek to enforce protections for LGBT patients under the federal Nursing Home Reform Act (NHRA) and to educate providers about their responsibilities under this law
Work with HUD to create regulations that require nursing homes and assisted living facilities to allow same-sex couples and families of choice to share a bedroom
Visitation and Medical Decision-Making Solutions
Work with and educate hospitals, long-term care facilities and other providers to enact the new mandate from President Obama to extend visitation and medical decision-making rights to same-sex partners and families of choice.
Advocate in relevant states for more inclusive default funeral and disposition of remains laws (e.g., recognizing domestic partners even when legal documents are not in place)

¹³ L. Sederer, "Depression, Social Isolation, and the Urban Elderly." Conference on Geriatric Mental Health, New York, 2006.

they prepared to address incidents of discrimination toward LGBT elders by workers and other clients. In one study, 46% of Area Agencies on Aging said that LGBT people would not be welcome at their senior centers if their sexual orientation were known. Not surprisingly, 72% of the gay and lesbian elders surveyed as part of the study said they were tentative about using AAA services due to lack of trust of AAA personnel; only 19% of LGBT elders reported involvement in a senior center.¹⁴

LGBT elders lack support from, and feel unwelcome in, the broader LGBT community. Several authors have commented that ageism is particularly strong within gay male communities. Researchers have also found that many older LGBT people feel disconnected from or unwelcomed by younger generations of LGBT people. While LGBT advocates and organizations are becoming more intentional about reaching out to, involving, and harnessing the talents of LGBT elders, there is still a great deal of work to be done to build bridges within the LGBT community.

LGBT elders lack sufficient opportunities to contribute and volunteer. LGBT elders are an untapped volunteer resource. Not only can volunteerism reduce social isolation and provide a sense of purpose, adults who volunteer regularly have better physical and mental health and a lower risk of mortality. However, older adults as a whole lack sufficient opportunities for community engagement—and LGBT elders often feel unwelcome in, or are overlooked as potential volunteers for, existing volunteer programs.

Housing discrimination adds to the challenges LGBT elders face in connecting to their communities. LGBT elders may be denied housing, including residency in mainstream retirement communities. One study found that nearly 30% of same-sex couples were treated differently when attempting to buy or rent a home.¹⁵ Another found that 33% of gay and lesbian respondents thought they would have to hide their sexual identity if they moved to a retirement home.¹⁶ This discrimination may separate LGBT elders from loved friends or partners, or push them into homelessness. LGBT elders may also feel the need to re-enter or stay in the closet in order to obtain or maintain housing.

Recommendations: Helping LGBT Elders Secure Social Support and Community Engagement

As shown in the following table, helping LGBT elders secure social support and community engagement requires action on many fronts. See the longer form of this report for more detailed recommendations.

Social and Community Support Recommendations
Broad-Based Solutions to Social and Community Engagement
Address cultural competency and discrimination issues in mainstream aging service providers and programs
Partner with mainstream aging service providers to welcome LGBT elders and increase on-site LGBT elder programs and services at mainstream aging facilities
Solutions for Making LGBT Elders More Welcome in LGBT Programs
Make LGBT elders more welcome in the LGBT community at large
Solutions to Increase LGBT Elder Opportunities to Contribute and Volunteer
Improve overall opportunities for LGBT (and heterosexual) elders to engage in volunteerism and civic engagement
Involve LGBT elders in general LGBT and LGBT elder advocacy
Solutions to Help LGBT Elders Secure Needed Housing
Add sexual orientation to the non-discrimination provisions of the federal Fair Housing Act (FHA) and parallel state policies to render existing housing LGBT-friendly
Consider supporting LGBT elder housing projects

6. BROAD-BASED RECOMMENDATIONS: BUILDING THE FOUNDATION FOR CHANGE

The bulk of the report examines changes needed to help LGBT elders achieve financial security, good health and health care, and social support and community engagement. We now outline the larger foundational changes needed to support this work (see *Figure 8*).

Provide immediate relief to LGBT elders. Improving conditions for LGBT elders will take time—time that some LGBT elders simply do not have. We must find a way to meet critical needs now, and we can do so by: 1) focusing on increasing funding for (and provision of) LGBT elder programs, in part by accessing government funding available through the Older Americans Act; 2) helping to meet immediate care needs by providing access to volunteer caregivers; and 3) providing education, tools, and legal services to LGBT elders.

Build an advocacy infrastructure and a strong coalition of allies. This report’s recommendations represent a major undertaking. Progress will not happen

¹⁴ Robert Behney, “The Aging Network’s Response to Gay and Lesbian Issues,” *Outward* newsletter, the Lesbian and Gay Aging Issues Network of the American Society on Aging, Winter 1994.

¹⁵ Study by Michigan’s Fair Housing Centers, as referenced in “Obama Administration to Ensure Inclusion of LGBT Community in HUD Programs,” HUD press release, October 2009.

¹⁶ M.J. Johnson, J.K. Arnette, and S.D. Koffman, “Gay and Lesbian Perceptions of Discrimination in Retirement Care Facilities,” *Journal of Homosexuality*, 49(2), 2005.

Figure 8: Building the Foundation for Change



without investment in two key precursors to change: infrastructure to support an effective advocacy effort; and new relationships and partnerships that can ensure broad-based support.

Increase understanding of LGBT elder issues through research and public education. There is very little data available about LGBT older people. Governments and agencies should collect LGBT data in appropriate federal, state and local studies and surveys. In addition, the use of real and personal stories can educate Americans and their elected officials about how current inequities affect the lives of LGBT older adults. Education may also help heterosexual elders better understand LGBT older adults and alleviate the ongoing stigma and discrimination they face today.

7. PUTTING IT ALL TOGETHER: TWO STORIES OF AGING

While this report examines the specific individual issues impacting LGBT elders, it is important not to lose sight of how these issues compound and reinforce each other, creating a dramatically different aging experience for LGBT elders when compared to their heterosexual peers. To illustrate the interplay of issues, we look at the very different experiences of a heterosexual couple (George and Maria) and lesbian couple (Ellen and Rita) entering retirement.

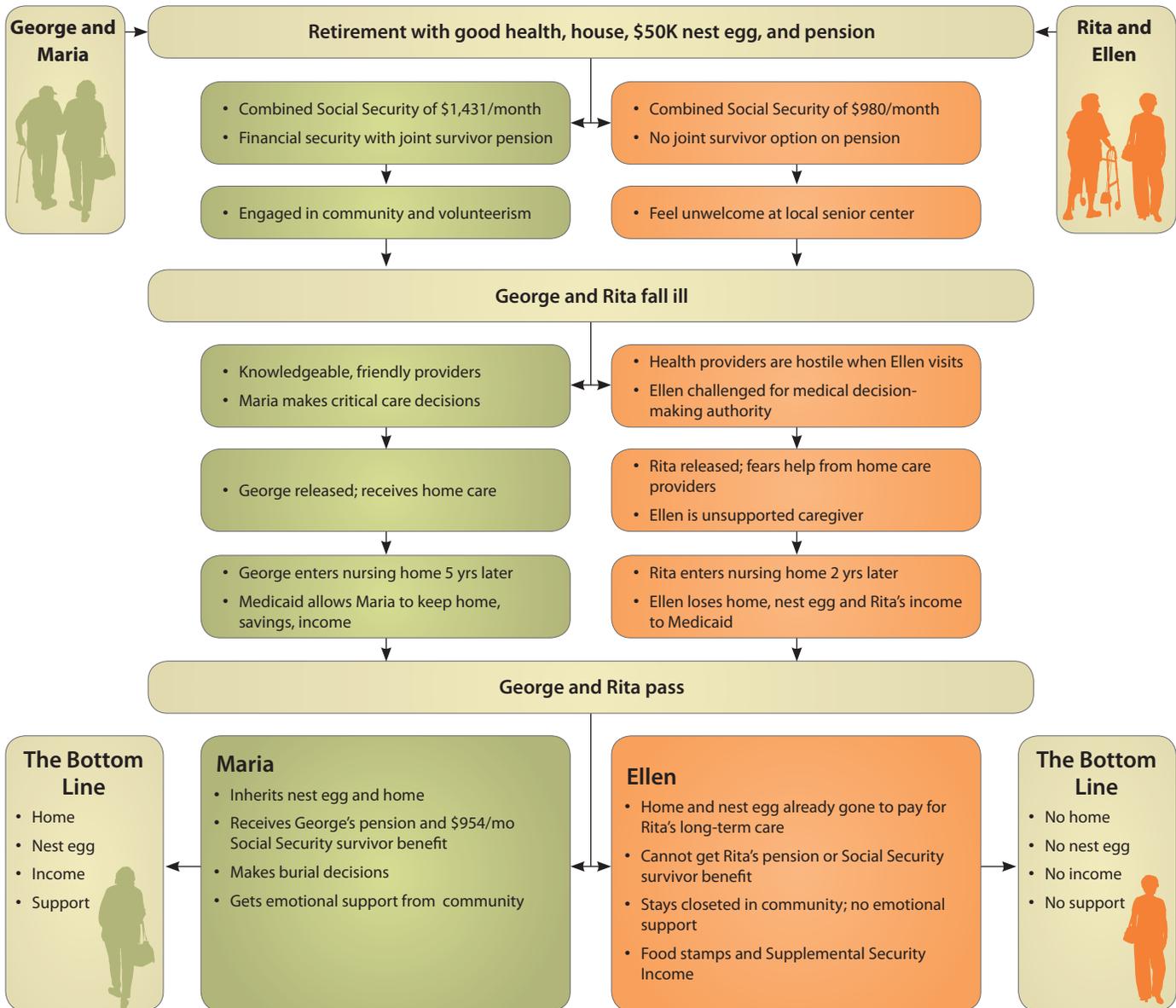
As shown in *Figure 9*, both couples start their retirement in good health, with a modest home, a \$50,000 nest egg, and a pension for the older spouse. For both couples, the older spouse has an earned Social Security benefit of \$954 monthly and the younger spouse has an earned benefit of \$26 monthly. However, Maria, married to George, is eligible for a spousal benefit of \$477 per month, for a combined Social Security of \$1,431 monthly (the average for heterosexual couples). Ellen is not eligible for the spousal benefit, so her and Rita’s combined Social Security is \$980 monthly (the average for lesbian couples). While George and Maria are engaged in their community, Ellen and Rita experience discrimination at the local senior center and decide to “keep to themselves.”

When George falls ill, Maria is supported by sympathetic health services providers who involve her in critical care decisions. When George returns home, he and Maria receive ongoing home and community-based services. In contrast, when Rita falls ill, local hospital staff are hostile to Ellen and do not involve her in medical decisions since she is not “family.” After Rita is released, Rita and Ellen avoid in-home care due to fear of further discrimination, leaving Ellen to act as the sole caregiver.

With adequate ongoing care, George enters a nursing home after five years at home. Medicaid spousal impoverishment protections allow Maria to keep the home, nest egg, and a portion of George’s income. Since Ellen cannot keep up with the caregiving burden, Rita enters a nursing home after two years. Rita and Ellen’s home, nest egg, and Rita’s income, go to pay for nursing home care, leaving Ellen below the poverty line. To make ends meet, Ellen moves in with a cousin and applies for Supplemental Security Income and food stamps.

Several years later, when George passes, Maria inherits the nest egg and home, receives George’s pension (on which they had a Joint and Survivor option), receives the Social Security survivor benefit, makes burial decisions, and receives emotional support from her community. When Rita passes, Ellen is left homeless, without Rita’s pension, without Social Security survivor benefits, and without community and emotional support. The above provides just one example of how aging is more difficult for LGBT elders—and why we can no longer ignore the added challenges and inequalities they face.

Figure 9: Putting It All Together: Two Stories of Aging



8. CONCLUSION

This report was intended to provide LGBT and mainstream aging organizations, Americans and their elected leaders with information, inspiration and ideas for improving the lives of LGBT older adults. Our hope is that it will lay the groundwork for solutions that will benefit all Americans, whether young, old, heterosexual, or LGBT.

For the long form of this report, please visit www.lgbtmap.org or www.sageusa.org.



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