

UNDERSTANDING ISSUES FACING LGBT OLDER ADULTS



MAP
movement advancement project

sage | Advocacy &
Services for
LGBT Elders
We refuse to be invisible

Authors

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Movement Advancement Project

The Movement Advancement Project (MAP) is an independent think tank that provides rigorous research, insight, and analysis that help speed equality for LGBT people. MAP works collaboratively with LGBT organizations, advocates and funders, providing information, analysis and resources that help coordinate and strengthen efforts for maximum impact. MAP's policy research informs the public and policymakers about the legal and policy needs of LGBT people and their families.

SAGE

SAGE is the country's largest and oldest organization dedicated to improving the lives of lesbian, gay, bisexual and transgender (LGBT) older adults. Founded in 1978 and headquartered in New York City, SAGE is a national organization that advocates for public policy changes that address the needs of LGBT older people. SAGE also offers supportive services and consumer resources to LGBT older adults and their caregivers, provides education and technical assistance for aging providers and LGBT organizations through its National Resource Center on LGBT Aging, and cultural competence training through SAGECare. With staff located across the country, SAGE coordinates a growing network of affiliates across the country. Learn more at sageusa.org.

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INTRODUCTION

America’s population is aging: by 2050, the number of people over the age of 65 will double to 83.7 million (from 43.1 million in 2012).¹ While the public perception of lesbian, gay, bisexual, and transgender (LGBT) people^a is largely one of a young, affluent community, there are more than 2.7 million LGBT adults ages 50 or older² living in communities across the country.

This report seeks to increase understanding of the unique needs and experiences of LGBT older adults so that service providers, advocates, the aging network,^b and policymakers can consider these challenges when serving this population or passing laws that impact older adults and the LGBT community. Health and wellbeing, economic security, and social connections are among the cornerstones for successful aging, yet these are areas in which many LGBT elders face substantial barriers—stemming from current discrimination as well as the accumulation of a lifetime of legal and structural discrimination, social stigma, and isolation. Despite these challenges, many LGBT elders have survived and even thrived. Others struggle with the burdens of poverty and social isolation. Each older LGBT adult carries their own story of pride and silence, of resilience and struggle, of love and loss.

WHO ARE LGBT ELDERS?

There are more than nine million people in the United States who identify as LGBT; according to a 2016 Gallup survey, 4.1% of Americans identify as LGBT.³ Adults ages 52 and older are less likely to

identify as LGBT; the same Gallup survey found that 2.4% of so-called “Baby Boomers” ages 52-71 and 1.4% of so-called “Traditionalists” ages 72 and older identify as LGBT. Using these estimates and others from a growing body of research, it is estimated that there are approximately 2.7 million LGBT adults aged 50 and older in the United States, 1.1 million of whom are 65 and older.⁴ Broadly, these LGBT adults comprise the community referred to as “LGBT elders” in this report.^c

Within the LGBT community, a large share of LGBT adults is older, highlighting the disconnect between the public’s perception of a monolithic LGBT community and the reality of a diverse community in terms of race and ethnicity, gender, and age. Among LGBT respondents to a 2013 survey by Pew Research Center, 9% of LGBT respondents were 65 and older, while another 25% were 50-64.⁵ For comparison, among the general American population at the time of the survey, 17% were 65 and older, and another 25% were 50-64.⁶ It is likely that many more millions of older Americans may experience same-sex sexual behavior or attraction, but not identify as lesbian, gay, or bisexual due to societal stigma or fear of discrimination.⁷

^a In general, the terms “lesbian” and “gay” refer to a person’s sexual orientation and describe people who are attracted to individuals of the same gender. The term “bisexual” refers to a person’s sexual orientation and describes people who can be attracted to individuals of more than one gender. The term “transgender” describes individuals whose sex assigned at birth is different from the gender they know they are on the inside. At some point in their lives, many transgender people decide they must live their lives as the gender they have always known themselves to be, and transition to living as that gender.

^b The aging network is the network of local, state, and federal agencies that help older adults successfully age in place.

^c There is no settled definition of “LGBT older adult” or “LGBT elder.” Different surveys and different advocacy groups use different definitions, ranging from adults ages 45 and older to adults 60 and over. Where possible, we note the specific age range used by each survey or organization.

CORNERSTONES OF SUCCESSFUL AGING



ECONOMIC SECURITY



SOCIAL CONNECTIONS



HEALTH AND WELL-BEING

KEY CHALLENGES FOR LGBT OLDER ADULTS



A LIFETIME OF DISCRIMINATION AND LACK OF LEGAL AND SOCIAL RECOGNITION



A RELIANCE ON CHOSEN FAMILY

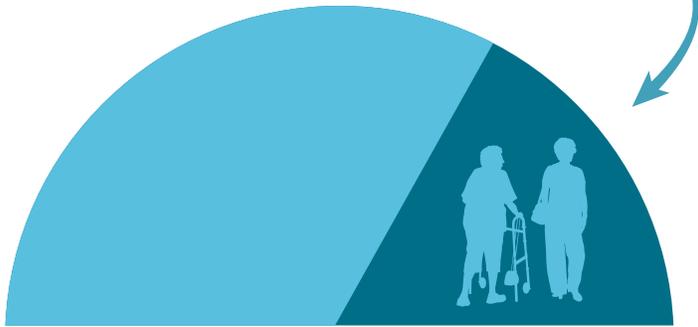


A LACK OF COMPETENT INCLUSIVE HEALTHCARE

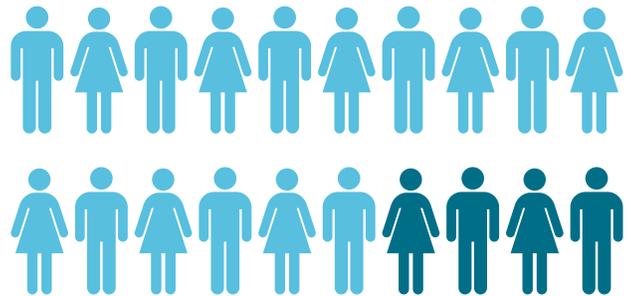
WHO ARE LGBT ELDERS?

2.7 MILLION LGBT ADULTS AGED 50 AND OLDER

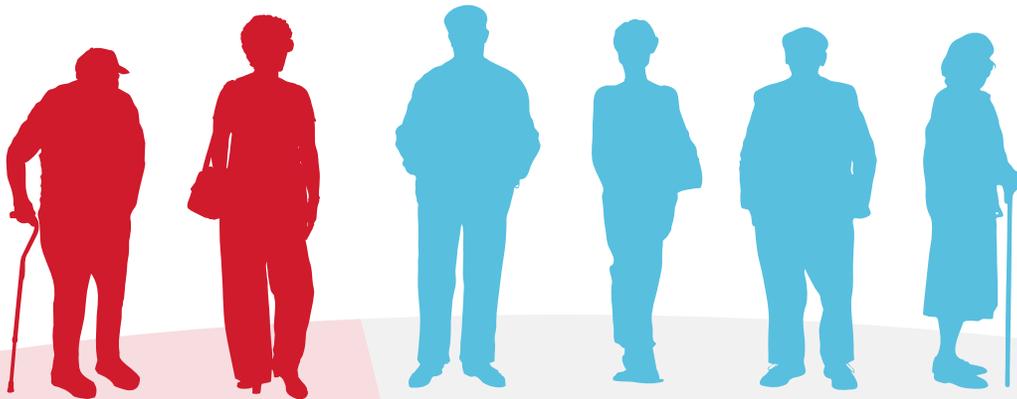
1.1 MILLION ARE 65 AND OLDER



APPROXIMATELY **ONE IN FIVE** (20%) LGBT OLDER ADULTS ARE PEOPLE OF COLOR



ONE-THIRD OF LGBT OLDER ADULTS LIVE AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL



INCLUDING...

40% OF LGBT ADULTS 80 AND OLDER

40% OF AFRICAN AMERICAN LGBT OLDER ADULTS

40% OF HISPANIC LGBT OLDER ADULTS

47% OF BISEXUAL OLDER MEN

48% OF BISEXUAL OLDER WOMEN

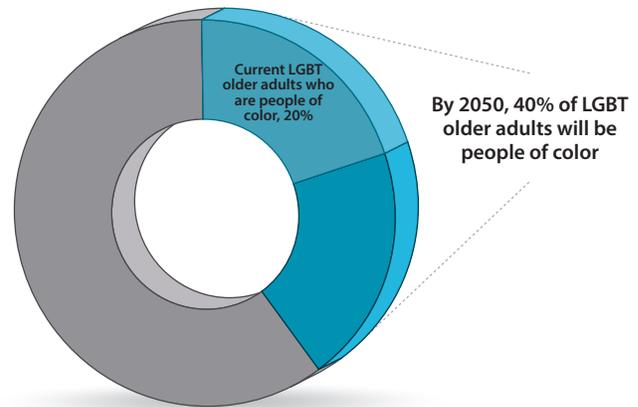
48% OF TRANSGENDER OLDER ADULTS

Rather than thinking about LGBT people ages 50 and older as a monolithic group, Dr. Karen Fredriksen-Goldsen, a researcher on the health and well-being of LGBT older adults, identifies three distinct generations of LGBT older adults currently living in the United States, each with unique life experiences.⁸ The oldest LGBT adults are part of the “Invisible Generation,” born in the teens and 1920s and living through the Depression and World War II. They grew up during a time when LGBT people were nearly absent in public discourse. The “Silenced Generation,” born in the 1930s and 1940s, came of age during loud public outcry against gay, lesbian, and bisexual employees, and the pathologization of homosexuality in the Diagnostic and Statistical Manual of Mental Disorders, a medical handbook. Finally, the “Pride Generation,” born in the 1950s and 1960s, birthed the Stonewall revolution (the riots, demonstrations, and marches in response to police violence against LGBT people in 1969) and experienced the growing decriminalization of sodomy, which had policed LGB people’s lives. LGBT adults in all three generations lived through the AIDS crisis that started in the 1980s, the impact of which is still felt to this day, as well as the incredible legal and cultural shift around marriage equality.

LGBT Elders of Color. Approximately one in five (20%) LGBT older adults are people of color,⁹ a proportion that is expected to double by 2050 (see *Figure 1*).¹⁰ LGBT people of color have unique experiences related to their sexual orientation and gender identity *and* their race and ethnicity. Research finds increased disparities across many measures of wellbeing, including physical and mental health outcomes, economic security, and experiences of discrimination for LGBT people of color and LGBT older adults of color specifically, many of which are highlighted in the sections that follow.¹¹

A recent study, the Aging with Pride: the National Health, Aging, and Sexuality/Gender Study, provided a unique opportunity for understanding the varied experiences of LGBT older adults of color.¹² For example, African American LGBT older adults reported higher lifetime levels of LGBT-related discrimination than white LGBT older adults.¹³ And both African American and Hispanic older LGBT adults reported lower levels of household income, educational attainment, identity affirmation and social support, and higher levels of identity stigma.¹⁴

Figure 1: One in Five LGBT Older Adults is a Person of Color
% of LGBT People 50 and Over Who are People of Color



Source: Michael Adams, “An Intersectional Approach to Services and Care for LGBT Elders,” *Generations: Journal of the American Society on Aging* 40, no. 2 (2016).

LGBT Older Adults of Color Building Community

The LGBT Aging Project was founded in 2001 and over the past 16 years has grown into a robust program of the Fenway Institute in Boston, Massachusetts.¹⁵ The Aging Project has three focus areas: cultural competence training for elder services providers, policy and research, and community building. Through the third area—community building—the LGBT Aging Project convened Flashback Sunday, a community support group for LGBT elders of color, largely black and African American LGBT elders.

Flashback Sunday participants create their own programming with support from Fenway. Events include intergenerational movie nights, shared meals, socials, and pool parties. The participants also host nutritional programming and other services that focus on successful aging.

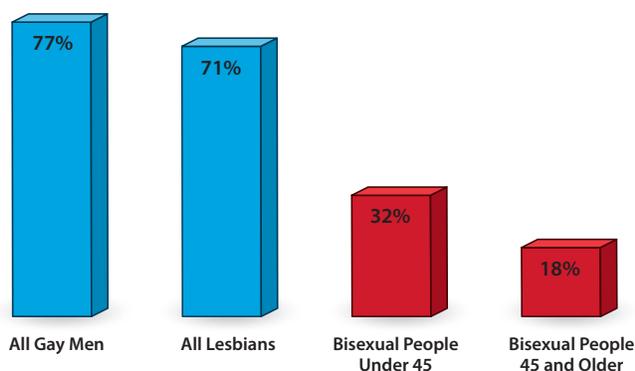
Flashback Sunday is a place in which LGBT elders of color can be their whole selves, and worry less about stigma and discrimination, based on race, sexual orientation, or gender identity.

Bisexual Elders. Bisexual people make up more than half of the adult LGB population,¹⁶ although among older adults, fewer people identify as bisexual. According to a 2015 YouGov poll, only 1% of respondents ages 65 and older said they identified as bisexual.¹⁷ Research finds that bisexual older adults face unique challenges compared to their gay and lesbian peers. For example, the social isolation faced by LGBT older adults is compounded for bisexual older adults who may be less likely to be “out” about their sexual orientation. According to Pew Research, 32% of bisexual respondents under the age of 45 said that the most important people in their life knew they were bisexual, compared to only 18% of respondents 45 and older (see *Figure 2*).¹⁸ That social isolation has direct impacts on health and well-being: one survey of LGBT older adults found that one-third of bisexual respondents had moderate to severe depression, likely because of inadequate emotional support and more negative interactions with family members.¹⁹

Transgender Elders. Transgender elders have specific medical needs, including medically necessary transition-related care.²⁰ When transgender elders are forced back into the closet due to discrimination or stigma, their health suffers. Older adults who transition later in life face added health challenges in accessing care and support. Data on the particular disparities faced by transgender older adults are shared throughout the report.

Figure 2: Bisexual Older Adults are Much Less Likely to be Out Than Their Younger Counterparts

% of Respondents Who Said They Were Out to the Important People in Their Lives



Source: “A Survey of LGBT Americans, Chapter 3: The Coming Out Experience” (Pew Research Center, June 13, 2013), <http://www.pewsocialtrends.org/2013/06/13/chapter-3-the-coming-out-experience>.

Older LGBT Trailblazers Are Optimistic

Mandy Carter describes herself as an “out, Southern, black, lesbian social justice advocate” and is a recipient of the Spirit of Justice Award from GLAD. The following is an excerpt from an interview between Ms. Carter and Michael Adams, the CEO of SAGE.

Michael Adams: [You have] been a pioneer in social justice movements through the lenses of LGBT rights, racial justice, AIDS activism, transgender rights, and much more. When you think about the movement building you’ve been a part of, what lessons surface as most relevant to you at this particular moment in time?

Mandy Carter: When I put all of this into the context of the recent election, I have to point out that North Carolina was the only state in the South that did not go all Trump. HB2, which has been called “the bathroom bill” but is much deeper than that, has devastated the state. But [former Republican Governor] Pat McCrory’s support of HB2 cost him the election. The Moral Monday Movement, an incredible coalition of organizations, made the difference in turning out of the vote that defeated McCrory. Now we have a Democratic governor and a Democratic attorney general. Maybe the bigger picture is sometimes we lose forward. What seems on the surface like a loss might, in the long run, be a win.

Today, there are 79 million of us post-World War II baby boomers and 80 million millennials aged 18 to 25. Now is the time for all of us to come together. Furthermore, by 2050, the majority of people in this country will be of color. We’re in a major movement moment. On a scale of one to 10 in optimism, I’m a 10.

Source: Adapted from “Living Lessons in Activism,” SAGEMatters, Spring 17, accessed May 2, 2017, <http://www.sageusa.org/resources/sagematters.cfm>.

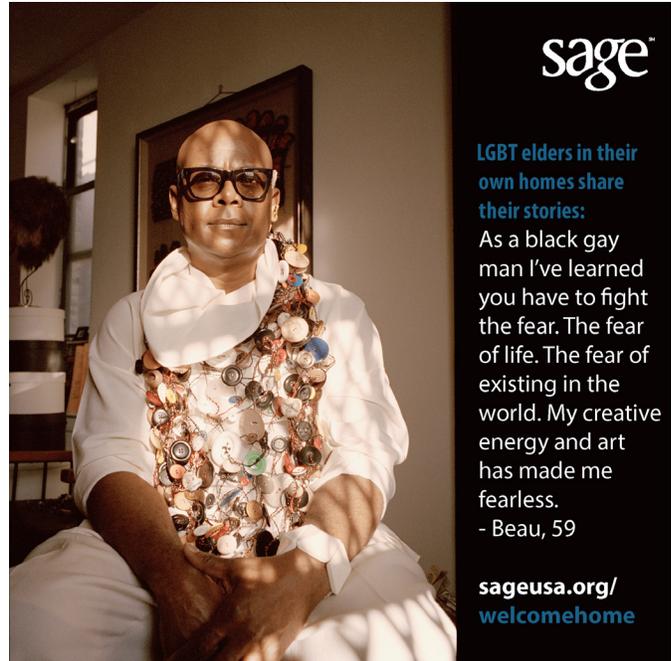
LGBT Elders Are Remarkably Resilient

The three generations of LGBT adults who comprise today's LGBT elders hold much of the LGBT community's history and memories. The contemporary LGBT movement is young enough that many of the elders present at the founding moments of the movement are alive today. It is crucial that LGBT elders receive competent, comprehensive care and support not simply because those services are basic human rights, but also to support the dignity and well-being of the change-makers who paved the way for the incredible advancements of our community.

In many respects, LGBT elders show remarkable resilience given that many of their experiences as young people were in a time when being LGBT was less accepted—or worse, criminalized. They may have experienced family rejection, employment discrimination, violence, and more. And yet, LGBT adults 65 and older responding to a 2013 survey from Pew Research Center were far less likely to say they were “not too happy,” compared to those under 50 (6% versus 19%).²¹

Older LGBT adults first came out to their close friends or family at a later age than younger LGBT adults. Among LGBT adults aged 50 and older, the median age for coming out was 21, compared to 17 for adults now aged 18-29.²² Despite this, similar proportions of LGBT adults across all ages say that the important people in their lives know they are LGBT, with the exception of bisexual adults, only 18% of whom 45 and older say they are out to the important people in their lives, compared to 32% of bisexual people 18-44.²³

LGBT older adults' journey to the current moment provides them with a positive view of the progress of equality. Older LGBT Americans are more likely to say that there is greater social acceptance for LGBT people today, unsurprisingly; 23% of LGBT people 45 and older compared to only 16% of LGBT people 18-44 said that there is “a lot of social acceptance of gay, lesbian, bisexual and transgender people today.”²⁴ Likewise, older LGBT people are more likely to say that society has changed in the past decade: 61% of LGBT adults 45 and older, compared to 46% of those aged 18-44.²⁵



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LGBT elders in their own homes share their stories:

As a black gay man I've learned you have to fight the fear. The fear of life. The fear of existing in the world. My creative energy and art has made me fearless.
- Beau, 59

sageusa.org/welcomehome



LGBT elders in their own homes share their stories:

I am shocked I made it. I proudly see myself as somebody who lived the life--Tina, 60+

sageusa.org/welcomehome

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KEY CHALLENGES TO SUCCESSFUL AGING FOR LGBT ELDERS

What makes aging different for LGBT adults than other adults? The lack of social and legal acceptance, both historically and currently, of LGBT people has had a profound impact on LGBT older adults. Among the keys to successful aging are good health and competent healthcare; economic stability and security; and strong social and family support. Unfortunately, these are the exact areas where LGBT elders report disparities when compared with their non-LGBT peers. The cumulative effect of discrimination, stigma, and living with unequal and discriminatory laws and policies for much of their lives is that LGBT elders face unique challenges as they age.

In this section, we review three major areas of life in which LGBT elders face particular disparities. Each section illustrates how LGBT elders' quality of life is impacted and offers concrete recommendations for how to remedy these disparities.



A lifetime of discrimination, especially in housing and employment, and a long-term lack of legal and social recognition combine to create deep economic insecurity for LGBT elders.



A reliance on chosen family, due to family rejection and legalized discrimination, creates social isolation and vulnerability for LGBT elders.



Long-term discrimination, combined with a lack of competent, inclusive health care, leads to specific mental and physical health disparities.



A Lifetime of Discrimination and Lack of Legal & Social Recognition Can Lead to Economic Insecurity

LGBT people are more likely to live in poverty. So are older people. It is therefore unsurprising that older LGBT adults struggle to afford basic necessities, such as food or a place to live. A lifetime of discrimination and lack of equality under the law lead to lower earning power. While marriage equality recently became the law of the land, its long-time absence meant that older same-sex couples were long denied many of the financial and family protections afforded different-sex couples, often leaving a surviving LGBT partner in deep economic distress.

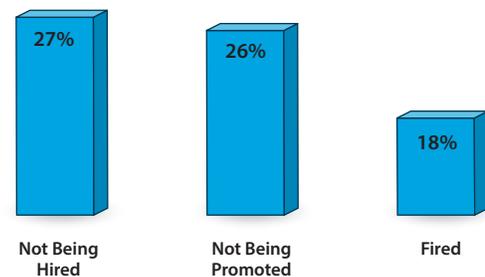
LGBT Older Adults Faced Decades of Compounding Legal and Social Discrimination

Employment. Many LGBT elders have faced a lifetime of employment discrimination coupled with inadequate or no legal protections against this discrimination, which contribute to lower earning power. As of publication, no federal law explicitly prohibits employment discrimination based on sexual orientation or gender identity. That said, federal employees and the employees of federal contractors do have protections against such discrimination. Additionally, various rulings by the federal Equal Employment Opportunity Commission extend Title VII's prohibition on sex discrimination to prohibit discrimination on the bases of sexual orientation and gender identity. However, EEOC rulings are not binding on private employers and federal courts may rule differently. Only 20 states prohibit employment discrimination based on sexual orientation and gender identity and another two states prohibit discrimination based on sexual orientation alone.²⁶

Among respondents to the National Health, Aging, and Sexuality/Gender Study, 27% of respondents reported not being hired, 26% not being promoted, and 18% being fired for their sexual orientation or gender identity (see *Figure 3*).²⁷ Transgender older adults reported very high rates of job discrimination over their lifetime: 51% of transgender women reported not being hired for a job because of their perceived gender identity.²⁸ In addition to facing discrimination, some LGBT elders may lack marketable job skills, especially if they face un- or underemployment later in life after a long period of employment as the workplace changes quickly.

Figure 3: LGBT Older Adults Experience Significant Employment Discrimination

% of Respondents Who Reported Being . . . Because of Their Sexual Orientation or Gender Identity



Source: Karen I. Fredriksen-Goldsen, et al., "The Unfolding of LGBT Lives: Key Events Associated With Health and Well-being in Later Life," *The Gerontologist* 57, no. S1 (2017), doi:10.1093/geront/gnw212.



“We don’t have to worry about the ramifications of being ourselves. We aren’t going to lose our housing. We aren’t going to receive less support. We are not going to be alone because we happen to be members of the LGBT community. That’s a wonderful, wonderful advantage that many of our colleagues don’t have so it’s important that this kind of housing is developed all over the country.”

- Donald Bell, resident of Town Hall on Halsted, LGBT-Welcoming Senior Housing

Photo Credit: Donald Bell - (c) Serena Worthington, SAGE

Housing. In general, there is a lack of affordable housing for elders. (For a discussion on long-term care, see page 16.) LGBT elders need spaces to live and thrive that are affordable and affirming of their LGBT identity. Federal housing protections prohibit discrimination in federally-funded and insured housing on the bases of sexual orientation and gender identity,²⁹ but state laws are a patchwork: only 20 states prohibit housing discrimination based on sexual orientation and gender identity and another two on sexual orientation alone.³⁰ That leaves 50% of the LGBT population in states with no laws prohibiting housing discrimination on the basis of sexual orientation or gender identity.³¹

Some senior living communities may in fact leave LGBT older adults more vulnerable to discrimination and abuse. Lambda Legal, a legal organization working for the civil rights of LGBT people, recently took the case of an older lesbian who has been subjected to verbal and physical abuse since she came out in her low-income senior living facility.³² The suit against the facility alleges that the facility knew the abuse was occurring and did nothing to protect the resident, Marsha Wetzel.³³

Research shows that Ms. Wetzel’s experience is not unique. In a study by the Equal Rights Center of older couples applying for housing in 10 states, 48% of the same-sex couples experienced overt discrimination in the application process, e.g. difference in availability or pricing (see *Figure 4*).³⁴ In 10% of the tests, same-sex couples were quoted a rental price at least \$100 more than the different-sex couple.³⁵

In 2014, SAGE conducted a survey to determine the values, needs, wants, and lifestyle preferences of LGBT older people. Of respondents to SAGE’s survey, 13% reported facing housing discrimination based on sexual orientation and 25% of transgender

respondents reported discrimination based on gender identity.³⁶ When broken down by race, a quarter of LGBT older adults of color reported experiencing housing discrimination based on race.³⁷

In addition to facing housing challenges as older adults, many older LGBT people may have also faced housing discrimination when they were younger, which can lead directly to lower earning power and economic insecurity. Research shows that discrimination in housing not only results in higher housing costs, but longer, more costly searches for housing.³⁸ And for some LGBT people the repercussions are even worse: discrimination in housing may result in “unstable housing”^d or time spent in emergency shelters.³⁹

Figure 4: Half of Older Same-Sex Couples Experience Discrimination Applying for Housing

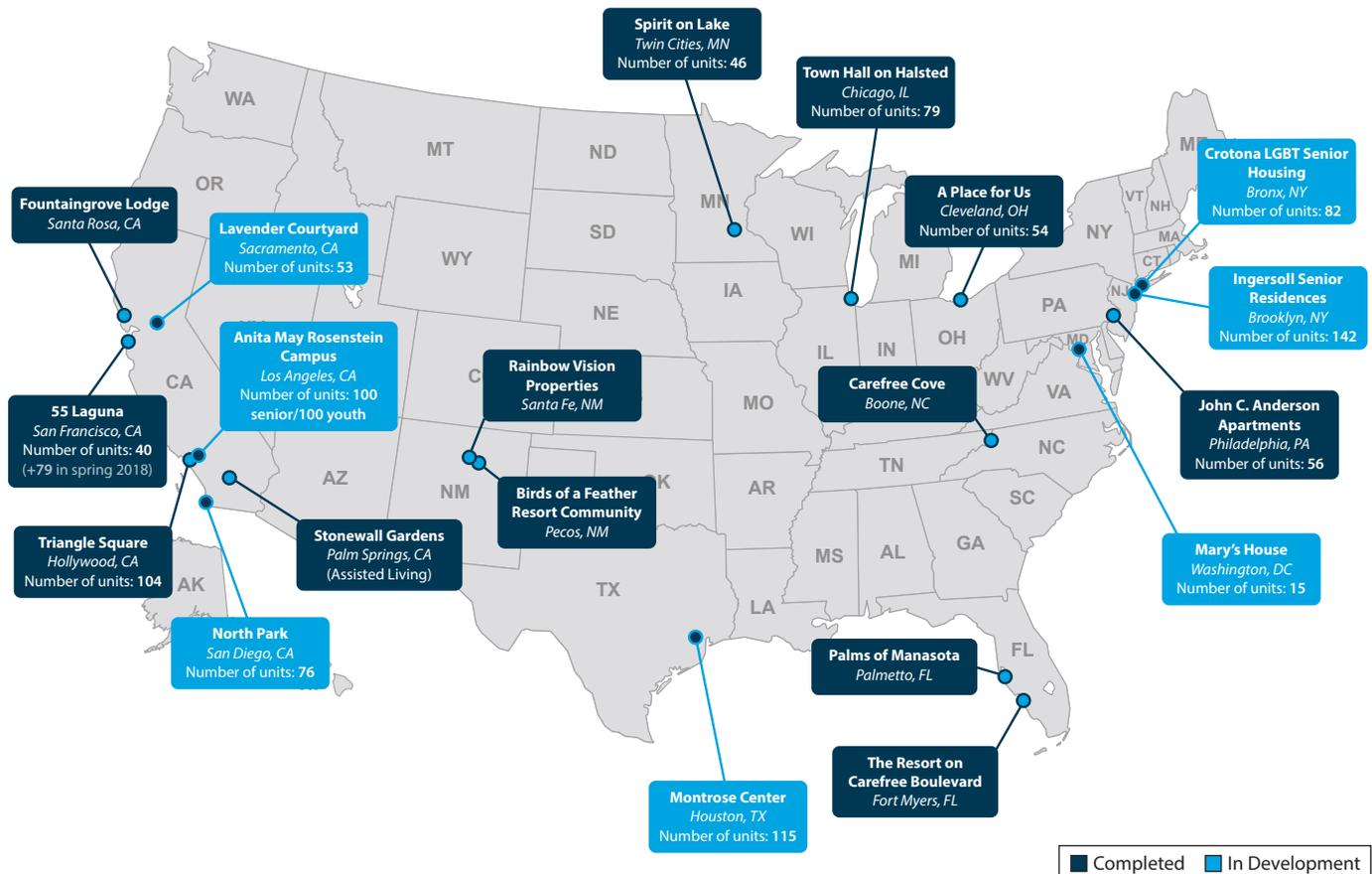


Source: Equal Rights Center, “Opening Doors: An Investigation of Barriers to Senior Housing for Same-Sex Couples,” 2014, https://equalrightscenter.org/wp-content/uploads/senior_housing_report.pdf.

^d This term “unstable housing” is frequently used to refer to situations when an individual lacks the resources or support networks to retain or obtain permanent housing. Individuals may be homeless and lacking a residence, be in the process of being evicted and lack a subsequent residence for financial reasons, or be staying with friends or others and moving frequently because of lack of resources, for example.

Figure 5: Welcoming Housing for LGBT Older Adults
Current as of June, 2016

This map shows the current and under-construction LGBT-welcoming senior housing facilities across the country. Despite the incredible opportunity these facilities give to their residents, the total number of beds is minuscule compared to the need in the community. This merely serves to underscore the need for cultural competence training for all senior housing facilities in every community.



Source: SAGE "LGBT Age-Friendly Housing Resources Across the Country," 2016, <http://sageusa.org/lgbthousingresources>.

Social Security. Social security is, for many elders, the difference between living in poverty and being able to afford food to eat and a place to live. Long-term lowered earning power because of employment discrimination means that LGBT elders may have lower Social Security payments.⁴⁰

Also, while same-sex married couples now have access to social security benefits, many people in same-sex relationships whose partners died before the freedom to marry was available cannot currently access Social Security survivor benefits, one of the most important financial safety nets available to older Americans.

According to SAGE's survey of LGBT older adults' needs and wants, 83% of LGBT respondents said that they are relying on Social Security to fund their retirement years.⁴¹ Not surprisingly, a majority of respondents

reported fear that cuts to Social Security will have an impact on their future financial security.⁴²

Retirement and Pensions. LGBT elders whose spouse died or retired before the freedom to marry was widely available may not have been able to access their partner's retirement or pension benefits, and changes may not be able to be made once an individual is retired. Likewise, partners who are currently not married for economic or other reasons may not be able access necessary programs. A lack of retirement or pension income contributes to economic insecurity for LGBT elders. Some pensions include healthcare coverage, which would also not be extended to a partner who was not legally recognized prior to retirement/death.

Among respondents to SAGE's 2014 survey, 42% reported being very or extremely concerned that they

LASTING IMPACTS OF DISCRIMINATION

MANY BENEFITS THAT DEPEND ON MARRIAGE WERE ONLY MADE RECENTLY AVAILABLE TO SAME-SEX COUPLES

DIFFERENT-SEX COUPLES		SAME-SEX COUPLES
		
	SOCIAL SECURITY BENEFITS	
	SPOUSAL SURVIVOR BENEFIT	
	SPOUSAL RETIREMENT BENEFIT	
	DEATH BENEFIT	
	INHERITANCE	
	TAX BENEFITS	
	PENSIONS	
	VETERANS BENEFITS	
	IMMIGRATION BENEFITS	



will outlive their retirement savings, compared to 25% of non-LGBT people.⁴³ Forty-four percent of respondents were concerned that they would have to work well beyond retirement age to have enough money to live, compared to 26% of non-LGBT people.⁴⁴ However, LGBT older adults are more likely to know about and rely on government tools when planning for retirement (21% of LGBT older adults compared to 13% of non-LGBT older adults).⁴⁵ Non-LGBT older adults were more likely to report relying on a financial advisor.⁴⁶

Inheritance. LGBT elders whose partners died before the freedom to marry became widely available may have been unable to lawfully inherit their partner's assets, leading to economic insecurity. Likewise, couples who may not want to get married now may have difficulty ensuring the appropriate distribution of their assets.

The Result: Poverty and Economic Insecurity

The cumulative impact of discrimination over a lifetime is that LGBT older adults are at increased risk for poverty. Nearly one-third of LGBT older adults ages 65 and older live at or below 200% of the federal poverty level, compared to a quarter of non-LGBT older adults (as show in *Figure 6*).⁴⁷ (This percentage rises to 40% of LGBT older adults 80 and older.) Bisexuals 65 and older have shocking poverty rates: 47% of bisexual older men and 48% of bisexual women live at or below 200% of the federal poverty level.⁴⁸ And transgender older adults have similar rates to bisexual older adults. One study found that 48% of transgender older adults live at or below 200% of the federal poverty level.⁴⁹

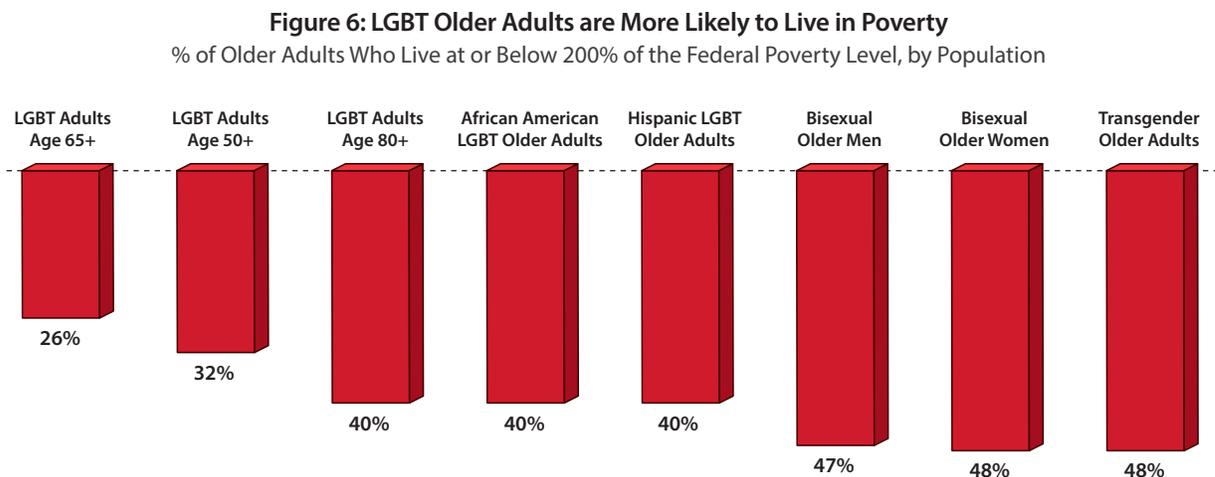
Studies show that LGBT older adults of color, like LGBT people of color in general, are more likely to live in poverty.⁵⁰ According to one study, more than 40% of African American LGBT older adults and Hispanic LGBT older adults live at or below 200% of the federal poverty line, compared to 30% of non-Hispanic white LGBT older adults (see *Figure 6*).⁵¹ This economic insecurity directly impacts health: another study found that African American, Hispanic, and Native American LGBT older adults are more likely to face economic barriers when trying to access needed medications than non-Hispanic white LGBT older adults.⁵²

For elders who are HIV positive, the diagnosis may have spurred them to stop saving money towards retirement, thinking they would not live to see retirement. But as anti-retroviral therapy is becoming more effective, many elders are living well past retirement, and finding themselves without adequate savings.⁵³

Recommendations

These are high-level recommendations meant to address the key disparities facing LGBT older adults. For expansive recommendations, see SAGE's broad policy resources.

- Employment
 - Local, state, and the federal government should pass comprehensive employment protections that prohibit discrimination on the bases of sexual orientation and gender identity.
 - Workforce development programs for older adults must serve LGBT people.



Source: Charles A. Emler, "Social Economic, and Health Disparities Among LGBT Older Adults," *Generations: Journal of the American Society on Aging* 40, no. 2 (2016).

- Housing

- Local, state, and the federal government should pass comprehensive housing protections that prohibit discrimination on the bases of sexual orientation and gender identity.
- Senior housing, assisted living, and nursing homes should all have explicit nondiscrimination policies and should train staff on competently serving LGBT elders.

- Relationship Recognition

- Federal and state programs that confer benefits to married couples should honor the relationships of same-sex couples, in which one partner died before the freedom to marry became available.
- Federal and state programs that confer benefits to married couples should honor non-marital relationships that would otherwise qualify for such benefits, such as domestic partnerships.



A Reliance on Chosen Family May Lead to Dwindling Support Networks

LGBT elders grew up in times when being LGBT and having a partner of the same gender were illegal—literally punishable with jail time.⁵⁴ Family rejection was rampant and many LGBT people could not even consider raising children with a partner of the same gender. As a result, many LGBT elders built strong networks of friends and chosen family, but don't have the built-in informal familial networks of support that many non-LGBT elders rely on as they age, comprised of spouses, siblings, children, and grandchildren. (These networks are called informal in contrast with formal care networks such as medical providers and care facilities.)

While LGBT elders' networks of chosen family and friends may be strong and resilient, a lack of legal family ties manifests itself in two pronounced ways. First, friend networks often age simultaneously, meaning they may not be in the physical or mental condition to care for one another adequately. Second, friend networks don't have the legal recognition to take time

ZAMI NOBLA (National Organization of Black Lesbians on Aging) Provides Support for Older Black Lesbians⁵⁵

ZAMI NOBLA: National Organization of Black Lesbians on Aging was started when its founder Mary Anne Adams noticed that older black lesbians were disappearing from community-based activities and organizations.⁵⁶ The organization aims to empower black lesbians over 40 through community based programming, leadership development, education, and research. ZAMI NOBLA relies on storytelling to preserve history and motivate advocacy. The organization promotes conscious aging, challenges ageism, and fights actively against other oppressions including homophobia, racism, sexism, classism, and transphobia.

ZAMI NOBLA conducted a survey of participants in one of its symposia on breast cancer and found that 74% of participants reported feeling depressed, 42% reported a poor diet, and 21% reported smoking, all risk factors for breast cancer.⁵⁷ Almost half of symposium participants reported lacking any health insurance and the majority of the remainder relied on Medicaid.

From the survey, ZAMI NOBLA developed a qualitative study on healthy aging for older black lesbians, hoping to be able to direct resources and funds to fill the gaps in knowledge and focus on competently serving older black lesbians as whole beings.⁵⁸ Currently ZAMI NOBLA is working with Johns Hopkins School of Public Health on a national study to explore intersectionality and social drivers of breast cancer disparities among Black sexual minority women over 40.

ZAMI NOBLA is currently renovating its recently acquired NOBLA Biggers House: A Residential House for Black Lesbian Elders based in Atlanta. And this year ZAMI NOBLA published the first calendar of its kind promoting images of southern black lesbians 41-92 years of age.

away from work, share health insurance plans, or make medical decisions for one another.

So despite having created strong friend and partner support networks that have served them well over time, as they age, LGBT elders are very likely to be socially isolated and lack the access to adequate support and care that elders need to age successfully.

LGBT Older Adults Are Less Likely to Rely on Informal Support Networks

Access to support networks is one of the strongest predictors of better mental and physical health among LGBT older adults.⁵⁹ In one study, more than two-thirds of LGBT older adults reported that they have support systems available to them; a majority had positive feelings about their support systems.⁶⁰ African American and Native American LGBT adults were more likely to report attending religious or spiritual activities as a form of support.⁶¹

LGBT elders, however, are less likely to have informal support networks comprised of children and other family members, the networks that many non-LGBT adults rely on as they age. Reliant on friends and family of choice, elders may become isolated as their friends also age or they need to enter a long-term care facility because they lack people to care for them.⁶² Likewise, friends and chosen family are not able to make important decisions for elders in most cities and states, as these relationships are not given precedence over family in the absence of legal planning documents.

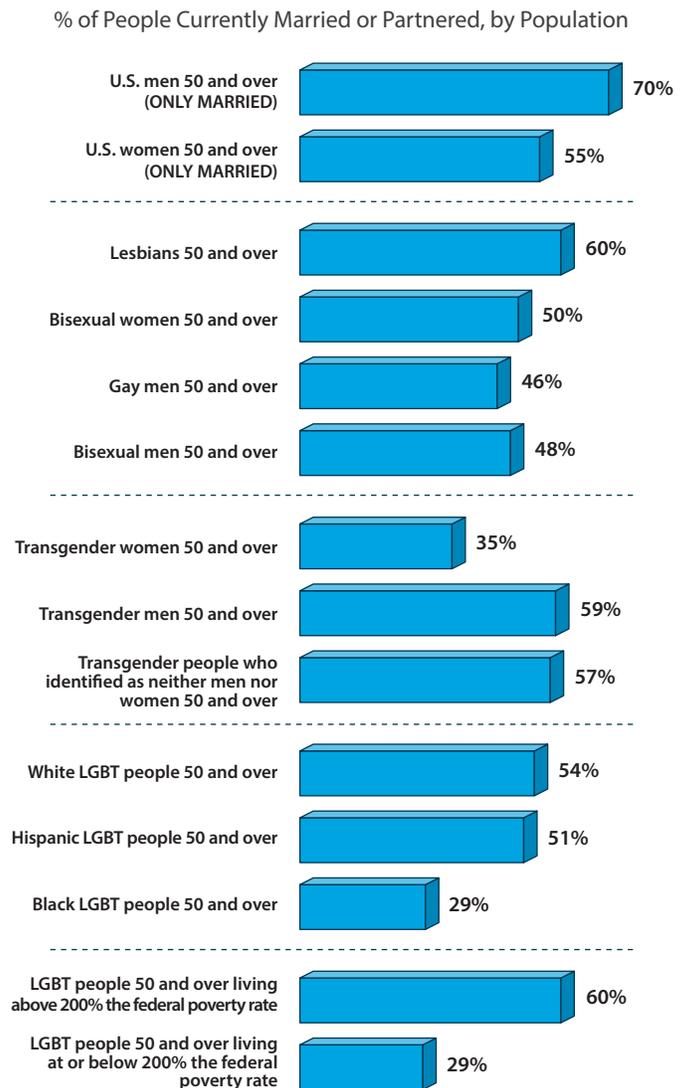
Additionally, programming for elders in general may feel isolating for LGBT elders, who may either decide to conceal their identity, or simply not access support programming at all.

Marriage and Relationship Recognition.

Relationship recognition is still an issue for LGBT elders, even after the freedom to marry became available nationwide in 2015. Many LGBT elders' partners passed away before the freedom to marry became federal law. Other couples may choose not to marry for financial reasons, but still need to be able to make medical and financial decisions for one another.

Among respondents to the National Health Aging, and Sexuality/Gender Study, half of older LGBT adult respondents were currently partnered or married (see *Figure 7*).⁶³ Lesbian women had the highest rate of current partnership (60% of lesbian respondents).⁶⁴

Figure 7: LGBT People are Less Likely to be Currently Married or Partnered



Source: Karen I. Fredriksen-Goldsen, et al., "The Unfolding of LGBT Lives: Key Events Associated With Health and Well-being in Later Life," *The Gerontologist* 57, no. 51 (2017) doi:10.1093/geront/gnw212. Analysis by the Movement Advancement Project of data from the 2015 American Communities Survey, https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_B12002&prodType=table.

Bisexual women were most likely to have ever been in an opposite-sex marriage (70%) and very likely to have had children (52%).⁶⁵ Only "other" identified women and transgender men were more likely to have had children (64% and 69% respectively).⁶⁶

Compare this data to the data for the general population. Among adults aged 50-54, only 13% have never been married, according to the U.S. Census (see *Figure 7*).⁶⁷ Sixty-nine percent of all women and 59% of all men over 15 report having biological children, a percentage likely significantly higher among older Americans.⁶⁸

Research finds that marriage and partnership provides resilience and protective factors for LGBT adults—just as previous research has shown the same for different-sex couples.⁶⁹ For example, legally married LGBT adults, especially men, had more economic resources such as education, assets, income, home ownership, health insurance, and gainful employment than unmarried and single respondents.⁷⁰ Legally married respondents also showed higher levels of social support, and married LGBT women were more likely to have children.⁷¹ Respondents with partners, married or partnered, had greater health and quality of life than single respondents.⁷² This data suggest that while legal marriage carries significant economic benefits, the health benefits of having a partner are present regardless of marital status.

Elder Services Programs. The Older Americans Act, which funds the Administration on Aging and the Area Agencies on Aging (AAA) does not explicitly include LGBT people as a population of “greatest social need.” Because of this lack of prioritization, paired with shrinking budgets and competing priorities, AAAs are less likely to directly serve LGBT people.⁷³ In 2012, the Administration on Aging did publish guidance to states giving them the discretion to consider LGBT older adults a population of greatest social need,⁷⁴ so many AAAs do engage this population, including using some funding

on cultural competence training through, for example, SAGECare. Further training must be paid for through other means, such as a state or local grant.

The Administration for Community Living (ACL) currently funds the National Resource Center on LGBT Aging, but unlike the other population groups with resource centers, that funding is not earmarked, meaning it is not guaranteed to remain at a consistent level over the years. As a result of the Older Americans Act’s exclusion of LGBT people, there are fewer tailored services for LGBT people and LGBT elders are less likely to access competent, respectful services from their local AAA, a resource that millions of older Americans rely on.

Senior Centers and LGBT Community Centers. Many elders may fear accessing services at traditional senior centers, worried about harassment or discrimination. While LGBT community centers try to fill these gaps by providing competent care for LGBT elders, they lack crucial resources and are often staffed by volunteers, especially in areas that need services the most, such as rural areas or areas with fewer nondiscrimination protections.⁷⁵ In fact, in the Movement Advancement Project’s bi-annual survey of LGBT community centers, only 2% of all federal grants, 7% of all state grants, and 9% of all local grants over \$10,000 reported by responding centers were dedicated towards programs for LGBT elders.⁷⁶

Funding Community Support

The federal Administration for Community Living is a sub-agency of the Department of Health and Human Services and is charged with administering the Administration on Aging (AOA), as well as the Administration on Disabilities, the National Institute on Disability, Independent Living, and Rehabilitation Research, and the Center for Management and Budget (as well as other sub-agencies).⁷⁷ The AOA is tasked with implementing the Older Americans Act (OAA), which directs funding to programs and services that help older Americans age in place.⁷⁸ A few programs assist administration of the OAA, including the National Aging Network, Office of Supportive and Caregiver Services, and Office of Nutrition and Health Promotion Programs, and Office of Elder Justice and Adult Protective Services, Office for American Indian, Alaska Natives and Native Hawaiian Programs, and the Office of Long-term Care Ombudsman Programs.⁷⁹

The Administration on Aging funds and helps administer the robust National Aging Network, which comprises the State Units on Aging, the Area Agencies of Aging, and the Tribal and Native Hawaiian organizations, for a total of over nearly a thousand individual organizations.⁸⁰

The Area Agencies on Aging (AAAs) are often the local base for home and community based services for older Americans, which help elders age in place, rather than relying on institutional care, which is much more expensive for elders and for taxpayers.⁸¹ An AAA can be a governmental agency or a non-profit, and they receive, on average, 40% of their funding through the Older Americans Act.⁸² Services provided by AAAs include case management and case referrals for supportive services like in-home care, nutrition assistance, abuse and fraud prevention, and transportation services.⁸³

The lack of funding for LGBT community centers for services for older adults is striking given that centers reported that that an average of 26% of their clientele was older than 50.⁸⁴ Eleven reporting centers reported that 50% or more of their clientele were over 50.⁸⁵ In all, 61% of centers that participated in the 2016 bi-annual survey reported that they offered programming that was specific to LGBT older adults.⁸⁶

The Result: Social Isolation

This lack of legal recognition, reliance on chosen family, and lack of funding for LGBT-specific aging resources mean that LGBT elders are susceptible to isolation. Studies show that LGBT elders are much more likely to live alone than non-LGBT elders and are also less likely to access necessary services than the general aging population, services like visiting nurses or meal programs, despite their reliance on external providers rather than informal networks for care.⁸⁷

LGBT elders are more likely to report that they are frightened of dying alone and dying in pain, especially in places where LGBT folks lack explicit rights.⁸⁸ Some researchers have found that this fear translates into LGBT people being more likely to have completed protective documents such as living wills and powers of attorney.⁸⁹ Still, less than 50% of all older adults complete these documents.⁹⁰

Without access to competent, welcoming support services, LGBT older adults are left on their own.



LGBT elders in their own homes share their stories:
At the age of 45 I fell in love with my queer partner, and I knew I was home. And I have never looked back.

sageusa.org/welcomehome

sage™

According to SAGE's survey of LGBT older adults, 40% of LGBT respondents rely on the internet as a primary source of information on aging, and 40% also say they rely on family and friends.⁹¹

Elder abuse. Due to isolation, vulnerability, and reliance on others, LGBT elders may face abuse, neglect, or exploitation. Elder abuse and neglect takes many forms, from financial exploitation to healthcare neglect to interpersonal violence. Perpetrators include family members, care givers, health care providers, and others.

There is little data on the incidence of elder abuse across the country, and the little existing data is marred by conflicting and imprecise definitions of what constitutes elder abuse. In general, research finds that approximately one in ten elders has experienced some form of abuse.⁹²

In limited data, LGBT elders, who are at higher risk for isolation, have very high rates of elder abuse.⁹³ Analysis of a survey of LGBT older adults in 2001 found that two-thirds had experienced victimization due to their sexual orientation over their lifetime.⁹⁴ Those who had experienced victimization, especially women who had experienced physical victimization, had significantly poorer current mental health.⁹⁵

The lack of data on elder abuse faced by LGBT elders is driven partly by LGBT people not being designated as an "underserved population" by the Department of Health and Human Services.⁹⁶ Designation as an underserved population would result in more federal funding for research.

Recommendations

These are high-level recommendations meant to address the key disparities facing LGBT older adults. For expansive recommendations, see SAGE's broad policy resources.

- Programming and Services
 - Congress should include LGBT people as a community of "greatest social need" within the Older Americans Act to increase funding for and access to specifically-tailored services.
 - Traditional community centers for older adults should provide space and support for LGBT-specific programming.
 - LGBT community centers should provide space and support for elder-specific programming.

- Elder Abuse
 - The Department of Health and Human Services should designate LGBT older adults as an underserved population.
 - Service providers should watch for signs of elder abuse among LGBT older adults and take necessary steps to prevent and remedy the abuse.



A Lack of Competent, Inclusive Healthcare Can Result in Poorer Health Outcomes

LGBT older adults who have lived through a lifetime of discrimination and social stigma, family rejection, and the aging and deaths of their support networks, experience *minority stress*.⁹⁷ Minority stress can be defined as the impact of exposure to both interpersonal and structural discrimination. That is: discrimination by individuals (for example, employment discrimination and housing discrimination) and by legal structures (for

example, the inability to marry the person you love). Minority stress has concrete negative impacts on health and well-being, as illustrated below.

In addition to minority stress, LGBT elders face intricate health care systems and barriers to accessing competent care. Older people living with HIV have particular health challenges, as do older transgender people and people who transition at an older age. In all, LGBT people struggle to receive competent, inclusive healthcare that meets their needs and addresses their lifetime experiences as LGBT people.

LGBT Older Adults May Have Difficulty Navigating Complex Healthcare Programs

Health care for older adults in the United States is complex. For LGBT elders, it can be even more so. Without explicit federal protections prohibiting discrimination based on sexual orientation and gender identity across many areas of life, LGBT elders may face discrimination both on the system-level and in one-on-one interactions with administrators, healthcare

The Cost of a Healthcare System Ill-Prepared to Serve LGBT Elders

Health care, insurance coverage, caregiving, programming, and services are all very costly. Those costs can rest with an LGBT elder, with their caregiver, or with the taxpayer, through government funding. It is in the best interest of all parties to reduce costs.⁹⁸ As the data in this report illustrate, LGBT elders thrive and therefore need fewer costly services and health care interventions when they are supported with culturally competent care and are connected to supportive communities.

Further research reveals that culturally competent care costs less overall than care that doesn't serve the whole person. In a 2007 report, healthcare providers who implemented best practices for caring for patients with low English proficiency were able to increase care equity, increase efficiency, increase quality of care, and reduce medical errors.⁹⁹ This resulted in a net reduction of cost for medical providers implementing the standards.

According to a 2013 report from the Institute for Diversity in Health Management, health care organizations that are culturally competent have lower costs and fewer health care disparities.¹⁰⁰ In fact, looking at racial disparities in particular, the Urban Institute found that health care disparities (differences in the quality of care received by different populations) increased health spending by nearly \$60 billion dollars in 2009, and reduced labor market productivity by another \$22 billion.¹⁰¹ Disparities are not theoretical—they cost patients, their caregivers, and taxpayers billions of dollars, money that can be saved through the provision of equitable, competent care.

There is evidence that specially-tailored care for patients with HIV reduces costs significantly, while improving outcomes. An analysis of health care providers in New York City found that one LGBT-specific “special-needs plan” provider for people living with HIV on Medicaid had incredibly high rates of patient engagement: 91% of its patients were engaged in care, compared to 88% of patients of other “special-needs” plans and 67% of patients in managed care plans statewide.¹⁰² In all the “special-needs plans,” in-patient costs were 32% to 45% lower than costs in the managed care plans and pharmacy costs were 2-6% higher, meaning patients had greater access to needed prescriptions.¹⁰³

providers, and others. All of which can make accessing healthcare and staying in good health—both important components of successful aging—incredibly challenging for LGBT elders.

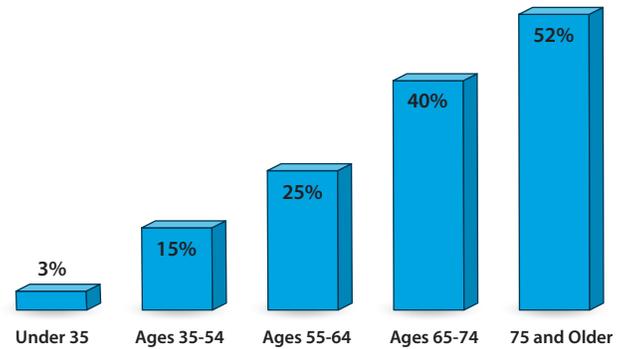
Health Insurance. The majority of people ages 65 and older access their health insurance through Medicare, a federally-funded insurance program that mostly serves people over 65, regardless of income, and younger people with disabilities. People automatically become eligible for Medicare upon turning 65. Lower-income older adults might also be eligible for Medicaid, which is a jointly-funded federal-state program that provides health insurance to people who cannot afford to pay for their own health care coverage. Generally, low-income people are eligible for Medicaid, with a particular emphasis on low-income children, pregnant people, parents of Medicaid-eligible children, and older adults. Nearly five million older Americans access Medicaid, nearly all of whom are also enrolled in Medicare.¹⁰⁴ Medicaid is the single biggest payer of long-term care in the country. Approximately 35% of SAGE clients in New York City are Medicaid-eligible, surviving on less than \$10,000 a year.¹⁰⁵

Beginning in 2013, married same-sex couples were permitted to apply for Medicare as married couples. The Social Security Administration, which determines eligibility for Medicare and other programs, currently considers marriages conducted before this date as valid marriages and considers some non-marital legal relationships, like civil unions or domestic partnerships, when determining eligibility. This is important because some older same-sex couples may have been together and relied on one another but not be legally married. They would be unable to enroll in Medicare using their spouse's eligibility. Same-sex couples in some states had to wait longer to apply for Medicaid jointly, as it is a joint federal-state program and some states didn't recognize the marriages of same-sex couples or permit them to marry until 2015. Currently, legally married same-sex couples will have both individuals' assets and need considered when applying for Medicaid, which is need-based.

In 2014, Medicare removed its exclusion on medically necessary transition related care. Now, transgender elders and others using Medicare may access medically necessary transition related care, as well as all routine preventive care and any other necessary care.¹⁰⁶ Older adults who transitioned before the exclusion was lifted may have had to pay for necessary care out of pocket, or simply go without care, causing stress and further complications.

Figure 8: Transgender Older Adults are Much More Likely to be Veterans

% of Respondents Who are Veterans, by Age



Source: Sandy E. James et al., "The Report of the 2015 U.S. Transgender Survey" (Washington, D.C.: National Center for Transgender Equality, December 2016), <http://www.transequality.org/sites/default/files/docs/usts/USTS%20Full%20Report%20-%20FINAL%201.6.17.pdf>.

There are still barriers to individuals on Medicaid receiving transition-related healthcare because of the intersection of federal and state laws and policies. This is particularly devastating for low-income transgender people who may be unable to afford necessary care.

While specific numbers about the impact of Medicaid expansion through the Affordable Care Act, which allowed people who were slightly less poor to enroll in Medicaid, are not available for LGBT older adults, research finds that the Affordable Care Act and Medicaid expansion increased insurance rates for LGBT people generally.¹⁰⁷

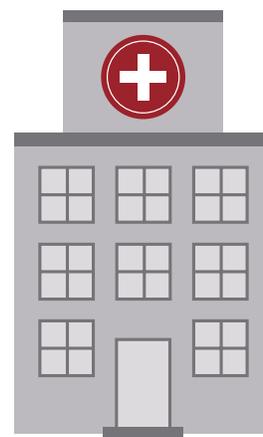
Health Insurance and Healthcare for Veterans. Historically, LGBT people have been legally prevented from serving in the military. Yet many LGBT people have served and are serving in the military. More than 19,000 service members were discharged because of their sexual orientation prior to the passage of "Don't Ask Don't Tell" and another 13,000 were discharged under the law, the majority of whom were men.¹⁰⁸ There are an estimated 130,000 transgender veterans and those retired from the national Guard or Reserve.¹⁰⁹ Over half of respondents to the U.S. Trans Survey aged 75 and over reported being a veteran, compared to 40% of those aged 65-74, 25% ages 55-64, 15% of those ages 35-54, and 3% of those under 35 (see *Figure 8*).¹¹⁰

For LGBT people discharged under the so-called "Don't Ask Don't Tell" law, they are sometimes ineligible for crucial veteran's benefits, such as physical and mental health care services, despite having served their country with honor. Even for LGBT veterans who

Figure 9: LGBT Older Adults Face Discrimination and Harassment in Care Facilities

% of respondents who had experienced . . .

Experiences Related to Resident’s Real or Perceived Sexual Orientation and/or Gender Identity	Percent of All Instances
Verbal or Physical Harassment From Other Residents	23%
Refused Admission or Re-admission, Attempted or Abrupt Discharge	20%
Verbal or Physical Harassment From Staff	14%
Staff Refused to Accept Medical Power of Attorney from Resident’s Spouse or Partner	11%
Restriction of Visitors	11%
Staff Refused to Refer to Transgender Resident by Preferred Name or Pronoun	9%
Staff Refused to Provide Basic Services or Care	6%
Staff Denied Medical Treatment	6%



Source: The National Senior Citizens Law Center et al., “LGBT Older Adults in Long-Term Care Facilities: Stories from the Field,” accessed May 11, 2017, http://www.lgbtagingcenter.org/resources/pdfs/NSCLC_LGBT_report.pdf.

left the military after Don’t Ask, Don’t Tell was repealed or were not discharged under the law, much is lacking in the healthcare they receive both in terms of mental healthcare and LGBT competency. Additionally, the Department of Veterans Affairs (VA) does not cover gender transition surgeries for transgender veterans.

And while LGBT veterans might be able to theoretically access other crucial VA services, many VA staff are unaware of the particular health disparities of LGBT older veterans, and rely on organizations like the Los Angeles LGBT Center’s Senior Service Department, who provide cultural competence trainings for staff who work with aging veterans.¹¹¹ The Los Angeles Center surveyed its older adult clientele and found that while 20% of older LGBT respondents to the survey were in fact veterans, only 4% received veterans’ benefits.¹¹²

Long term care. It is estimated that as many as 70% of people over the age of 65 will need long-term care during their lives. Long-term care can mean care by a family member or paid caregiver in one’s home or any number of options in an out-of-home facility such as a nursing home or another residential setting.¹¹³ Care for older adults, whether in-home by an aide or out-of-home, is very expensive, sometimes prohibitively so, especially for many LGBT elders who may not have family members to assist, or who may not be able to access benefits that older elder can access to help pay for long-term care. According to the Department of Health and Human Services, the average cost of a semi-private room in a nursing home was \$6,236/month in 2010.¹¹⁴

For LGBT elders, entering long-term care may be a foreboding concept: to live for the first time in many years among people who may not accept you for who you are or whom you love. Some research has shown that the majority of LGBT elders would not want to move into a nursing home, given the choice.¹¹⁵

As with many issues facing LGBT elders, few data exist on the experiences of LGBT elders in long-term care. A study conducted in 2011 identified the top issues of concern to LGBT elders entering long term care for the first time: discrimination by staff and residents, isolation, and abuse or neglect from staff.¹¹⁶

In fact, respondents’ fears were borne out. Among respondents who had entered long-term care or had a loved one in long-term care, nearly half had experienced mistreatment in a care facility. As shown in *Figure 9*, 23% of incidents based on a resident’s real or perceived sexual orientation and/or gender identity involved verbal or physical harassment from other residents, while 20% involved refusal to admit or re-admit, or attempted or abrupt discharge of a resident. Fourteen percent of incidents involved verbal or physical harassment by staff.¹¹⁷

Accessing Care. LGBT elders face particular difficulties when accessing health care, including legal restrictions on visitation, medical decision-making and family leave for friends and chosen family, and overt discrimination from health care providers.

Currently, the Department of Health and Human Services requires all medical facilities receiving Medicaid

Caregiving in the 21st Century

Caregiving for elders takes many forms: from the 34 million children and partners caring for their loved ones¹¹⁸ to in-home professional care to the care at a residential facility, whether short or long term. And in order to competently serve LGBT elders' full selves, caregivers should be well-informed on the particular disparities facing LGBT elders.

Cultural competence training is essential for caregivers because it makes them better prepared to fully serve LGBT older adults, without relying on an individual older adult, their friends, or their family to educate an individual caregiver. Likewise, general training is less likely to endanger an individual LGBT elder by outing them as the impetus for a training, and will raise a facility's general welcomeness and ability to fully serve any LGBT elder. Finally, non-LGBT elders may have LGBT caregivers (see below), who might not feel safe coming to visit their elder in a facility that isn't LGBT friendly. This might lead to further isolation of elders.

When it comes to training caregivers in residential facilities, federal, state, and local governments may provide for some funding, although frequently it is funding for online training only, requiring facilities to fund their own in-person training. Organizations like SAGECare provide LGBT cultural competence trainings for caregivers and other staff.¹¹⁹

However, the national shortage of caregiving staff, combined with high staff turnover due to work conditions and poor wages means that even in facilities that have received staff trainings, not all staff may have received the training.¹²⁰

The National Resource Center on LGBT Aging¹²¹ and other organizations also provide resources for the informal caregivers of LGBT older adults (meaning partners, friends, and children), as well as referrals and recommendations for local resources that caregivers and older adults can turn to.

As noted above, LGBT elders are less likely to rely on informal caregiving networks (such as partners or children), although many LGBT elders rely on peers and friends for caregiving services, in interdependent relationships. But as peers and friends age, those caregivers may not be able to give adequate care.

Among LGBT older respondents to one survey, nearly one-third of both gay men and transgender people reported they don't know who would be their caregiver if the need arose.¹²² In another study, over half of older gay men and lesbians said they had not had any discussions about end-of-life care particularly, with anyone.¹²³ A study of LGBT elders in California found that half of gay and bisexual men between the ages of 50 and 70 live alone, compared with only 13% of similarly aged heterosexual men.¹²⁴ Among women the differences are not so stark, but still, more than a quarter of older lesbian and bisexual women live alone, compared to one in five older heterosexual women.¹²⁵

The AARP did a study in 2015 of the demographics of caregivers (not just of elders) across the United States and found that 9% self-identify as LGBT, a percentage significantly higher than that of the population as a whole.¹²⁶ Among Hispanic caregivers, 15% identify as LGBT.¹²⁷

and Medicare funding to respect the visitation wishes of their residents, regardless of sexual orientation and gender identity.¹²⁸ While most medical facilities do receive such funding, those that do not may be able to deny someone the ability to see their partner or friend or to make necessary medical decisions for them.

Likewise, without an advance healthcare directive, or in some cases even with one, friends and chosen family may not be able to make appropriate medical decisions for an LGBT elder if their relationship is not legally recognized. Finally, without a broad definition of family, workers may be unable to take leave to care for an elder in their family

with whom they lack a legal or biological relationship. Older adults who are still working may be unable to take leave to care for a partner if their relationship isn't legally recognized.

When LGBT older adults do access care, they may face overt or more covert discrimination from their health care providers.¹²⁹ Some researchers theorize that unconscious bias against LGBT people may creep into medical providers' quality of care, impacting their ability to appropriately care for LGBT older adults.¹³⁰ Transgender people report very high rates of discrimination by healthcare providers, which may be compounded for older transgender adults.¹³¹

The Result: Poorer Mental and Physical Health

As a result of the difficulties LGBT older adults may encounter when trying to navigate complex healthcare systems, the difficulty accessing care, and the compounding impacts of social isolation and minority stress, LGBT older adults experience specific mental and physical health disparities.

Higher rates of psychological distress. Research shows that LGB older adults have significantly higher rates of psychological distress than heterosexual older adults, and that transgender older adults have even higher levels.¹³² Advocates and researchers suggest that access to services is made more difficult by mental health conditions and conversely, a lack of access compounds the impacts of these conditions.¹³³ Living alone, like many LGBT elders do due to lack of family connections, increases social isolation and loneliness, significant predictors of depression among older adults.¹³⁴ These factors may be compounded still by family rejection in an adult's youth and a historical lack of services for LGBT people. Indeed, lifetime experiences of discrimination and victimization are linked to depression among gay, lesbian, and bisexual adults, and among transgender adults.¹³⁵

Poorer physical health outcomes and lack of high quality care for specific healthcare needs. LGBT adults, in general, frequently report poorer physical health outcomes,¹³⁶ which are frequently linked to experiences of discrimination in society as a whole and by health providers specifically.

LGBT older adults also face specific disparities in physical health compared to non-LGBT older adults. For example, LGBT respondents to the National Health Interview Survey were also more likely than non-LGBT respondents to be told they have cancer at 29% and 23%, respectively.¹³⁷ A study of older LGBT adults in California found that gay and bisexual men are more likely to report hypertension, diabetes, physical disability, and poor health status than heterosexual men.¹³⁸ The same study found that older lesbian and bisexual women report higher rates of physical disability.¹³⁹

The National Health, Aging, and Sexuality/Gender Study found that African American and Hispanic LGBT older adults were significantly more likely to report a lower health-related quality of life than white LGBT older adults, although when demographic and health-promoting and health risk factors were added into the analysis, the differences by race were no longer statistically

Figure 10: LGBT Older Adults are Fearful of Telling Their Healthcare Provider That They're LGBT

Figure 10a: % of LGBT Older Adults Age 45-75 Who Report

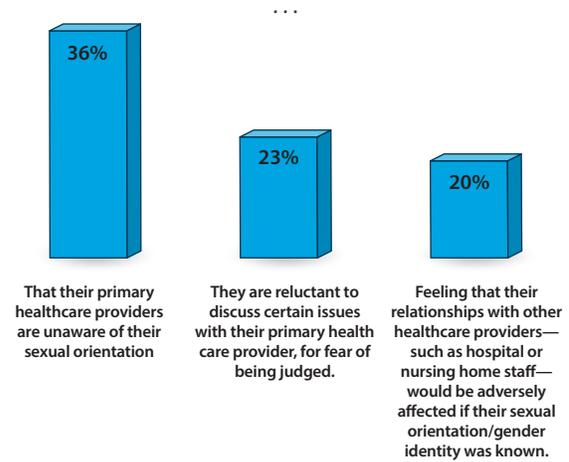
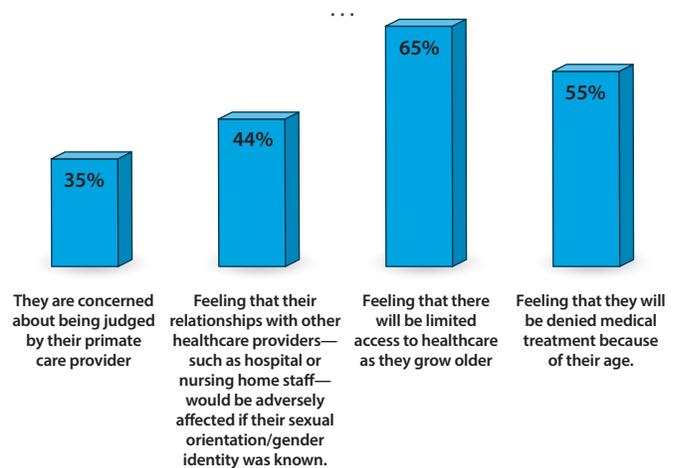


Figure 10b: % of Transgender Older Adults Age 45-75 Who Report



Source: Robert Espinoza, "Out and Visible: The Experiences and Attitudes of Lesbian, Gay, Bisexual and Transgender Older Adults, Ages 45-75" (New York, NY: SAGE, 2014), 45-75, http://www.sageusa.org/files/LGBT_OAMarketResearch_Rpt.pdf.

significant.¹⁴⁰ This analysis implies that while race impacts the health of LGBT older adults, it is more likely factors like education attainment and employment that are correlative to race that impact health and well-being.¹⁴¹

Forty percent of LGBT older respondents to SAGE's survey in their 60s and 70s reported that their healthcare provider didn't know about their sexual orientation (see *Figure 10*).¹⁴² Hispanic LGBT older adult respondents were the most worried that the quality of health care they receive would decrease if they were open about their sexual orientation (34% of Hispanic respondents, compared to 23% of African American and 16% of white respondents).¹⁴³

AGING AS LGBT

20

TINA

JACKIE

TWO STORIES

Imagine that Tina and Jackie were born in the same Virginia town in 1947. This timeline starkly illustrates how different Jackie's life is, growing up as an LGBT person in the later 20th century.



1947 Tina and Jackie are both born in Virginia.



1953 NATIONAL: President Dwight Eisenhower signs executive order prohibiting "homosexuals" from working in the federal government.

1959 At school, Jackie is bullied for being gender non-conforming, is frequently disciplined by teachers, and decides not to go to college.



1962 Jackie's family sends her to her church pastor for harmful conversion therapy.



1966 Tina goes to college to study history. Jackie starts work at a factory because she lacks other education or job training.



1967 Tina meets Frank. Jackie meets Frances.



1969 Tina and Frank get married. Tina puts the photo on her desk at the library where she works. Jackie doesn't talk about Frances at work and can't put up a photo.



1969 NATIONAL: LGBT people protest police raids of bars and clubs, including the Stonewall bar in New York City. This becomes the movement known as Pride.

1973 Tina and Frank have a baby. Tina takes a short time off. Frances' family stops talking to her when they learn that she and Jackie are a couple.



1973 NATIONAL: Homosexuality no longer considered a psychological disorder by the American Psychological Association. Maryland becomes the first state to ban the freedom to marry for same-sex couples.

1974 Frank gets a raise. Tina and Frank buy a house.



1976 Jackie applies for a managerial position and is fired when a coworker sees her out with Frances and tells the boss. She takes a lower wage job at another factory.



1981 Jackie and Frances are evicted from their apartment for living together. They have no savings to buy a house, so Frances rents another apartment alone, and Jackie moves in later.



1981 NATIONAL: The AIDS crisis reaches desperate measures as groups form to demand support from state and federal governments.

1985 Frances adopts her brother's child when he dies. Jackie cannot adopt the child, so she has no legal parenting rights although she co-parents.



1993 NATIONAL: President Bill Clinton enacts "Don't Ask Don't Tell".



1993 Frank and Frances are each briefly hospitalized. Tina can visit Frank and make medical decisions for him. When Jackie tries to visit Frances, the hospital tells her that only family is allowed in the room.

1996 NATIONAL: President Bill Clinton passes the federal Defense of Marriage Act.

2000 NATIONAL: Vermont becomes first state to permit civil unions for same-sex couples.

2003 NATIONAL: The U.S. Supreme Court overturns state laws criminalizing same-sex sexual conduct in Lawrence v Texas.

2004 NATIONAL: Massachusetts becomes first state to permit marriages for same-sex couples.

2013 Frank and Frances retire. Tina elects to take Social Security spousal benefits and knows she will have access to Frank's pension should he die. Jackie is denied Social Security spousal benefits and cannot be listed as a spouse for France's pension.

2013 NATIONAL: The U.S. Supreme Court overturns the federal Defense of Marriage Act, allowing the federal government to recognize the marriages from states that permit same-sex marriages.

2015 Frank and Frances die. Tina makes funeral arrangements and gets the Social Security death benefit. She inherits the house, no problem. Jackie is not legally allowed to make funeral arrangements for Frances and watches as Frances' distant cousin steps in. Since she also cannot receive Social Security death or survivor benefits or Frances' pension, Jackie now struggles to make ends meet.

2015 NATIONAL: The U.S. Supreme Court rules that state bans against the freedom to marry are unconstitutional, permitting same-sex couples to get married in any U.S. state.



2016 Tina receives caretaking support from her children and pays for in-home care with her Social Security survivor benefits and funds from Frank's pension. Jackie is denied Social Security survivor benefits and Frances' pension. The apartment was rented in Frances' name, and Virginia lacks nondiscrimination protections in housing, so she is evicted when she tries to change the lease into her name. Ailing, and without an extended family or the funds for in-home care, Jackie moves into a nursing home. She cannot afford much, so she relies on her Medicaid to pay for it. She fears discrimination if she shares stories about her past, so she doesn't bring any photos of Frances. Her son visits, but cannot make medical decisions for her because they lack a legal relationship.

Older transgender adults report high levels of concern about their healthcare and negative experiences. Two-thirds of transgender respondents felt there would be limited access to healthcare as they aged and over half feared they would be denied medical treatment because of their age.¹⁴⁴ Older respondents were far more likely to report being current smokers, but the least likely to report nonmedical use of prescription drugs.¹⁴⁵

Despite these tangible negative health outcomes, LGBT older adults simultaneously report high levels of agency and resilience around their health, particularly control over and knowledge of their HIV status. For example, older respondents to the U.S. Trans Survey were more likely to report excellent or very good health than were younger respondents (see *Figure 11*).¹⁴⁶ The Centers for Medicaid and Medicare Services found that older LGBT adults are significantly more likely to say that they are in excellent or very good health than heterosexual older adults.¹⁴⁷ This data, however, may not be representative of LGBT older adults as a whole, since the majority of those sampled by the Center were white men.

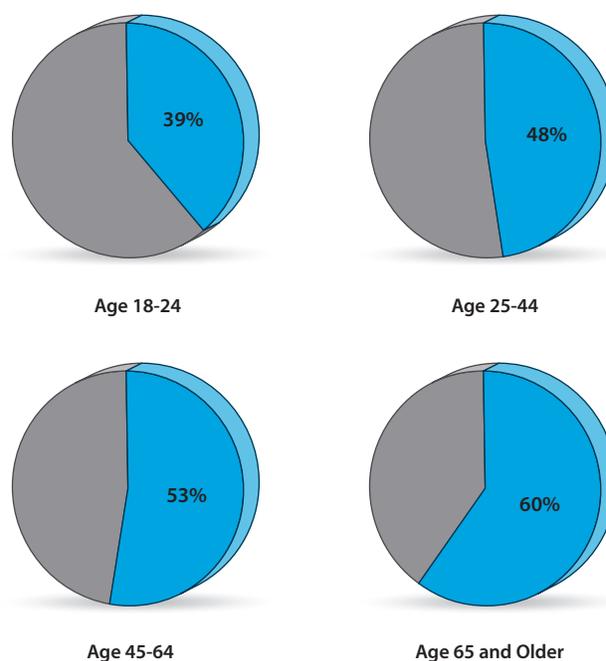
Recommendations

These are high-level recommendations meant to address the key disparities facing LGBT older adults. For expansive recommendations, see SAGE's broad policy resources.

- Health care coverage
 - Federal and state programs that confer health benefits to married couples should honor the relationships of same-sex couples, in which one partner died before the freedom to marry became available.
 - Federal and state programs that confer health care benefits to married couples should honor non-marital relationships that would otherwise qualify for such benefits, such as domestic partnerships.
 - Congress should pass the Restoration of Honor Act to make veterans discharged because of their sexual orientation or gender identity eligible for a number of programs, services, and benefits available at the state level.
- Health care provision
 - Medical service providers and facilities, including long term care facilities, hospitals, and doctors' offices should train staff on competently serving LGBT elders.

Figure 11: Older Transgender People are More Likely to Say They are in Excellent or Very Good Health

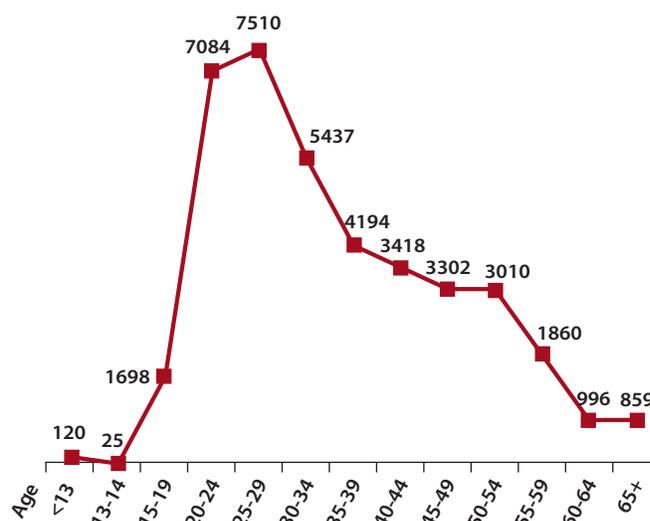
% of Respondents Reporting They are in Excellent or Very Good Health, by Age



Source: Sandy E. James et al., "The Report of the 2015 U.S. Transgender Survey" (Washington, D.C.: National Center for Transgender Equality, December 2016), <http://www.transequality.org/sites/default/files/docs/usts/USTS%20Full%20Report%20-%20FINAL%201.6.17.pdf>.

Figure 12: Adults Aged 55 and Over Comprised 9% of New HIV Diagnoses in 2015

Diagnoses of HIV Infection in 2015 by Age



Source: Centers for Disease Control and Prevention, "Diagnoses of HIV Infection in the United States and Dependent Areas, 2015," HIV Surveillance Report, 2015 27 (November 2016), <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2015-vol-27.pdf>.

Aging with HIV

LGBT older adults lived through the horror of the early days of the AIDS epidemic, watching friends, partners, and family die as the nation and science struggled to respond. The prognosis for people living with HIV today is much different from those early days. Individuals who are diagnosed with HIV today and receive appropriate medical treatment can have the same life expectancy as those do not have HIV.¹⁴⁸

For people who have been living with HIV for a long time and are now reaching older age, new challenges have arisen. Medical providers with expertise in geriatrics and ailments that typically impact older adults may have little experience or knowledge about HIV or how to care for older people living with HIV. Older adults living with HIV may experience unique disparities, such as resistance to medication, and may develop other infections.¹⁴⁹ Some elders who have lived with HIV for many years may find that their virus has become resistant to antiretroviral therapy, the drugs necessary for keeping the HIV virus under control.¹⁵⁰ Older adults living with HIV are more likely to experience social isolation and to live alone, compared to younger people living with HIV.¹⁵¹

Older adults are also among the population that continues to be newly diagnosed with HIV. There are unique health challenges for older people newly diagnosed with HIV. They may suffer more immune system damage than a younger person newly diagnosed and may be less able to fight infections.¹⁵² LGBT elders are accessing testing at greater rates than non-LGBT elders: 51.3% of LGBT elders reported they had been tested for HIV at least once before, while only 15.8% of other older people stated that they had been tested for HIV once before.¹⁵³

As shown in *Figure 12* on the previous page, in 2015, people over 55 accounted for 9% of new HIV diagnoses in 2015, with people from 50 to 55 accounting for another 8% of new diagnoses.¹⁵⁴ In 2014, the CDC estimated that 67% of diagnosed HIV infections among people aged 50 and older were gay and bisexual men who became infected through sexual activity with other men.¹⁵⁵ Some researchers estimate that by the year 2020, 70% of adults living with HIV will be 50 years old or older.¹⁵⁶ New HIV diagnoses are also concentrated among African American and Latino people. Despite comprising only 13% of the total population of the United States,¹⁵⁷ African American people comprised almost half (46%) of new HIV diagnoses among people aged 55 and over.¹⁵⁸ Among respondents to the U.S. Trans Survey, 3.3% of adults ages 45 to 64 reported living with HIV, compared to 1.4% of all respondents and 0.3% of the population as a whole.¹⁵⁹



"LGBT elders in their own homes share their stories:

I knew if I stayed in the South I'd be dead or in jail.

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CONCLUSION

Growing older in the United States is filled with uncertainty. The costs of medical care, long-term care, and housing continue to rise. Meanwhile, conservative legislators are attacking the very programs that provide the building blocks for substantial aging, programs like Social Security and Medicaid.

For LGBT elders, there are added challenges that make aging more fraught. Years of employment discrimination can result in lower retirement savings and Social Security income. LGBT elders face substantial discrimination in housing, when accessing medical care, and in aging-specific programs and services. With fewer connections to families of origin, LGBT elders may be at increased risk for social isolation. As detailed in this report, without strong economic security, access to competent affirming healthcare, and social support, LGBT elders face more challenges when aging.

LGBT older adults have been on the forefront of the fight for equality and fairness. And they have a right to empowerment and support as they age. LGBT elders and their advocates are working on the federal, state, and local level in government, in agencies, and in communities to remove the structural and societal barriers to successful aging. This report is a resource for LGBT older adults and their advocates—an illustration of the disparities and a clear roadmap for change.

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