



LGBT OLDER ADULTS: FALLING THROUGH THE SAFETY NET

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LGBT OLDER ADULTS IN PROFILE

Lesbian, gay, bisexual and transgender (LGBT) older adults make up a significant and growing share of both the overall LGBT population and the broader 65+ population. Given that about 4.1% of American adults identify as lesbian, gay or bisexual, there are an estimated 1.5 million LGB elders today—a figure that will grow to nearly 3 million by 2030.¹ The challenges facing LGBT older adults are coming into sharper focus with the aging of LGBT Baby Boomers—the first generation of LGBT people to have lived and aged as openly lesbian, gay, bisexual and transgender people in large numbers.

KEY CHALLENGES FACING LGBT OLDER ADULTS

While confronted with the same challenges facing all people as they age, LGBT older adults also face an array of unique barriers and inequalities that can prevent a healthy and rewarding later life. These challenges can be grouped into three categories:

The effects of social stigma and prejudice, past and present. Historical prejudice against LGBT older adults has disrupted their lives, their connections to their families of origin, their chance to have and raise children, and their opportunities to earn a living and save for retirement. In their lifetimes, this generation of LGBT older adults has 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 older adults fear seeking services and care from potentially hostile aging and health services providers, or revealing their identities 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 older adults are only half as likely as their heterosexual peers to have close relatives they can rely on for help.³ This is because LGBT elders are often

estranged from their biological families. They are also twice as likely to be single, and about three to four times more likely to not have children, when compared to their heterosexual peers. Therefore, LGBT older adults often rely on friends and community members as their chosen family, yet this creates problems since many official policies, laws and institutional regulations prioritize only legal and biological families, 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 prevents these marriages from being recognized by the federal government. Additionally, the rules that govern matters such as hospital visitation and inheritance rights prioritize blood and legal relatives over beloved partners, friends and caregivers who are not related by blood. Finally, most laws do not address ongoing discrimination against LGBT individuals of any age. For example, many advocates are still attempting to gain basic non-discrimination protections that include public accommodations and would cover nursing homes, senior centers and other aging settings.

Combined, these challenges make it more difficult for LGBT older adults to achieve three key aspects of successful aging: financial security, good health and health care, and community support and engagement (see *Figure 1*). For example, contrary to stereotypes, LGBT older adults have higher poverty rates than their heterosexual counterparts (with lesbian couples facing particularly high rates of poverty). See *Figure 2*.

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.

Figure 1: Three Challenges Obstruct LGBT Elders' Successful Aging

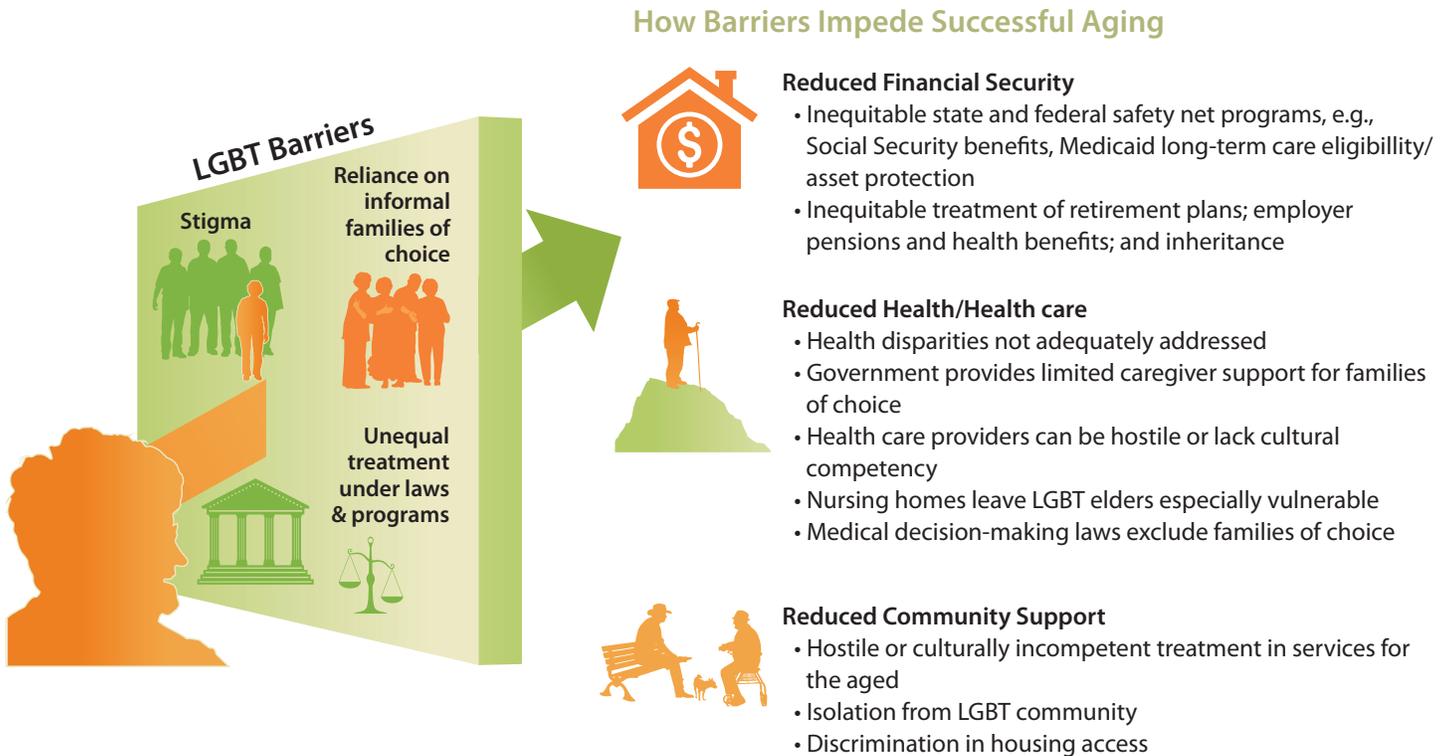
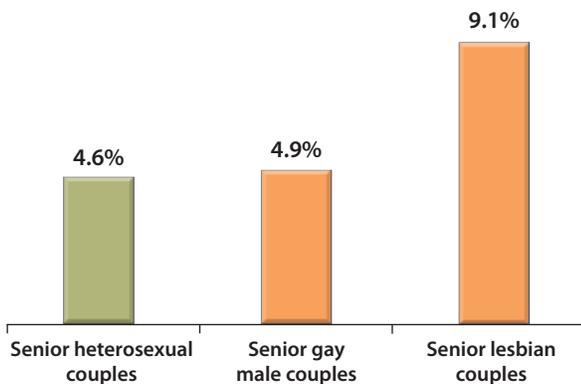


Figure 2: Poverty Rates



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

TWO STORIES OF AGING: HOW AGING IS HARDER FOR LGBT OLDER ADULTS

To illustrate how these challenges can impede LGBT older adults from aging successfully, we contrast the experiences of a heterosexual couple (George and Maria) to a lesbian couple (Ellen and Rita) entering retirement. Note that in this illustration, the two couples enter retirement under the same circumstances—all differences in their aging experience can be attributed to one thing only, *the different treatment they experience because one couple is heterosexual and the other is a lesbian couple.*⁴

As shown in *Figure 3*, both couples enter 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 earned a Social Security benefit of \$954 monthly and the younger spouse has earned a benefit of \$26 monthly. However, Maria (married to George) is eligible for a spousal benefit of half of George's Social Security amount, or \$477 per month. This benefit gives George and Maria a combined Social Security income of \$1,431 per month (the average for heterosexual couples.)⁵ As a same-sex partner, Ellen is not eligible for the spousal benefit, so she receives only \$26 per month, giving her and Rita \$980 per month in Social Security (the average for lesbian couples).⁶

While George and Maria are actively engaged in their community, Ellen and Rita experience discrimination and hostility from staff and other patrons at the local senior center and decide to "keep to themselves." Ellen and Rita therefore, are relatively isolated within their community.

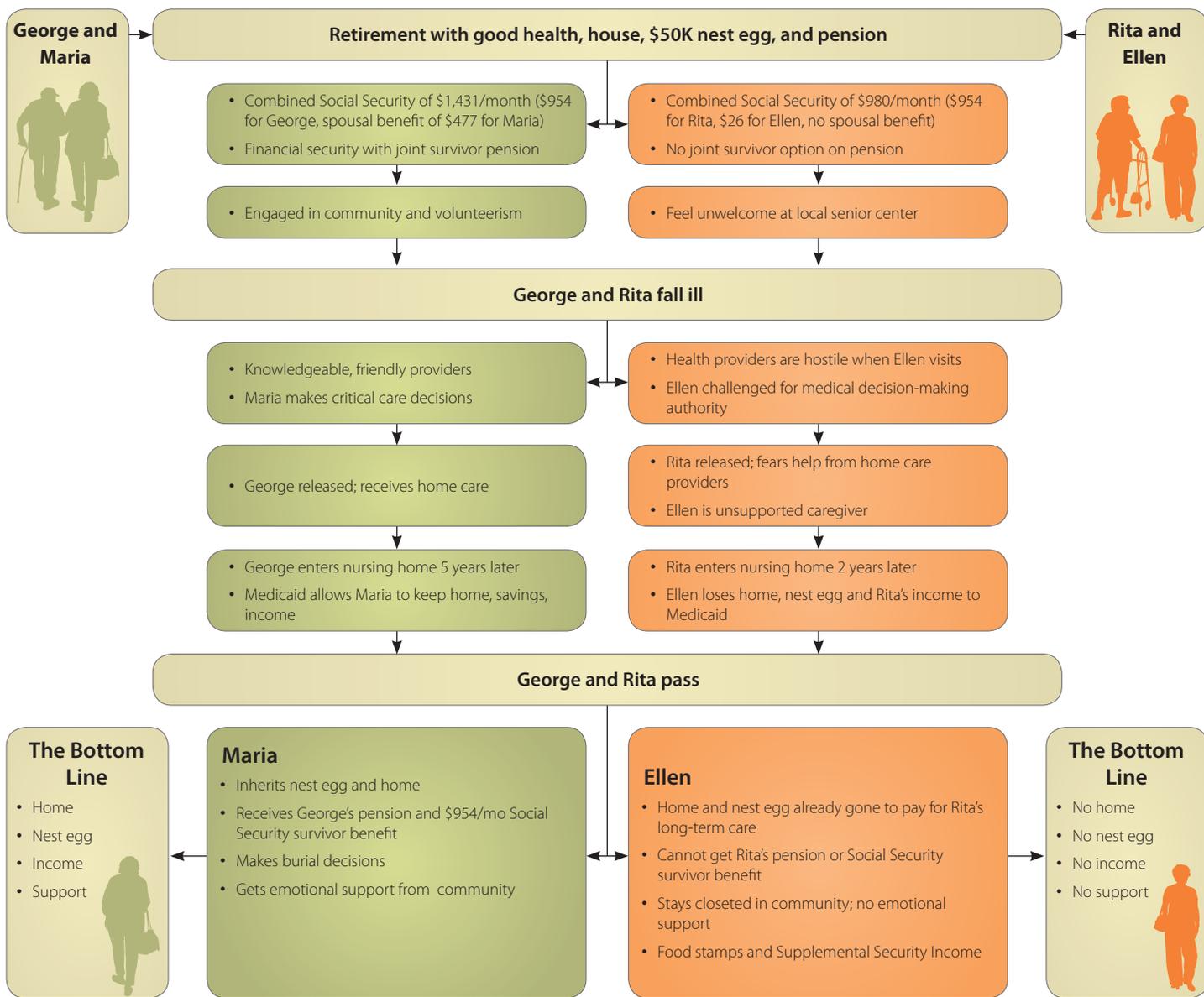
When George falls ill, Maria is supported by sympathetic health and social service providers who involve her in critical care decisions. When George returns home, he and Maria receive ongoing home and community-based care. In contrast, when Rita falls ill, local hospital staff members are hostile to Ellen and try to

⁴ Note that the laws and policies which support the scenario describe here are too complex to cover in this issue brief. However, they are examined in-depth in "Improving the Lives of LGBT Older Adults," The Movement Advancement Project and Services and Advocates for Gay, Lesbian, Bisexual and Transgender Elders, 2010. Available at www.lgbtmap.org and www.sageusa.org.

⁵ The average Social Security income as sourced from: Goldberg, Naomi G. "The Impact of Inequality for Same-Sex Partners in Employer-Sponsored Retirement Plans," The Williams Institute, May 2009

⁶ Ibid.

Figure 3: Putting It All Together: Two Stories of Aging



exclude her from medical decisions. After Rita is released, Rita and Ellen avoid in-home care because they fear further discrimination, which leaves 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 their home, nest egg and a portion of George's income. By contrast, since Ellen cannot keep up with the caregiving burden, Rita enters a nursing home after only two years.⁷ Because spousal impoverishment protections are not available to same-sex couples, Rita and Ellen's home, nest egg and Rita's income go to pay for Rita's 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 dies, Maria inherits the nest egg and home, acquires George's pension, receives a Social Security survivor benefit of \$954 per month, is allowed to make burial decisions, and benefits from the emotional support of her community. When Rita dies, Ellen is left homeless, without Rita's pension (since Rita's pension lacked a joint survivor option for same-sex couples), without Social Security survivor benefits (since the federal government does not recognize their relationship) and without needed community and emotional support.

These examples illustrate how policy barriers gradually tear away at the safety net of LGBT older adults—and how the inequities facing LGBT older adults compound and reinforce each other, creating a dramatically different aging experience for LGBT elders.

⁷ Although there is no research tracking this phenomena, anecdotal data from LGBT service providers attests to the early institutionalization of LGBT elders.

based solely on the different treatment they experience because they are not heterosexual. The examples also show why LGBT older adults are a population we can no longer ignore. Many LGBT aging organizations and service providers such as SAGE hear these types of stories all too often, as across the country, thousands of LGBT older adults experience the harsh consequences of discrimination and inequitable laws in their daily lives.

POLICY SOLUTIONS

The policy solutions for addressing the inequalities and discrimination faced by LGBT older adults are too complex to cover in detail in this issue brief. However, they are examined in-depth in “Improving the Lives of LGBT Older Adults,” available at www.lgbtmap.org and www.sageusa.org. At a very high level, some select recommendations include the following:

- **Secure marriage equality for same-sex couples.** Marriage for same-sex couples would address many of the legal inequities facing LGBT older adults. Congress must repeal the Defense of Marriage Act (DOMA) and states must establish marriage for all couples. This would help provide older same-sex couples access myriad critical safety net programs—from Social Security to family medical leave to spousal impoverishment protections under Medicaid.
- **Revise existing legislation to include same-sex couples.** Barring full marriage equality, governments can revise existing laws to include same-sex partners. For example, the federal government can include same-sex spouses, permanent partners, or domestic partners under legislation addressing Social Security, Medicaid, family medical leave, the inheritance of tax-qualified retirement plans, estate taxes, etc. States can maximize their flexibility in interpreting

Medicaid spend-down rules to protect same-sex couples, and can equalize treatment of same-sex couples within state medical leave acts, estate and inheritance tax laws, intestacy laws, medical and end-of-life decision-making laws, etc. Note that legislative changes may also be expanded to protect other financially interdependent older adults who happen not to be married, such as two siblings or close friends who live together and support each other.

- **Pass laws and policies that address stigma and discrimination.** All states should pass non-discrimination laws that include public accommodations (which will cover seniors’ centers, aging services providers, health care providers, long-term care facilities, etc.) Advocates should also work with and provide training to health care and aging services providers to ensure they have cultural competency in working with LGBT older adults.
- **Increase aging services for LGBT older adults.** Very few aging programs specifically serve (or even purposefully include) LGBT older adults. Advocates and policymakers can work with State Units on Aging and local Area Agencies on Aging to ensure that as they fulfill their mandate to serve “vulnerable populations,” their planning and services are inclusive of LGBT older adults.
- **Increase research on LGBT older adults.** Since the federal government and most states do not include LGBT people in their health or economic surveys, there is very little research on LGBT older adults. Governments and aging services providers should include LGBT older adults in these surveys so we understand more about LGBT older adults’ circumstances, experiences, family structures, health and mental health, etc.

ABOUT THIS BRIEF

This is one of a series of issue briefs based on content from *Improving the Lives of LGBT Older Adults*, a report which provides an in-depth examination of the issues facing LGBT elders, and potential solutions for improving their lives. For more information, visit www.lgbtmap.org or www.sageusa.org.



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