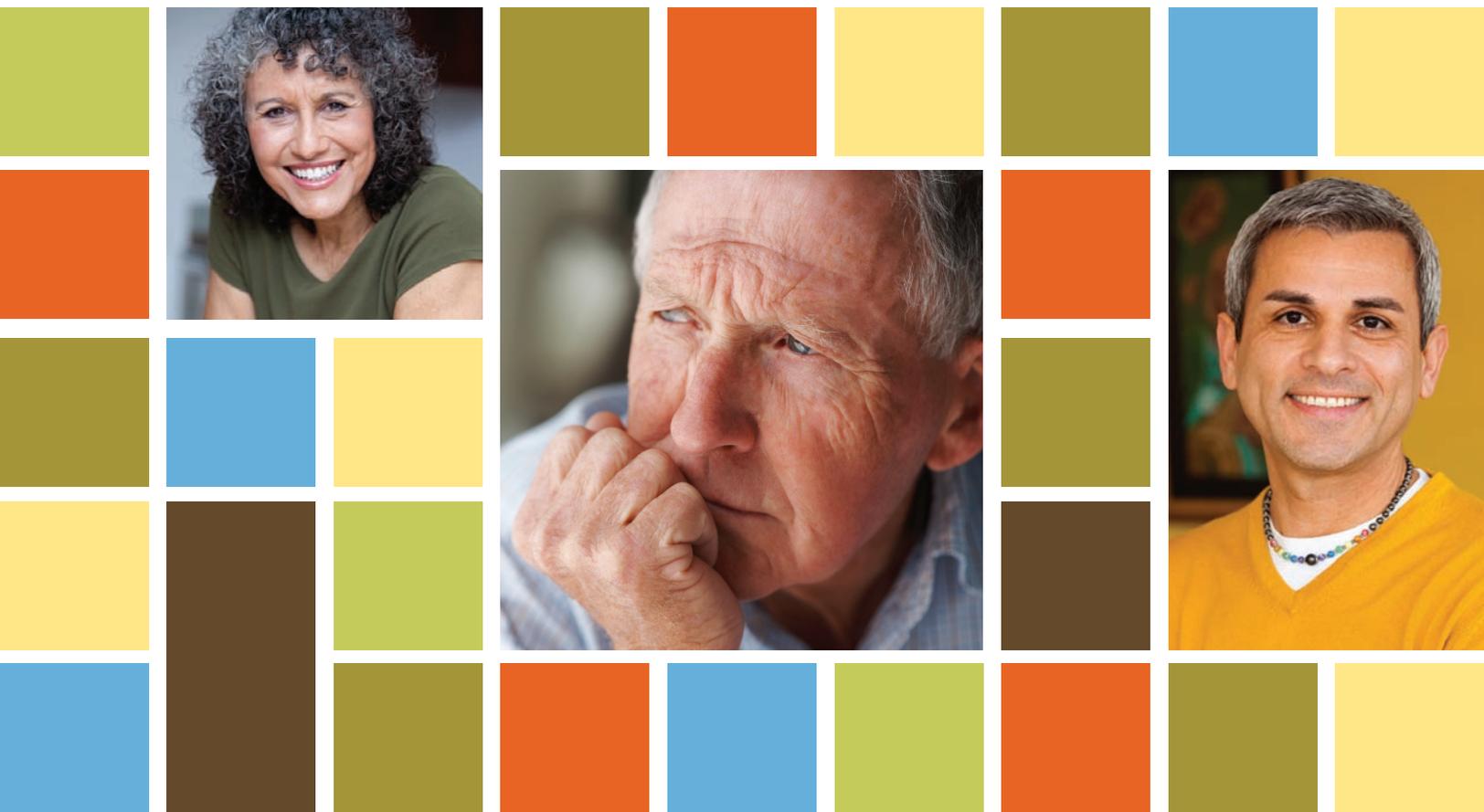




LGBT San Diego's Trailblazing Generation:

HOUSING & RELATED NEEDS OF LGBT SENIORS



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GENERAL BACKGROUND

The story of today's 65-year-old, Baby Boomer, LGBT (lesbian, gay, bisexual, transgender) senior is the story of the Stonewall generation, representing the first full cohort of LGBT Americans who have lived much of their adult lives "out" and proud. The Baby Boomer generation that begins retiring in 2011 (born 1946 to 1964), was 24 years old during the 1969 Stonewall riots in New York City and belongs to a group of an estimated 1.5 million senior LGBT Americans.

Throughout their lives this trailblazing generation has fought to increase the visibility, fair and equal treatment, and the dignity of LGBT citizens in America. From the early Stonewall days through today, it is this generation that ignited a movement of LGBT Americans to "come out," organize and refuse to be passive victims of prejudice and discrimination. The courage, energy, financial support and resiliency of this foundational generation helped to make possible the two generations of leadership and progress that would follow. They are the grandmothers and grandfathers of the millennial generation of LGBT activists popularly named "Stonewall 2.0" (Wockner, 2008).

Today, as they age and retire, this generation has another challenge — a fight for the dignified, fair and equal treatment of themselves, their partners, and friends as they age. Not only do they face the age discrimination that their non-LGBT counterparts face, but they must also navigate the legacy of a senior care system that often returns them to invisibility and isolation and unfortunately rewards their lifetime of hard work with unequal treatment under its laws, programs and services.

A variety of recent reports clearly outline the challenges and inequities faced by this generation. Quoting and paraphrasing from one of the most recent reports, *Improving the Lives of LGBT Older Adults*, the financial challenges include the inequities in Social Security; Medicaid and long-term care; tax-qualified retirement plans; employee pensions; retiree health insurance benefits; veterans benefits, and inheritance laws. "*The lifetime of discrimination faced by our LGBT elders – combined with the resulting effects on financial security – is compounded by major laws and safety net programs that fail to protect and support LGBT elders equally with their heterosexual counterparts...*" (SAGE and MAP Project, March 2010).

Additionally, as they age and require increased health-related support, LGBT senior Americans face a health-care system that is, at best, often unprepared to care for them and, at worst, unwelcoming or openly hostile to their needs and their lives. Too often care systems fail to recognize the unique circumstances of LGBT senior lives — they are more often single; they are less likely to have had the opportunity to have or raise their children; they are more often estranged from a disapproving, unsupportive family of origin; they are more likely to have encountered losses of friends/partners to HIV/AIDS; they have been denied the right to legally marry, so if they are in relationship, they will often not have a legal spouse; and they have faced, and continue to face, discrimination within the broad health care system itself.

SAN DIEGO BACKGROUND

Today there are an estimated 37.9 million Americans who are age 65 and older. This is 12.6% of the entire U.S. population consisting of one in eight Americans. Lesbian, gay, bisexual and transgender (LGBT) older adults are conservatively estimated to be 4.1% of this 65+ American population (UCLA Williams Institute, 2010), constituting a group of 1.5 million LGBT older Americans.

As the Baby Boomer generation begins retiring in 2011, the number of seniors age 65 and older in the United States will double from 37.9 million to 72.1 million persons, while LGBT senior Americans will reach an estimated population of 3 million by 2030 (MAP Project, 2010). Following this Baby Boomer retirement period, seniors will soon make up 20% of the total U.S. population and similarly, seniors will account for 1 in 5 San Diegans (Grant et al. 2010, LGBT MAP 2010).

2010 SANDAG (San Diego Association of Governments) data for San Diego County indicates that the number of seniors (age 60 or older) residing in San Diego County in 2010 was 524,319. Using the most conservative estimates of the LGBT population (4.1%) we can estimate the lower end of San Diego County's LGBT senior population age 60 or older in 2010 at 21,498.



In 1999, the National Gay and Lesbian Task Force Policy Institute launched an aging initiative for the purpose of addressing issues impacting LGBT seniors. The Task Force encouraged local LGBT organizations to lead advocacy efforts favoring these seniors in four ways:

- Collect and disseminate data on local LGBT seniors on the basis of age-related needs and necessary policy needs;
- Confront age discrimination within the LGBT community by increasing education and awareness of senior lives;
- Encourage local senior service providers and policymakers to increase inclusiveness by ensuring they meet culturally appropriate needs of LGBT seniors; and
- Begin building partnerships at the local level with senior advocacy groups to help influence future policies at the local, state and federal level.

In 2004, a comprehensive LGBT senior needs assessment was conducted in San Diego County targeting health care issues and general social service needs (Zians, 2004). This current 2011 San Diego LGBT senior needs assessment focuses more specifically upon senior housing and housing-related services. These studies, and the data they provide, position the San Diego County LGBT community to begin to design and execute the programs, services, policy changes and initiatives necessary to ensure that our San Diego LGBT seniors have a more responsive, culturally competent safety net of services available to them.

OVERVIEW OF THE STUDY

Ad Hoc Working Group on Housing for LGBT Seniors. During the past two years a group of concerned San Diego LGBT community members began meeting regularly at San Diego's LGBT Community Center (The Center). These individuals shared a common concern regarding the lack of LGBT-affirmative senior housing in San Diego County, particularly affordable housing.

The guiding mission of the group was to help to facilitate the development of a long-term community vision for affordable housing and other living facilities, including housing-related health and social services, for the LGBT senior residents of San Diego County.

The first step toward these goals was to ensure that a needs assessment of local LGBT seniors was conducted with regard to senior housing and housing-related needs. The San Diego LGBT Community Center volunteered staff support and guidance for the group, and acted as the convener for the needs assessment study. Jim Zians, Ph.D. was hired to be the research consultant for the needs assessment. Dr. Zians had previous experience as the research consultant for an LGBT senior needs assessment conducted in 2004 and a needs assessment conducted for transgender persons in San Diego County in 2006.

Method and Data Collection. An 11-page LGBT senior housing and housing-related issues survey was developed for the needs assessment. The survey was comprised of 71 items and divided into eight sections: 1) demographics; 2) current living situation; 3) finances;

- 4) basic needs; 5) health and related concerns;
- 6) retirement plans; 7) housing needs;
- 8) LGBT issues and housing importance ratings.

Outreach to LGBT seniors was conducted online and in person by The Center's staff and volunteers, other LGBT agencies and programs, and members of the Ad Hoc Working Group on Housing for LGBT Seniors. Survey collection was conducted from October 2009 through July 2010. Local LGBT media ran advertisements and regular notices helping to recruit respondents for the survey, which was available via the internet and in print form. The Center's website provided a link to the survey and The Center's weekly online newsletter consistently advertised the senior survey and the survey link during the surveying period.

The survey was administered anonymously, and eligibility included all those age 50 or older and self-identifying as an LGBT person. More than 500 individuals initiated the survey and 416 completed ample data for analysis. Approximately 85% of the surveys were completed using the internet and 15% were completed using the print version. Percentages reported below have been rounded to whole numbers.

Additionally, in some cases senior respondents failed to complete all items of the 11-page survey. In cases where sufficient items were completed for inclusion in the study, a missing items analysis was conducted. An imputation process was used to generate values for the missing data points, while preserving the existing relationships among the variables.

CHARACTERISTICS OF THE SAN DIEGO LGBT SENIOR SAMPLE

Age. Age was analyzed for survey respondents using eight age group intervals: age 50 to 54 (28%); age 55 to 59 (23%); age 60 to 64 (19%); 65 to 69 (17%); age 70 to 74 (10%); age 75 to 79 (1%); age 80 to 84 (1%); and age 85 and older (1%). More than half of the respondents were between the ages of 55 and 69 (59%), and more than 10 percent of the sample were age 70 or older (13%). The average respondent's age was between 64 and 65.

Gender. Gender of the respondents was reported as follows: male (69%); female (30%); and transgender (1%). This gender result is likely an artifact of and limitation of this San Diego study. Nationally, the gender data on aging indicates that among populations over the age of 60, women are disproportionately over-represented (57%). As a result of the impact of HIV/AIDS on this cohort of LGBT Americans, the gender imbalance may be even more pronounced among LGBT seniors. The difficulty capturing more female subjects for this study is a long-standing difficulty in San Diego LGBT research and should be addressed in subsequent gender-specific studies.

Ethnicity. The ethnicity of the respondents was as follows: Caucasian (78%), non-Caucasian (22%); including Latino/a (11%); African-American (4%); Asian/Pacific Islander (2%); Native-American (1%); More than one ethnicity (4%).

The ethnic profile for the population in San Diego according to SANDAG (2009) is Caucasian (45%), Latino (28%), Asian/Pacific Islander (API) (16%), African-American (7%), Native American (1%), mixed or other (4%). While this study attempted to match these

demographics, we experienced the same challenges as many other assessments of the LGBT population and were unable to achieve that goal.

This report, like much of the literature on LGBT persons, is comprised of mostly Caucasian, middle-class respondents. The “personal comfort” and “outness” data provided by this and other studies suggests that LGBT seniors of color are less likely to self-disclose their sexual orientation, making them more difficult to locate and more difficult to adequately survey. Nonetheless, it is likely the LGBT senior population today is more diverse than the sample contained in this report and readers are cautioned about over-generalizing this data to the entire LGBT senior population.

Sexual Orientation. Respondents reported their sexual orientation using three categories: gay/lesbian (95%); bisexual (5%); and heterosexual (0.2%). Since this study focused only on respondents with an LGBT identity, only non-heterosexuals were included in this sample.

Employment, Retirement, Disabled Status. Respondents were asked about their employment status and whether they were currently retired or disabled. Almost one-third of the sample (31%) reported they were currently retired and 11% reported they were disabled. More than one-third of the respondents (36%) reported they worked full time, 13% reported working part-time and 10% reported being currently unemployed and looking for work.

Current Annual Income.

Respondents were asked to report their annual household income. Response choices were divided into 17 income groups ranging from under \$10,000 per year to \$160,000 or more per year (Figure 1). This resulted in a descriptive distribution that has a large cluster of respondents on both the lower (11% of the sample reported annual income of \$20,000 - \$29,999) and higher ends (11% reported incomes greater than \$150,000 per year) of the distribution, with a mix of other respondents scattered in the middle.

Figure 1. Annual Household Income (N=416)

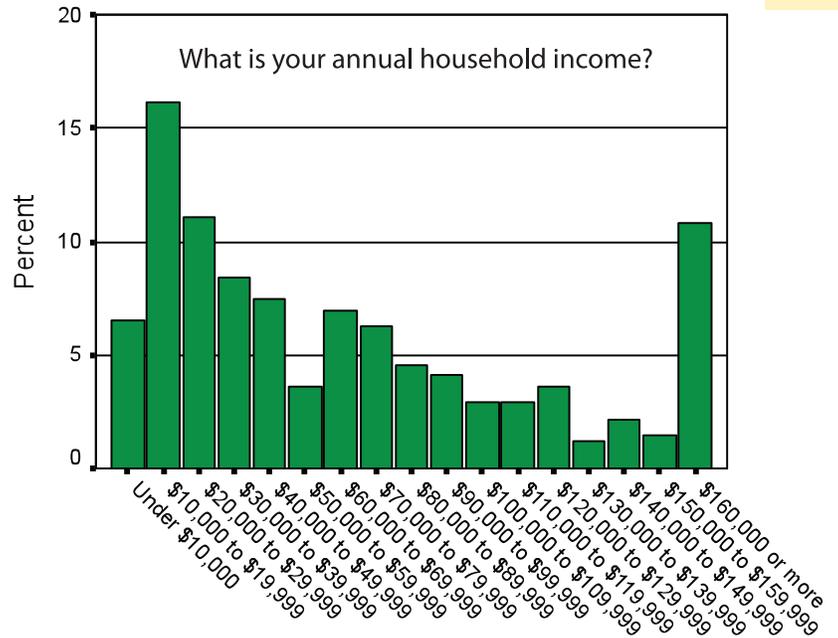
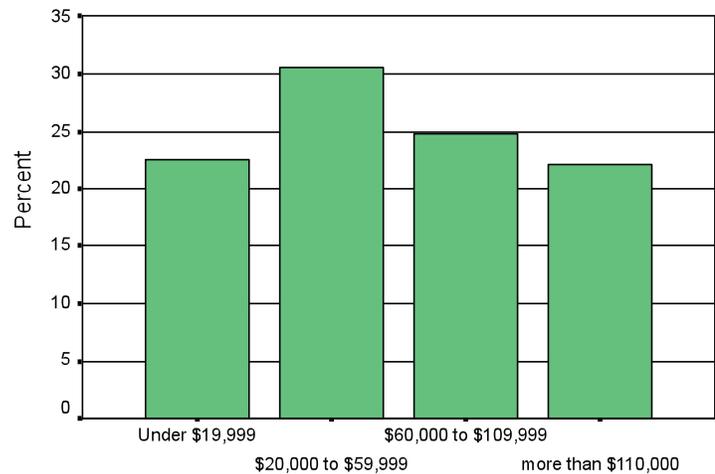
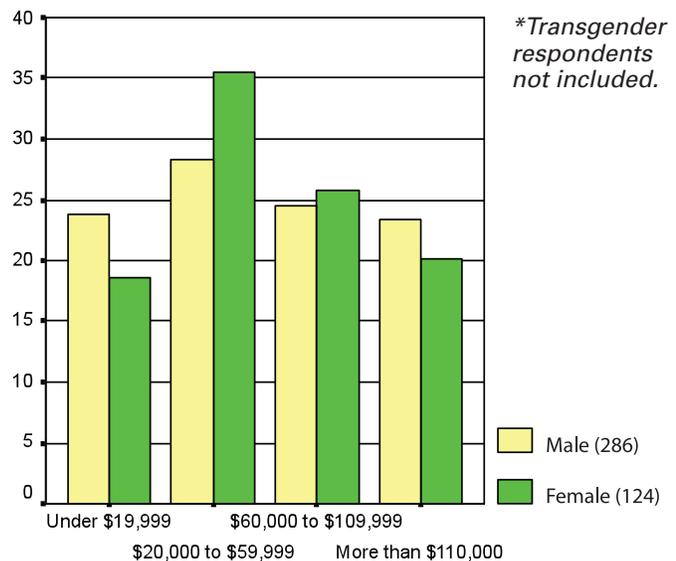


Figure 2. Four Income Groups (N=416)



To better understand the financial situation of various segments of the LGBT senior sample, the annual income data was regrouped into four annual income groups: under \$19,999 (23%); \$20,000 to \$59,999 (31%); \$60,000 to \$109,999 (25%); and \$110,000 and more (22%). Figure 2 shows these four income groups, and Figure 3 shows these groups by gender (male/female only). Note that 23% of this San Diego LGBT seniors sample reported annual household income of less than \$20,000 per year. According to the Elder Economic Security Standard Index, San Diego seniors who have an income of \$22,824 annually (\$1,902 per month) live in poverty.

Figure 3. Four Income Groups (Male vs. Female, N=410*)



The average income for all respondents was between \$60,000 and \$69,999 per year. The 50th percentile point was between \$40,000 and \$50,000 per year. The 50th percentile is substantially less than the average income in this sample because of the

group of very high income seniors. The average income is an overestimate of the income for the entire sample and the 50th percentile best represents the annual household income of San Diego LGBT seniors. The midpoint for the median income grouping in this sample is approximately \$44,400 per year or \$3,700 per month.

The Effects of Income Upon Other Variables of Interest. Additional analyses were run seeking differences among income groups on some key variables of interest:

- *Age, Ethnicity, Other Financial Problems.* In this survey income was related to age (higher incomes among younger respondents), and income was also related to ethnicity (higher income among Caucasians than non-Caucasians). Not surprisingly, income was also related to other financial problems, such that lower incomes were related to concerns about the affordability of monthly mortgage/rents, utilities, food and household supplies, health insurance and prescription drugs.
- *Mental Health, Support.* Income was not related to mental health, nor was it related to believing that support is available as they age. Most LGBT seniors in the entire sample (68%) reported not having anyone in their lives that they can count on as they age or require assistance. This included a lack of people they could count on during an emergency.

Relationship Status. The needs assessment survey asked about respondents' relationship status, allowing seniors who were currently in a relationship several response choices: *married, domestic partner, or have a significant other.*

Respondents reported the following: 54% *single*; 18% *have significant other*; 14% *married*; 9% *domestic partner*; 5% *widowed*.

For further analytic purposes, respondents who reported they were either *married*, in a *domestic partnership* or *have a significant other* were included in an "in relationship category" (41% of respondents), while those who were *single* or *widowed* were included in the "no relationship group" (59% of respondents). This analysis confirms the findings of several other recent studies indicating that gay men and lesbians are more likely to be *single* or *not in a relationship* than their aging heterosexual counterparts (2/3 of the non-LGBT population over 60 years of age reports being in a relationship) and LGBT seniors are more likely to live alone.

Of the males in the sample, 40% were in a relationship, while among the females in the sample, 44% were in a relationship. Interestingly, 75% of the respondents who reported being disabled were in the "no relationship group" and of the respondents who reported *moderate, serious* or *severe* health concerns, ("health concerns group") 61% were in the "no relationship group".

Zip Codes of Respondents. Respondents were asked to identify by zip code where in San Diego County they resided. Respondents included in the sample were represented by 56 different local zip codes within San Diego County. Zip codes for the respondents who completed this questionnaire item were divided into five different county regions: Central San Diego or San Diego Proper (73%); South Bay (1%); East County (2%); North County Inland (1%); and North County Coastal (1%). Twenty-two percent (22%) of respondents did not answer the question regarding zip code.

Personal Comfort with Self-Disclosure. Personal comfort with self-disclosure is a phenomenon unique to the members of the LGBT community. Many other personal characteristics (age, gender, ethnicity, etc.) are more obvious to those we interact with than is the characteristic of sexual orientation. The “not immediately obvious” nature of sexual orientation requires that LGBT community members “come out” to friends, families, employers or others if they wish to discuss their families, spouses/partners, or many ordinary details of their lives.

- *Comfort With Personal Disclosure.* A relationship was found between income group and “level of comfort with personal disclosure.” Results demonstrated that higher income groups gave significantly higher scores on the “comfort with disclosure” measure than lower income groups. Further analysis also demonstrated that the lowest income group (\$19,999 and below) yielded the lowest “comfort with disclosure” ratings when compared to all three higher income groups.

Respondents to this survey were asked three questions related to their degree of comfort with self-disclosure of their sexual orientation in a variety of circumstances. Respondents were asked to rate how often they attempted to hide their sexual orientation from neighbors or others, how often they felt nervous or slightly embarrassed when asked about their sexual orientation, and how often they felt comfortable discussing their sexual orientation and sexual behavior with their health care provider. More than one-fourth of all respondents (26%) reported that they *sometimes, often* or *almost always* attempt to hide their sexual orientation from neighbors or others. Similarly, 31% *sometimes, often* or *almost always* reported feeling embarrassed when asked about their sexual orientation. Regarding disclosure to their health care providers, almost half of all respondents (44%) reported that they either *sometimes, rarely,* or *never* discussed their sexual orientation or sexual behavior with their provider.

Wills/Living Trust & Powers of Attorney. Respondents were asked whether they currently had a will or living trust and whether they had provided someone with powers of attorney. Forty percent (40%) of respondents reported they currently did *not* have a will or living trust. Fifty-one percent (51%) reported they *had not* yet designated a power of attorney.



RESULTS AND SURVEY FINDINGS

What Three Things are Most Important to You? The San Diego LGBT Senior Needs Assessment Survey contained a section that asked all respondents to list three things that are most important to them as an LGBT senior as they retire and/or age. These were free response write-in items. Ten categories emerged from the data, and they are presented in Table 1 below in rank order from highest number of endorsements to lowest number of endorsements.

Most often prioritized by these LGBT senior respondents were the following four themes: 1) social issues, social support and concerns about social isolation; 2) health care and quality of life issues; 3) financial concerns; and 4) LGBT-friendly affordable housing.

Table 1. What Three Things Are Most Important To You As You Age?*

RANK	THEME
1st	Social Issues, Support, Concerns of Social Isolation
2nd	Health and Quality of Life Issues
3rd	Financial Issues and Concerns
4th	LGBT-Affirmative Housing and Housing Affordability
5th	Health Insurance and Access to Quality Healthcare
6th	LGBT Identity and Safety Issues Related to LGBT Status
7th	Maintaining Independence
8th	Transportation
9th	Home Care Services
10th	Access to Legal Representation

* Each respondent was permitted three separate write-in endorsements.

HOUSING

Respondents were asked to describe their living situations across a number of dimensions:

Home Ownership. More than half (56%) of the respondents reported owning or making payments on their own home. Other respondents reported the following: rent (31%), Assisted Living or Senior Residential Community (7%), living with family or friends (5%) and homeless (2%).

Number of People Living in the Home. Respondents were asked how many people lived with them in their home. Most seniors reported they lived alone (48%) or they lived with a spouse or partner (35%), while other seniors reported that they live with non-related roommates or live with other family members (17%).

Monthly Payments for Mortgage or Rent. For those respondents who reported owning their home, their average mortgage payment was \$1,307 per month, while the 50th percentile mortgage payment was \$1,182 per month. These home-owning respondents reported that their monthly mortgage was approximately 30% of their monthly income.

Renters reported their average monthly rent was \$1,005 per month, with a 50th percentile rent of \$900 per month. Renters reported on average that their monthly rent was almost 40% of their income.

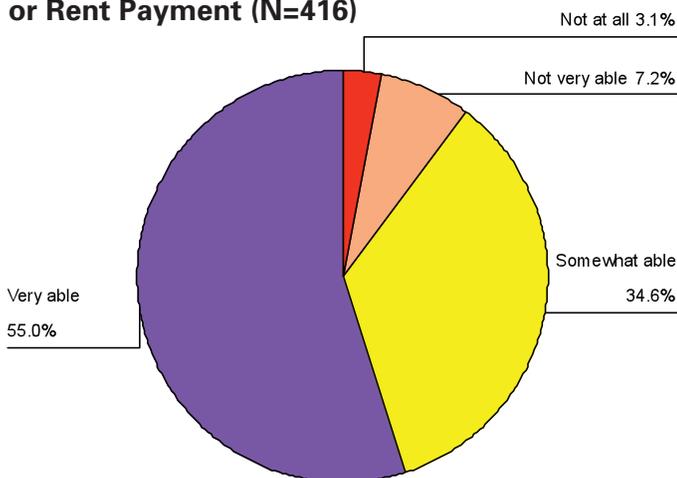
For the respondents who reported living in Assisted Living or a Senior Residential Community, the average monthly payment was \$664.60, and the 50th percentile monthly payment was \$610.

Affordability of Mortgage, Rent, Utilities, Food and Household Supplies. According to the Elder Economic Security Standard Index, San Diego seniors who have an income of \$22,824 annually (\$1,902 per month) live in poverty, yet are not eligible (not poor enough) to qualify for government assistance programs, such as government sponsored low-cost housing (e.g., Section 8). These seniors experience enormous financial hardships as they struggle to pay for shelter, food and health care, yet they are caught in the middle. Not meeting the low-income eligibility standards, they represent a group of seniors with perhaps the fewest choices and options regarding affordable housing or affordable home care services.

Without government assistance, the cost of just six hours per month of direct services and telephone support from a social worker or case manager is \$519, or \$6,228 annually (Elderhelp, 2010). This expense is out of reach for those 23% of San Diego LGBT seniors who reported incomes of \$19,999 or less.

Respondents were asked whether they could afford their monthly mortgage, rent payment, utility bills, and/or their monthly food and household supplies. Only 55% of the total respondents reported they were *very able* to afford their monthly mortgage or rent payments. (Figure 4).

Figure 4. Afford Your Monthly Mortgage or Rent Payment (N=416)



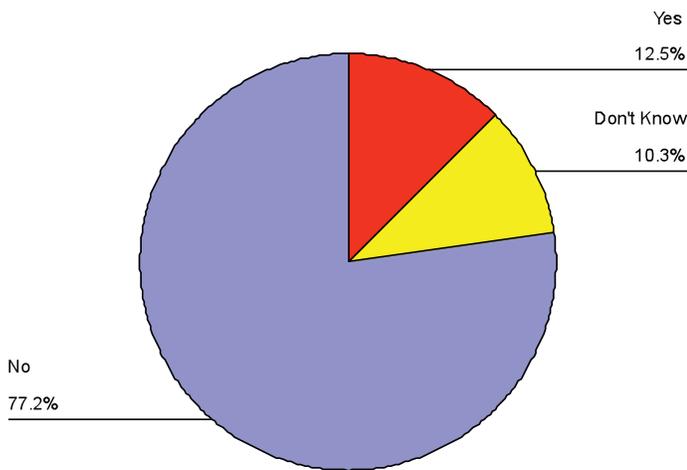
When looking only at the respondents who comprise the lowest income groups (less than \$19,999 group) regarding affordable monthly mortgage or rent payments, 16% indicated either they were *not at all able* to afford or *not very able* to afford their monthly mortgage or rent payment.

Results regarding affordability of monthly utility payments showed that only 63% of all respondents reported they were *very able* to afford their monthly utility payments. Thirty-seven percent (37%) of respondents indicated reported various levels of difficulty in affording monthly utilities.

Respondents were also asked whether they could afford their monthly food and household supplies: 59% indicated that they were currently *very able* to afford those expenses. The remaining 41% reported various levels of difficulty in affording monthly food and household supply expenses: *not at all able* (1%), *not very able* (8%), *somewhat able* (32%). Among the lowest income group (less than \$19,999 group) and 30% reported real difficulties affording their monthly food and household supply expenses.

Personal Safety. Respondents were asked: As an LGBT senior, do you have any concerns about your personal safety because of the area you now live in? Among the total respondents, 13% reported feeling very concerned about their safety, while another 10% reported, *I don't know*, regarding concern about their safety (Figure 5 next page).

Figure 5. Personal Concerns as an LGBT Senior About Safety Due to Where You Live? (N=416)



“Aging in Place” - Remaining at Home.

One issue shared by LGBT seniors and their heterosexual counterparts involves the desire to remain in their homes as they grow older. Both groups hope to stay in their homes for as long as possible while aging. Data from the AARP show that only 30% of all Americans age 65 or older eventually move out of their home as they age. Data from the current sample of LGBT San Diego indicate that only 21% of the sample reported that they planned to move from their homes as they age or retire.

However, seniors who are able to remain in their homes as they age often require alterations to their home environment. Given the necessary expense of these alternations, programs and services that can provide financial resources for such adaptations can help determine whether seniors remain in their homes. Below is a short list of these alternations (Table 2, Edwards 2005).

Placing a Priority on LGBT-Affirmative Housing. When respondents were asked directly about a potential preference for LGBT-affirmative housing, 90% of the respondents endorsed LGBT-affirmative housing as their preference if it were available.

Further, 90% of all respondents also indicated their preference that LGBT senior services be provided not only by agencies with experience with seniors, but also by LGBT-affiliated agencies, which are agencies with real experience working with the openly LGBT population.

Additionally, 94% of the respondents reported that as they retire and/or age they prefer to live among other LGBT community members, and 79% reported that they feel safer living among LGBT community members than they do living in other environments.

Ratings: Importance of LGBT-Affirmative Housing. The needs assessment survey was comprised of seven items asking respondents to give “importance ratings” for categories of LGBT-affirmative senior housing and other related services (e.g., affordable housing, residential settings, assisted living, in-home care, social/recreational activities, mental health

Table 2. Alteration Often Necessary for Seniors to Remain at Home as They Age

1	Wider circulation paths
2	No carpet, larger spans of flooring and fewer transitions
3	Handrails to assist moving through corridors, guardrails and chair rails to protect walls
4	Wider toilet areas
5	Modifications to baths and showers such as a chair, handrails, step-free entry and exit
6	Lower counters and wider, lower tables
7	Automatic door openers
8	Easier to reach amenities
9	Brighter, clearer lighting
10	Sound absorbing materials to help with acoustics and diminish background noise

services). More than 59% of all respondents chose the two highest importance ratings for all seven of these items (either *very important* or *important*). There were no significant differences in ratings between men and women. As in the previous section, San Diego's LGBT senior respondents showed overwhelming support for LGBT-friendly services equally among men and women.

Further analyses also indicated a significant relationship between income groups and desire for LGBT-affirmative housing. Specifically, higher income groups were more likely to endorse the highest importance ratings for local efforts ensuring LGBT-affirmative housing and related services. Those respondents who most desired LGBT-affirmative housing rather than "less specialized" senior housing were the two highest income groups.

Lower income groups did not report that they did not desire LGBT-affirmative housing or related services, for these respondent's scores were above the midpoint ratings for these survey items. Instead, results simply demonstrated significantly higher ratings for the higher income groups compared to lower income groups.

Further analyses indicated that seniors who were older, non-Caucasian, had fewer mental health problems, were less "out" and gave lower ratings regarding LGBT housing importance or a desire for LGBT-affirmative housing, had lower annual incomes. This was an unsurprising finding, given that lower levels of resources often dictate "affordability" as the highest priority and diminish the degree to which those with fewer resources believe they can hope to obtain other important characteristics in their housing.

LGBT SENIORS - FINANCIAL PLANNING AND RETIREMENT

There is a widely held stereotype that LGBT persons are wealthier than their heterosexual American counterparts. This "affluence myth" is not supported by the available data comparing the annual incomes of gay/lesbian households with those of their heterosexual counterparts. Gay men actually earn about 25% less than their heterosexual male counterparts. Lesbians appear to earn the same amount of money as heterosexual women, yet women overall earn less income than men (Cahill 2002). One study showed that women make approximately 80 cents per dollar compared to men (Gathright 2010).

Current Annual Income. As previously discussed, the 50th percentile point for this sample of San Diego LGBT seniors was between \$40,000 and \$50,000 per year. The midpoint for the median income grouping was approximately \$44,400 per year for this sample, or \$3,700 per month.

Planned Age of Retirement. Respondents were asked whether they were already retired, and, if not already retired, they were asked to report the age at which they planned to retire. Almost one-third of the sample (31%) reported that they were already retired.

Of the respondents who were not yet retired, the following list indicates their reported retirement age plans: retire by age 55 (7%); retire by age 60 (4%); retire by age 65 (24%); retire by age 70 (37%); retire by age 75 (18%); retire by age 80 (5.9%); not retiring past age 80 (5%).

Financial Assets Other than Social Security for Retirement. Unfortunately, while the average retired American only counts on Social Security for 40% of their income, Social Security is the

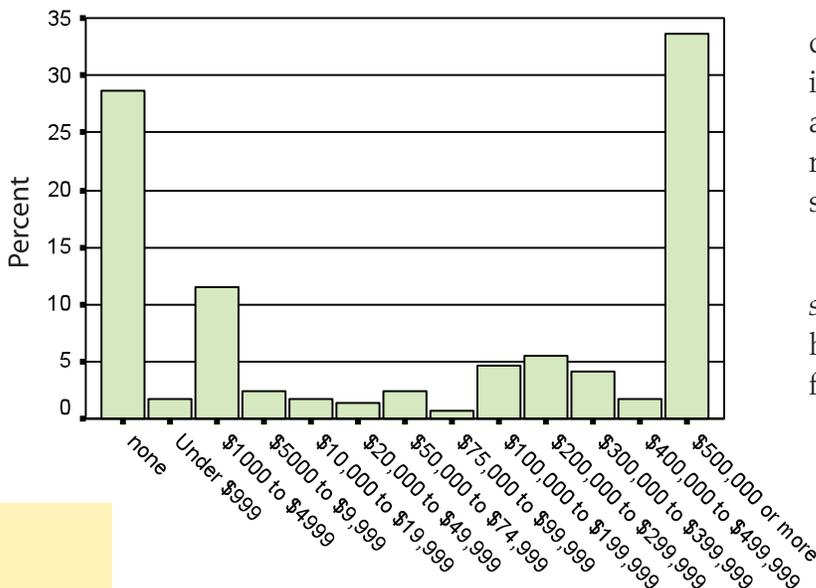
only source of income for 15% of America’s seniors (AARP 2010). However, LGBT couples are not eligible for spousal benefits or the survival benefits which are granted via Social Security to heterosexual couples.

Survivor benefits financially assist the surviving spouse in a heterosexual relationship and their dependent children. One of the results of this lack of access to benefits is an average estimated loss of \$450 per month to LGBT families. Spousal benefits allow husbands and wives to receive 50% of their spouse’s Social Security check, if that amount is greater than their own Social Security earnings each month.

Same-sex couples are not eligible for this benefit. Since Social Security is a federal program, these inequalities are sustained even for those LGBT couples who were legally married in certain states (Cahill 2002). As a community, it appears that LGBT Americans lose a total of \$124 million each year in benefits.

Respondents for the current San Diego survey were asked to estimate their income for retirement that will not include Social Security (Figure 6). Those reporting no planned income

Figure 6. Savings for Retirement Other Than Social Security (N=416)



other than Social Security comprised 29% of the sample and 49% also reported having less than \$5,000 saved toward retirement. Only 16% of this sample reported having \$100,000 or more separate from Social Security saved for retirement.

Pension Status and Self-Evaluations of Retirement Plans. The average retired American relies on Social Security for about 40% of their income, and only 20% of his or her earnings derive from other assets. Pensions, on average, account for only 20% of the average retired American’s income (AARP 2010).

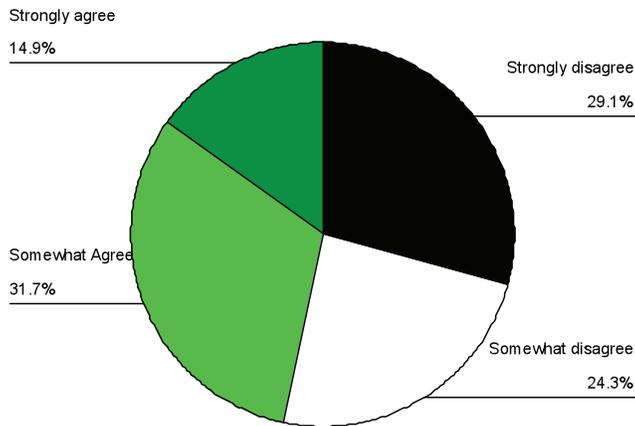
Unfortunately, laws regarding pension plans represent another way in which LGBT persons are discriminated against in the U.S. The Retirement Equity Act of 1984 allowed for spousal rights to an employee’s pension benefits while both partners are living and upon the death of a spouse. This law does not apply to LGBT families. The LGBT surviving partner cannot gain access to this money unless it is left as an inheritance. This inheritance is subject to taxes whereas a legally married spouse would be able to access certain tax-deferred roll-over benefits. This issue also applies to other retirement accounts such as 401(k) plans and 403(b) plans (Cahill 2002).

Survey respondents were asked several questions regarding retirement planning, including whether they would be eligible for a pension after retirement. The majority of respondents (61%) did report eligibility for some type of pension upon retirement.

Using a four-point scale (*strongly disagree* to *strongly agree*), respondents were then asked how much they agreed or disagreed with the following statement: “I have planned well

enough (financially) for my retirement” (Figure 7). Fifty-three (53%) percent of the sample indicated that they had not planned well enough for their retirement.

Figure 7. I Have Planned Well (Financially) for Retirement (N=416)



HEALTH, MENTAL HEALTH AND SOCIAL SUPPORT SYSTEMS

Senior Stereotypes. We are all familiar with the stereotypes that characterize seniors: “...the elderly are often sick, the elderly end up in nursing homes and are a burden to their families, the elderly are cognitively impaired, depressed, disabled, unproductive and unhappy...”

In addition to painting a picture of aging that often frightens us, the difficulty with this snapshot is that it is largely unsupported or badly exaggerated, according to the research data.

Most adults age 65 and older actually remain healthy throughout their aging process. The majority of seniors reside in their homes, choosing and successfully managing to “age in place.” Only 5.2% of seniors in the U.S. actually live in nursing homes, and this represents a 1.1% drop since 1982. This figure has been consistent for seniors in the U.S. across the past few decades. Residential senior communities

are not nursing homes and most function as independent living units that allow seniors independence, often with some extended or accessible services.

The myths regarding the health of the elderly are also exaggerated. Very few of these older adults are disabled, and the numbers who are disabled continues to decline each year. Furthermore, these data include many seniors who are age 95 and older. Prevalence rates for disability even in seniors age 78 to 84 are only at 23%. While it is true that some physiological systems slow down in older adults, research shows that most seniors adapt very well to gradual lifestyle changes (Rowe & Kahn 1998, Williamson 2005).

Similarly, the psychological and social science data do not support a view that the elderly have increasing mental health problems. The psychological literature reports that major depression is actually less prevalent among adults age 65 and older than among the general population, with the exclusion of bereavement. Chronological age does not cause depression and, with the exception of dementia, depression and other mental disorders are no more prevalent among the elderly than any other age group (Hulikca 1992). Some research evidence exists, however, to suggest that greater rates of anxiety and depression exist among LGBT seniors than among their non-LGBT counterparts.

Successful Aging. Successful aging has been identified with three important things: 1) avoiding disease; 2) staying engaged in life; and 3) maintaining high cognitive and physical functioning. While it is not always possible to avoid disease, temperance in behavior styles such as drinking, smoking, diet and other preventive behaviors are highly related to success

in this area. Engagement in life is defined as staying engaged in personal activities that are highly valued by someone else, and research demonstrates that seniors who remain physically active, maintain regular exercise and remain engaged in mental activities that test and rehearse high cognitive functions fare better than seniors who do not (Rowe & Kahn, 1998).

Feeling Sad/Depressed. One out of every five Americans is impacted by a mental health issue each year. Some data show that LGBT seniors may experience higher rates of sadness and depression than their heterosexual counterparts as a function of a variety of related challenges such as social stigma, inadequate aging services, enforced social invisibility, family estrangement and social isolation. Additionally LGBT seniors, compared to their heterosexual counterparts, are more likely to live alone, not have biological children and not have close ties with family members.

Almost 32% of respondents in this study reported *moderate*, *serious*, or *severe* ratings when asked about their experiences with sadness and/or depression.

Feeling Negative About Future. Similarly, 37% of respondents reported *moderate*, *serious*, or *severe* ratings when asked about the frequency of their negative feelings about the future.

Difficulty Finding Opportunities for Friendship and Connection. Data from the San Diego LGBT senior needs assessment indicated that 47% of all respondents reported either *moderate* (31%), *serious* (12%) or *severe* (4%) difficulty “finding opportunities for friendship or social connection.” No differences on this item were found between men and women, nor were differences found due to ethnicity (Caucasian vs. non-Caucasian).

SUPPORT SYSTEMS, FAMILY & FRIENDS

While there are very few differences between LGBT seniors and heterosexual seniors regarding a desire to maintain quality of life, a desire to remain in their own homes as long as possible and a desire to maintain good health, they do differ in scenarios where they may become ill or require some assistance.

The research literature shows that LGBT seniors are less likely to have someone to care for them if they were to become, require assistance or have an emergency. The national average shows that 20% of all LGBT seniors have no one to care for them if a health crisis were to occur, compared to 2% of heterosexual seniors (Johnson, 2006).

In line with the national average, a large portion of San Diego’s LGBT seniors represented in this sample have few available supports if a health emergency were to arise or if they were to need assistance for other reasons.

Relationship Status. Forty-one percent (41%) of respondents reported they were either married, in a domestic partnership or had a significant other, while 59% reported either being single or widowed.

Current Living Situation. As previously discussed in this report, 48% of the respondents reported living alone. Fifty-two percent (52%) of the sample reported living with at least one other person.

Support From Younger Family Members and/or Friends. Twenty-four (24%) percent of the respondents in this sample reported that they have living children. This included 27% of all male respondents and 17% of all female respondents. Seventy-six percent (76%) of the sample reported not having living children.

Respondents who reported having children were then asked whether they believed they could count on their children to assist them as they age. Among those who reported living children, only 31% reported they believed they could count on their children to assist them as they grow older, 43% reported they were *uncertain* that their children would assist them as they grow older, and 27% reported that they *cannot count on* their children to assist them as they grow older.

Similarly, respondents were asked whether they had living brothers or sisters younger than themselves, and whether these younger siblings might assist them as they grow older. The majority of the respondents (58%) reported having a younger brother or sister, 42% reported not having a younger brother or sister. However, when those respondents with younger siblings were asked whether they could count on their younger siblings to assist them as they grew older, only 18% felt they could count on younger siblings, 32% reported they were *uncertain* that their younger sibling would assist them as they grow older, and 55% reported that they *cannot count on* their younger siblings to assist them as they grow older.

Finally, respondents were asked about younger friends in their support system, and whether they felt they could count on the assistance of younger friends as they grow older. Results showed that most respondents (73%) reported having younger friends. Among those seniors with younger friends, only 30% reported that they believed they could count on these younger friends to assist them while growing older, while 49% reported they were *uncertain* they could count on these younger friends to assist them while growing older and 32% reported they believed they *cannot count on* their younger friends to assist them as they grow older.

Less than one-third of the sample (32%) reported being *certain* they could count on assistance from **any one** of these traditional support relationships: children, siblings or younger friends. Sixty-eight percent (68%) of the sample either did not have these sources of support or did not believe they could count on them for support or assistance as they age.

These results support the social science literature demonstrating that, compared to their heterosexual counterparts, LGBT seniors are disadvantaged regarding assurance that they have people in their lives who will assist them as they grow old. This problem includes a lack of support during times of emergency (Grant et al. 2010).

Health Insurance. Survey responses indicate that 35% of this sample relies on some form of public health insurance (Medicare only, 26%; Medi-Cal only, 1%; Medicare and Medi-Cal, 8%); 40% continue to have health insurance provided through an employer; 16% have purchased private health insurance policies; and 9% of all respondents reported that they had no health insurance.

The group of American citizens often referred to as the “near elderly” (age 50 to 63) are not eligible for Medicare. Medicare is available to older adults (65 and older) in the U.S. and is the largest provider of healthcare costs to seniors. Of the respondents who had no health insurance, 75% of these individuals are the “near elderly.”

An additional survey item asked respondents about their ability to afford their prescription medications. Less than half the respondents (47%) reported they were *very able* to afford their prescription medications, while other respondents reported: *cannot afford at all* (5%); *not very able to afford* (16%); *somewhat able to afford* (33%).

Health Concerns. While health problems do occur from time to time, most Americans maintain good health through the duration of their lives. Increased longevity among Americans demonstrates that most seniors enjoy good quality of life, including good health while growing older.

Respondents to this needs assessment were asked about the levels of their health concerns: 4% indicated they had *severe* concerns, 12% indicated *serious* concern, 38% indicated *moderate* concern, 34% indicated only *mild* concern and 12% indicated *no* concern.

By further combining these levels of concern into two groups — high health concerns and low health concerns — the sample can be represented as follows: 54% of senior respondents were in the “high health concerns group” and 46% fell into the “low health concerns group.” The nature of the concerns expressed by the “high health concerns group” was primarily focused upon cancer, HIV (among the men) and depression. Further, almost 20% of those in the “high concerns group” reported struggling with daily household tasks.

Long-Term Care Insurance. Given that a majority of San Diego’s LGBT seniors reported having no one they could count on to provide assistance or during an emergency, long-term health insurance increases in importance. Among the sample, only 24% of respondents reported having long-term health insurance.

Medicare and other employee-based insurance plans and private insurance plans do not cover long-term care services, such as long-term home care or long-term community-based services. When such services are necessary, these costs must be incurred privately by individuals and their families via long-term health insurance. The only other option is that seniors and their

families qualify for Medicaid. Unfortunately, many cannot qualify.

Only 5% of all seniors ever require admission to a nursing home; however, nursing home stays average about \$126/day, or \$46,000/year. Medicare in most cases will pay only for the first 100 days of this care — and this is usually limited to medical conditions leading to the need for this care. Medicaid or long-term health care insurance is required for this additional care, and Medicaid only supports people who meet strict income and asset requirements. Requirements to qualify for Medicaid can often involve what has been described as the Medicaid “spend-down.”

Individuals and their families enter long-term care facilities, such as a nursing homes, and begin spending down their own personal assets. These individuals and their families then qualify for Medicaid when their personal financial resources are nearly completely exhausted. Some special protections have been written into law that help protect legally married spouses from financial ruin from such a “spend-down,” but these protections are not available to same-sex partners, many of whom cannot become legally married.

AARP reports that people should invest in long-term care insurance while they are younger in order to buy in at more affordable rates. In 2000, the average cost of services provided by long-term care insurance was approximately \$75,000 per individual. This cost is unaffordable to most Americans without insurance. Often rates are too expensive for seniors to purchase this insurance once they are older.

Long-term health insurance has become increasingly important for all seniors and particularly for LGBT individuals who lack family support or adequate support from younger friends, as well as those who are part of the “near elderly” group who already have or may develop special needs.

SUMMARY AND CONCLUSIONS

SUMMARY

Description of the sample.

The average respondent's age was between 64 and 65 years of age; 69% were male, 30% were female and 1% self-identified as transgender. Seventy-seven percent (78%) were Caucasian, and 22% were non-Caucasian including 11% Latino, 4% African-American, 2% Asian Pacific Islander, 1% Native American and 4% reporting more than one ethnicity. Median annual household income was \$44,000, with 31% having already retired, 36% still working full-time, 13% working part-time and 10% reported being unemployed and looking for work. Eleven percent (11%) of the sample reported being disabled. Respondents included in the sample were represented by 56 different local zip codes within San Diego County.

More than half the seniors reported they were single, and not involved in a relationship (54%) whereas 41% reported they were in a significant relationship: 14% married, 9% domestic partnership, 18% significant other, and 5% reported being widowed. Respondents were asked how many people lived with them in their home. Most seniors reported they lived alone (48%) or they lived with a spouse or partner (35%), while other seniors reported that they live with non-related roommates or live with other family members (17%). Forty percent (40%) of respondents reported they currently did *not* have a will or living trust. Fifty-one percent (51%) reported they *had not* designated a power of attorney.

More than one-fourth of all respondents (26%) reported that they *sometimes, often* or *almost always* attempt to hide their sexual orientation from neighbors or others. Similarly, 31% reported feeling embarrassed when asked about their sexual orientation. Regarding disclosure to their healthcare providers, almost half of all respondents (44%) reported that they either *sometimes, rarely, or never* discussed their sexual orientation or sexual behavior with their provider. Further, a relationship was found between income group and "level of comfort with personal disclosure," sometimes referred to as "level of outness." Results demonstrated that higher income groups gave significantly higher scores on the "comfort with disclosure" measure than lower income groups.

More than half (56%) of the respondents reported owning or making payments on their own home. Other respondents reported the following: rent (31%), Assisted Living or Senior Residential Community (7%), living with family or friends (5%) and homeless (2%). For those respondents who reported owning their home, the 50th percentile mortgage payment was \$1,182 per month. These home-owning respondents reported that their monthly mortgage was approximately 30% of their monthly income. Renters reported their average monthly rent was \$1,005 per month, with a 50th percentile rent of \$900 per month. Renters reported on average that their monthly rent was almost 40% of their income. Almost one-fourth of all respondents (23%) failed to report that they *felt safe* based upon where they lived.

CONCLUSIONS

This survey of San Diego LGBT seniors confirms many of the national findings regarding the unique characteristics and challenges faced by LGBT seniors. Participants ranked the following four items as their priority concerns:

1. Concerns regarding the lack of family, community and social support, and fears about increasing social isolation;
2. Concerns regarding the lack of access to culturally competent healthcare, mental health services and social services;
3. Financial concerns; and
4. The lack of safe, LGBT-affirmative affordable housing options

Housing preferences of LGBT seniors

Data from the current sample of LGBT San Diego seniors indicates that 79% of the sample reported that they intended to remain in their homes as they age or retire. When respondents were asked directly about a potential preference for LGBT-affirmative housing, 90% of the respondents endorsed LGBT-affirmative housing as their preference if it were available and 94% of the respondents reported that as they retire and/or age they prefer to live among other LGBT community members. Seventy-nine percent (79%) reported that they feel safer living among LGBT community members than they do living in other environments. Further, 90% of all respondents also indicated their preference that LGBT senior services be provided not only by agencies with experience with seniors, but also by LGBT-affiliated agencies — agencies with real experience working with the openly LGBT population.

Lack of Family, Community and Social Support for LGBT Seniors

In this study, San Diego seniors reported inadequate levels of family and community support to ensure ordinary levels of assistance as they age. Both gay men and lesbians report being more likely to be single or not in a relationship than their aging heterosexual counterparts — two-thirds of the non-LGBT population over 60 years of age reports being in a significant relationship and only 41% of San Diego LGBT seniors report being in a relationship. Further, San Diego LGBT seniors report being more likely to live alone than their heterosexual counterparts (48% of the LGBT seniors reported living alone).

In addition to being more likely to live alone and not be in a significant relationship, 68% of the LGBT seniors responding indicated that they had neither family or younger friends that they were certain they could count on for support or assistance as they age. Only 24% of this cohort reported having children, and although 58% had younger siblings, only 18% of those reported they could count on these siblings for assistance. These findings stand in stark contrast to the national aging data that indicate the overwhelming majority of care for the elderly is provided by family members and their children. Further, only 24% of seniors reported having the long-term care insurance that might help to provide for additional assistance.

Health and Mental Health Concerns

Fifty-four percent (54%) of senior respondents reported high levels of health concerns and 46% reported low health concerns. The nature of the concerns expressed by the high health concerns group was primarily focused upon cancer, HIV (among the men) and depression. Further, almost 20% of those in the high concerns group reported struggling with daily household tasks.

San Diego LGBT seniors reported higher levels of sadness and negative feelings about their futures than what we would expect from a senior population. Thirty-two percent (32%) of the senior LGBT respondents reported moderate, serious or severe concerns about the frequency and/or severity of the sadness/depression they feel and 37% reported *moderate, serious* or *severe* negative feelings about their futures. Additionally, almost half (47%) of all LGBT seniors responding reported *moderate, serious* or *severe difficulty* “finding opportunities for friendship or social connection.”

These seniors also described experiences, concerns and fears regarding the cultural competency of the health, mental health and social service providers from whom they seek service. Ninety percent (90%) of the LGBT seniors responding indicated a strong preference for LGBT-affirmative service and healthcare providers.

Financial Concerns

Twenty-three percent (23%) of the LGBT seniors responding to this survey reported an annual income of less than \$20,000 per year. Fifty-three (53%) percent of the sample indicated that they did not believe they had planned well enough for their retirement. Further, 29% of the sample reported having no planned income other than Social Security and 49% reported having less than \$5,000 in savings for retirement. Only 16% of this sample reported having \$100,000 or more saved for retirement.

Survey responses indicate that 35% of this sample relies on some form of public health insurance; 40% continue to have health insurance provided through an employer; 16% have purchased private health insurance policies; and 9% of all respondents reported that they had no health insurance. Of the respondents who had no health insurance, 75% of those individuals are the “near elderly” (ages 50 to 63) who are not eligible for Medicare.

An additional survey item asked respondents about their ability to afford their prescription medications. Less than half the respondents (47%) reported they were *very able* to afford their prescription medications, while the majority of respondents (53%) reported some level of difficulty affording their prescribed medications.



RECOMMENDATIONS

An additional needs assessment should be commissioned targeting LGBT Senior women and members of communities of color with a focus specifically upon collecting additional surveys, key informant interviews and focus groups, in order to further investigate the generalizability of the current findings.

LGBT senior housing recommendations

- **Expand and enhance the cultural competency of existing senior housing providers.** Build a network of LGBT-affirmative housing providers who, through relationship development, education and skill building, can be encouraged to increase their knowledge and skill with an LGBT senior population at both organizational policy levels and staff service provision levels.
- **Expand the availability and accessibility of LGBT-affirmative senior housing services.** These efforts will require three different, income-based initiatives.
 - *Identify a low-income, senior housing developer who may be willing to work in partnership with the LGBT community to develop subsidized, affordable, low-income senior housing for LGBT seniors.* The income levels required to qualify for such housing are limited to the low end of the annual income spectrum. The demand for such housing greatly exceeds the current supply, particularly in light of the “aging in place” wishes of most seniors, which reduces the turnover rate in such housing. Such a partnership would also likely require the presence of an LGBT-identified community service provider to ensure LGBT affirmative on-site services are available for the LGBT residents.
 - *Identify existing low-income, senior housing options for LGBT seniors, including existing landlords or property owners who may be willing to work in partnership with the LGBT community to expand their affordable offerings to low-income LGBT seniors.* The group of seniors whose annual incomes slightly exceed the established cut-offs for subsidized housing find themselves with few options. These LGBT seniors experience the difficult choices created by either using nearly all their monthly income for rent, with very little money left over each month for other budgetary requirements, such as utilities, food, supplies and prescription drugs, or moving to geographic areas where they often fear for their safety or feel isolated. An increased supply of LGBT-affirmative affordable housing is needed for lower income LGBT seniors.
 - *Identify existing market-rate senior housing communities who may be interested in the further development of market rate housing or retirement communities for LGBT seniors.* While higher income seniors may have more options than other groups regarding housing and related needs, these seniors continue to seek housing options that do not return them to isolation or invisibility.

- ***Develop an LGBT-affirmative listing (electronically and in print media) of safe, affordable senior housing options.*** As options and partnerships develop it is important that LGBT seniors have easy-to-access information regarding the options available to them

LGBT senior care-related services and mental health service recommendations

- Expand and enhance the cultural competency of senior service providers throughout the region, including but not limited to: physicians, health clinics, hospitals, nursing and assisted-care facilities, home care services, in-home supportive services, case management services, mental health services, volunteer programs, food delivery and transportation services, and other social services.
- Plan and develop a service-access point for LGBT seniors in San Diego that can provide LGBT specific assistance and information regarding the availability of a wide variety of LGBT-affirmative health and social services.
- Continue to expand The Center’s capacity to deliver LGBT-affirmative mental health services to LGBT seniors. The Center’s mental health services for LGBT seniors have empirically-proven results regarding their effectiveness; however, the current capacity for service delivery does not adequately address the clear needs of this population.

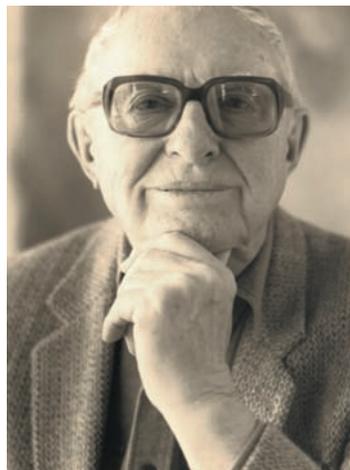
Expansion of safe, LGBT-affirmative senior social, recreational and community participation opportunity recommendations

- A clear priority for LGBT senior service planning includes the provision for social, recreational community involvement. This type of program can begin to address the difficulties with isolation, loneliness and depression experienced and feared by too many LGBT seniors. The Center’s *50 & Better* program offers a variety of senior focused recreational, social and educational opportunities each month, but is not sufficient to meet the current and growing needs and concerns of LGBT seniors regarding their increased social isolation.
- Design and execution of LGBT community-wide efforts to ensure the inclusion of LGBT seniors in programs, events and activities that are planned and executed for the LGBT community, as well as inclusion in a variety of LGBT volunteer opportunities throughout the LGBT and allied communities.
- Ensure the provision of the human and financial resources necessary to design and execute a community-wide social marketing and social media effort to increase the visibility and accurate understanding of the lives, vitality, dignity and challenges of LGBT seniors’ lives. Much like their non-LGBT counterparts, LGBT seniors face the challenges of participating in a culture that is often exclusively youth-focused and ill-informed about the reality of

LGBT senior lives. Increasing the visibility and accurate understanding of LGBT senior lives may contribute to decreasing the propagation of ill-informed stereotypes and increase the inclusion of LGBT seniors in community life.

Increase the visibility and availability of information regarding retirement/aging planning for the LGBT community, particularly those ages 50 to 62.

The data from this study clearly indicates that in their struggle for survival and for equal treatment, many LGBT Americans have been unable to turn their attention to the planning necessary for their own retirements and aging process. Increased availability of the information necessary for LGBT community members to adequately plan for their own housing, medical care, support systems and financial needs might help to address the challenges currently facing community members in the future.



Policy Recommendations

The unique challenges of the senior LGBT community clearly place them at a growing disadvantage as they age. Unfortunately, several discriminatory laws and practices at state and federal levels continue these inequities. Local, state and national LGBT and allied communities should be encouraged to advocate for policy changes that can help to create more fair and equal treatment of LGBT seniors as they age.

- Repeal the *Defense of Marriage Act* and secure marriage equality at a federal level
- Reform the laws regulating Social Security, family medical leave, Medicaid and long-term care, tax-qualified retirement plans, employee pensions, retiree health insurance benefits, veterans’ benefits and inheritance laws to allow for the designation of domestic partners, same-sex partners, permanent partners or selected similarly qualified adults to receive the “spousal benefits” named in such legislations, regulations or codes. Such reform would also greatly benefit the non-LGBT seniors who are also disadvantaged by some of these regulations and interpretations of the law.
- Ensure the passage and enforcement of comprehensive anti-discrimination laws in California that include all public accommodations and services, and further ensure compliance with such laws by ensuring ongoing training and affirmative demonstration of the cultural competency of such publicly funded agencies, systems and organizations.

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