



Outing Age

2010

**PUBLIC POLICY ISSUES AFFECTING LESBIAN,
GAY, BISEXUAL AND TRANSGENDER ELDERS**

**BY JAIME M. GRANT
NATIONAL GAY AND LESBIAN TASK FORCE POLICY INSTITUTE**

**WITH GERARD KOSKOVICH, M. SOMJEN FRAZER, SUNNY BJERK,
AND LEAD COLLABORATOR, SERVICES & ADVOCACY FOR GLBT ELDERS (SAGE)**

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Table of Contents

Foreword by Rea Carey	4
Executive Summary and Recommendations	7
Why This Book?	13
Who Are Elders in America in General?	19
What Do We Know About LGBT Elders?	24
How Many LGBT Elders Are There?	26
Class, Race and Gender in Aging	26
The Diversity of LGBT Elder Experience	28
Living Arrangements: Alone but not Lonely?	30
LGBT Singlehood, Partnership and Kinship	31
Geography	33
Sexuality Over the Lifespan	35
Ageism in LGBT Communities	37
LGBT Elders in Prison	39
The Way Forward	42
Discrimination and Access to Services	43
Cultural Competency	44
Violence	48
Hate Violence	48
Domestic Violence	50
Elder Abuse	51
Policy Recommendations	53
Financial and Family Security	54
Social Security Spousal Benefits	57
Social Security Survivor Benefits	58
Military and Veterans Benefits	59
Medicaid Long-Term Care Benefits	59
Pensions	60
Hospital Visitation and End-of-Life Decision Making	61
Policy Recommendations	62
Health	63
Access to Health Care	64
Lack of Insurance	64
Experiences of Fear and Stigma	69
HIV/AIDS	73

Cancer	75
Chronic Disease	77
Mental Health.....	80
Public Health Programs and Outreach.....	84
Policy Recommendations.....	85
Caregiving, Social Isolation, and Housing.....	86
Caregiving	86
Social Isolation.....	89
Housing.....	94
Housing Options for LGBT Older Adults.....	95
Homecare	97
Assisted Living.....	97
Naturally Occurring Retirement Communities.....	100
LGBT-Targeted Elder Housing.....	101
Policy Recommendations.....	103
Civic Engagement, Lifelong Learning and Elders in the Workplace	104
Civic Engagement.....	104
Lifelong Learning	107
Workforce Issues	108
Policy Recommendations.....	110
Conclusion.....	111
Key Recommendations.....	112
Frameworks and Approaches for LGBT Aging Advocates.....	114
Key Organizing Opportunities on the Horizon.....	115
Bibliography.....	117
Appendix A: How Big Is the LGBT Community?	132
Appendix B: LGBT Cultural Competency Curricula	139
Appendix C: A Roadmap to Federal Funding Opportunities.....	141
Appendix D: LGBT Aging Resources by Region.....	153
Appendix E: LGBT and Aging State Non-Discrimination Laws and Policies	156
Task Force Policy Institute Bestsellers	158
National Gay and Lesbian Task Force Board.....	159
National Gay and Lesbian Task Force Staff.....	160

Foreword

As a 42-year-old who has the great honor of doing this work, I owe a huge debt to the pre-Stonewall and Baby Boomer generations of lesbian, gay, bisexual and transgender (LGBT) people who literally put their lives and livelihoods on the line to ensure that our movement for equality and justice prevails. Our forbearers created the literature, community centers, newspapers, grassroots and national organizations, legal protections and sense of possibility that have formed the backbone of our communities. As these pioneering generations of LGBT people move into their 70s, 80s, and 90s, I am struck by the fact that many of them are compelled by circumstance to do what they have always done in the face of anti-LGBT prejudice and inequality: create change.

I wish it were not so. I wish it was time to relax and say: job well done. But the hard reality is, many LGBT elders are living in isolation and fear over how they will sustain themselves as they age, and how they will be treated by providers of aging services. While much has been accomplished through the passion, persistence and indomitable energy of LGBT activists on aging over many years, the aging boom is upon us, and the policies and practices essential to meeting the needs of LGBT elders are simply not in place.

To address these challenges, the Task Force is proud to re-issue its landmark book, *Outing Age*, ten years after its initial publication. What is the state of aging for LGBT elders? What are our particular strengths and vulnerabilities? What is the state of progress in federal, state and institutional policies that best serve LGBT older adults? What can we point to in our organizing, advocacy and creative adaptations over the past ten years as guideposts to future progress? *Outing Age 2010* charts this important territory.

Black lesbian feminist activist Audre Lorde has said that: “the learning process is something you can incite, literally incite, like a riot.” If so, we offer this book to incite the educational “riot” essential to revolutionary thinking and change regarding the care and treatment of LGBT elders. It is clear that the task before us requires strategic advocacy and tremendous determination. The Task Force — along with Services and Advocacy for GLBT Elders (SAGE), statewide LGBT organizations, local LGBT elder-serving groups and key allies like AARP — is committed to shining a spotlight on the injustices that continue to create barriers to aging with autonomy, dignity and affirming community.

The scenario of LGBT adults being forced back into the closet for safety in hostile elder environments is alarming and disgraceful. The Task Force will ensure that *Outing Age 2010* doesn't sit on a shelf, but informs key breakthroughs and advancements in advocacy. All of us must work together to compel the federal government, the states, aging agencies and service providers, local communities, and public health and housing programs to step up to the challenge of meeting the vast, unmet needs of LGBT elders.

We must accept nothing less.



Rea Carey
Executive Director



EXECUTIVE SUMMARY

When the Task Force published *Outing Age* in 2000, we brought attention to the reality that LGBT-affirming and LGBT-specific elder programs were all but non-existent. A decade later, most of the principal barriers to healthy, empowered aging detailed in the first edition of *Outing Age* persist:¹

- Research on LGBT people at the federal and state levels is almost non-existent, and so the specific needs of LGBT elders remain largely invisible and unaddressed.
- Federal, state and local elder housing and care programs, Area Agencies on Aging, and other providers have no mandate to provide culturally competent services to LGBT people, while elders report widespread fear, discrimination and barriers to care.
- Federal “safety net” programs like Social Security and Medicaid define family and partnership in ways that disempower and exclude LGBT families, partners and spouses, creating economic and familial hardships for LGBT elders.
- Significant health disparities persist, with no federal commitment to identifying or addressing them.
- With no federal prohibition against anti-LGBT workplace discrimination in place, income inequities across the lifespan persist for LGBT wage-earners.
- LGBT people who spend their lives working and making productive contributions to their families and communities remain at high risk in their elder years for impoverishment, neglect and abuse at the hands of indifferent aging systems and bigoted individual providers.

There is no doubt that 2009 was a harbinger of change for LGBT elder advocates, after years of toiling against a tide of indifference, especially at the federal level. In just one week in October, the Department of Housing and Urban Development (HUD) issued new regulations prohibiting anti-LGBT discrimination

¹ *LGBT-Affirming* refers to beliefs and actions that validate an individual’s right to identify and live openly as lesbian, gay, bisexual or transgender.

in HUD rental properties and public housing while the federal Administration on Aging (AOA) announced funding for a national LGBT elder resource center. HUD also committed to the first federal study on housing discrimination against LGBT people in U.S. history.² All of these reforms signal progress in the federal government's relationship to LGBT people as a whole, with positive implications for elders seeking LGBT-affirming housing and care.

Federal and state legal landscapes over the next few years will shift considerably for LGBT people. As this book goes to print, President Obama has signed the Matthew Shepard/James Byrd Jr. Hate Crimes Prevention Act, providing landmark federal protections to LGBT people against hate-motivated violence. Passage of the Employment Non-Discrimination Act (ENDA), stonewalled for over two decades in Congress, appears imminent. The Department of Health and Human Services has confirmed that it will commission a first-of-its-kind Institute Of Medicine Report on LGBT Health, and is considering the creation of an Office of LGBT Health. The Census Bureau is piloting research to improve data collection on same-sex couples. Across the federal government, the question of how best to pose LGBT questions in federal surveys is an active discussion.

These changes are a result of forty years of unwavering advocacy within the LGBT movement. And while we must certainly pause for celebration, the significant work of implementing these and the great many changes to come — of pressing for accountability — is upon us. While we have spent the past four decades raising the LGBT question, and arguing for our basic humanity, the next four will entail shaping and enforcing policies that best serve the great breadth of needs in our community. Within this transformative context, identifying and addressing the needs of LGBT elders is paramount.

Accordingly, the National Gay and Lesbian Task Force urgently proposes this set of comprehensive recommendations to appropriately address the LGBT aging boom.

2 Also in October 2009: The LA Gay and Lesbian Center, one of the oldest and largest LGBT organizations in the world, was awarded a grant from the federal government's Administration on Aging for its Aging-in-Place initiative; this is the first direct grant by the federal government to an LGBT organization for aging services. Just two weeks later, Equality California announced significant state funding for a youth and elder mental health research project, another historic first.

KEY POLICY RECOMMENDATIONS

- The federal government and the states must fund and include questions on sexual orientation and gender identity in all research surveys so that the specific strengths and vulnerabilities of LGBT elders can be identified and addressed.³
- The federal Administration on Aging should issue guidelines to the states to include LGBT elders as a “vulnerable senior constituency and identity” and those with the “greatest social need.”
- Pass the Employment Non-Discrimination Act (ENDA) to minimize workplace discrimination over the lifespan so that LGBT people do not face their elder years at an economic disadvantage. Enforce state and local employment non-discrimination laws.
- Enforce existing — and pass additional — state and local laws banning discrimination on the basis of age, sexual orientation and gender identity and expression in public accommodations such as senior centers, public housing and nursing facilities.⁴
- Reframe and expand the definition of family to recognize same sex relationships and LGBT family kinship structures in the designation of federal benefits such as Social Security, Medicaid and Veterans Benefits.
- Pass federal and state legislation that ensures access to LGBT-affirming health care for people of all ages and provides appropriate care for transgender people.
- Amend the federal Family and Medical Leave Act to cover LGBT caregivers and their family and friends, regardless of whether they are related by blood or marriage.

3 Key federal surveys include the Elder Abuse and Neglect Survey, the National Survey of Family Growth, the National Health Interview Survey, the National Health and Nutrition Examination Survey, the American Community Survey, and the decennial Census.

4 HUD’s recent announcement that it will explicitly ban discrimination against LGBT people in subsidized rentals and public housing provides a key avenue for LGBT advocates to press publicly funded elder housing programs to address anti-LGBT bias. To access the official press release announcing the change: www.portal.hud.gov/portal/page/portal/HUD/press/press_releases_media_advisories/2009/HUDNo.09-206

- Amend the Fair Housing Act and other housing laws to include specific non-discrimination policies that protect LGBT people, and tie the receipt of federal and state funding to compliance.
- Call upon the U.S. Department of Housing and Urban Development (HUD) to enforce its LGBT anti-discrimination regulations and to require grantees in elder housing to obtain certification as culturally competent to serve LGBT elders.
- Press governmental agencies at the federal, state and local levels to facilitate innovative funding programs for LGBT-targeted and LGBT-affirming affordable and low-income housing.
- Vigorously call upon and enforce the Joint Commission's anti-LGBT discrimination accreditation rules in assisted living facilities and nursing homes to catalyze wholesale change in assisted living and nursing care for LGBT people.
- Train public and private healthcare providers in cultural competence for working with LGBT older adults. Tie funding, accreditation and degree requirements in medical, nursing and social work schools to LGBT cultural competency certification.⁵
- Develop and institute health promotion and healthcare-access policies and programs specifically designed to bring needed care to older LGBT people including, but not limited to, those living with HIV/AIDS.
- Support a National AIDS Strategy that would include the establishment of prevention, testing and treatment guidelines and programs designed to specifically address the issue of HIV/AIDS among LGBT people ages 50-plus.
- Reach out to LGBT caregivers to inform them about services they can receive from the National Family Caregiver Support Program.
- Fund and develop programs that are specifically designed to address social isolation among LGBT elders, such as LGBT-specific and LGBT-affirming friendly visitor programs.

5 *Cultural Competency* refers to the ability of care providers to interact sensitively with members of different cultural groups. Such care generally involves not only an acceptance of and respect for difference, but also a degree of understanding of community norms, vulnerabilities and practices.

**FOR LGBT ORGANIZERS AND ADVOCATES,
WE OFFER THESE FRAMEWORKS AND APPROACHES:**

Build Holistic, Strategic Approaches to Advocacy: What approaches promise to address the needs of the broadest population of LGBT elders?

- Securing universal health care access and culturally competent care would meet the needs of elders across all income categories and family structures.
- Developing LGBT-friendly public and affordable housing will meet the needs of greater numbers of LGBT elders.
- Prioritizing advocacy for a broader definition of family in federal programs would address the needs of LGBT elders living in any/many different kinds of family configurations, including single elders.
- LGBT advocates would do well to think about peer movement coalitions that are natural allies in the struggle for LGBT elder care, such as the disability rights movement, racial and economic justice organizations, and HIV advocates.
- Given the limited capacity of the LGBT movement, what are the best strategies for leveraging our passion and our strengths toward the greatest good?

Finally, two critical opportunities for organizing and change lie on the horizon for advocates in LGBT aging:

THE 2011 REAUTHORIZATION OF THE OLDER AMERICANS ACT (OAA)

In its current form, the Older Americans Act remains massively underfunded to meet the needs of all older Americans. Organizing for the 2011 reauthorization should focus intently on the importance of resource allocation to meet the needs of the nation's burgeoning aging population.

LGBT elders are also virtually invisible in the Act, which discusses the importance of addressing the needs of "vulnerable senior constituencies" but fails to name them. This has left LGBT advocates with an opening to advocate for explicit language on LGBT people in the regulations for the current Older Americans Act, something that is just underway as we go to print with this book, and the Administration on Aging has committed to funding a National LGBT resource center. Accordingly, a key point of organizing for the 2011 reauthorization is explicit language that identifies and defines "vulnerable senior constituencies." Finally, defining and mandating

culturally competent care for LGBT elders (and other vulnerable populations) could be addressed in this bill, with LGBT advocates forming strategic coalitions with other underserved communities.

THE 2015 WHITE HOUSE CONFERENCE ON AGING (WHCOA)

Every ten years, aging policy gets a major examination and revision through the White House Conference on Aging. In 1995 and 2005, LGBT activists pushed for inclusion in the aging agenda from a marginalized, outsider's position — movement pioneers Del Martin, Phyllis Lyon and Amber Hollibaugh were among the advocates pivotal to these efforts. In 2015, the LGBT communities, including experts in LGBT aging, must be on the inside of the planning process for the WHCOA, and in the leadership that drives the conversation and policy recommendations that flow from the gathering. "Inclusion" of LGBT issues on a laundry list of concerns will not be enough. Leadership by recognizable, accountable LGBT elder advocates and researchers is essential.

The Task Force urges federal, state and local officials charged with the care of LGBT elders, as well as advocates in LGBT aging, to take up these recommendations with vigor and without delay.

Amirah Watkins-Brown Chicago, Illinois, 61



Amirah Watkins-Brown was born in Jackson, Mississippi in 1948. Her mother, who was of German, Indian, and Irish descent, experienced aggressive racism for her relationship with Amirah's father, an African-American man. The family soon moved to Chicago in hopes of raising Amirah in a more hospitable environment.

At the age of 4, Amirah recalls discovering her attraction to other girls. "I had a little friend who lived down the street and she would come over to play and we became fast friends. One day she declared that we would play 'house' just like her 'Mommy and Daddy' did. And then she kissed me, and it was absolutely the most glorious feeling, and I thought to myself, Wow, I want to do that again! And I have been playing house with women ever since!"

It was far from easy being LGBT during the 60s and 70s in Chicago. "It was crazy here. Women were raped for being

lesbians, seen as spinsters who simply had not found the 'right man' yet. And so when I did come out to my mother, she expressed fear for my safety and said, 'I just don't want you to get hurt.'" Amirah recalls that little changed in Chicago in the wake of the 1969 Stonewall Riots in New York City. "We still had the same police harassment, from haters to the police, and the police were usually the more aggressive ones."

In the 1990s, Amirah began volunteering at the Howard Brown Health Clinic in Chicago, a hospital specializing in LGBT health care. She became an advocate for safer-sex practices, speaking at health fairs in malls, schools, college campuses, and diversity expos.

Amirah began to identify a need for culturally sensitive doctors and medical services. She notes that although LGBT people have a far easier time now than they did when she was younger, "we have all of these 'out' people running around, but what's going to happen to these people when they need someone to take care of them?" Amirah recalls the first time that she felt homophobic discrimination by her then-doctor. "We were talking, very cordially and friendly, and he started his exam, checking my neck and lymph nodes without any gloves on. And we were chatting really casually, and he asked me if I was sexually active, and I said yes,

and then he asked me if there was any chance I might be pregnant, and I of course said no, and then, he asked me if I was using any protection, and I said, 'No, I sleep with women and that's all the protection I need.' And I tell you, once he found out I was in a relationship with a woman, he immediately put on gloves and his demeanor totally changed after that."

Amirah began hearing similar stories from LGBT friends and realized the pervasiveness of discrimination against LGBT people in the medical field. "These doctors and nurses and aides seriously need sensitivity training. I've heard it all: 'The reason you have a yeast infection is because you're a lesbian;' or, 'The reason you have eczema or acne is because you're gay.' It's just the typical bull you hear from non-culturally competent doctors."

"I believe all of us are created equally—and I say that whether you're polka-dotted, straight, green, whatever. Who you are, or whoever you love or whatever you do, doesn't need to be understood by everybody, but it does need to be respected."

Why This Book?

Mr. Jordan stated that he is a 59-year-old female-to-male transsexual of mixed race. Being a poor, minimum wage worker, he is dependent on the public healthcare system. He has been in nursing care facilities and sees horrible treatment of queers there. He stated that should his life deteriorate to [that] point, he would rather kill himself than live in such circumstances.

**—Report of the San Francisco Human Rights Commission
(October 2002)**

In 2000, the Task Force released a groundbreaking report, *Outing Age*, which exposed the collision of ageism, sexphobia, and homophobia that makes dignified, secure aging as a lesbian, gay, bisexual or transgender person a process fraught with obstacles.⁶ American society commonly views older adults as asexual while perceiving LGBT people as universally young and sexually rebellious. The simultaneous impact of these prejudices renders

6 *Ageism* refers to prejudicial feelings or actions based on beliefs about the limitations of abilities due to age, most often directed against elders or youth. Institutional ageism manifests in poor policies that belittle or demean people based on age, such as elder care policies that infantilize, desexualize or disempower elders.

Sexphobia means fear of sex; while our culture is rife with images of commercial sexuality, sexphobia refers to the fear of authentic, empowered expressions of sexuality across the wide spectrum of possibilities. Institutional sexphobia may be expressed in abstinence-only sex education programs, or a failure to address sexuality in health care or elder care.

Homophobia refers to feeling or actions based on hatred, aversion or fear of same-sex attraction and sexual behavior among lesbian, gay or bisexual people. Non-conforming gender expressions often incite homophobic responses. Institutional homophobia is expressed in systemic discrimination such as workplace or public policy inequities based on perceived or actual sexual orientation.

Lesbian and Gay refers to individual people who are romantically and/or sexually attracted to, and/or partner with people of the same gender; lesbians partner with women and gay men partner with men.

Bisexual people are romantically and/or sexually attracted to, and/or partner with people of more than one gender.

Transgender describes people who identify with or express a gender different from the sex assigned to them at birth.

LGBT elders at best invisible and at worst expendable.⁷ The original edition of *Outing Age* explored this quandary in detail, revealing a dearth of resources to support LGBT older adults and making policy recommendations to address the inequities these elders face.

In the 10 years since its publication, *Outing Age* has had a tremendous impact on both the field of aging and the LGBT community. While only a handful of local and national LGBT groups in the United States addressed aging in 2000, the ensuing decade saw the building of numerous LGBT elder-specific projects and organizations. Concurrently, the nation's vast aging apparatus increasingly awoke to the reality of LGBT aging and began to respond:

- The American Society on Aging's LGBT Aging Issues Network, formally recognized in 1994, has become a major resource in LGBT aging over the past 15 years.
- The 2005 White House Conference on Aging was pushed to address LGBT issues, as a result of significant preconference organizing by the Task Force and its allies.
- AARP created an Office of Diversity and Inclusion that addresses sexual orientation as one of its concerns. The organization's "Divided We Fail" campaign recruited the Task Force and other major LGBT advocacy organizations as endorsing partners.

While major policy gains for LGBT elders have been limited, a few significant advances have created new protections and possibilities at the national level and in two leading states:

- The Department of Housing and Urban Development has issued LGBT anti-discrimination regulations in publicly funded housing, with explicit language re-defining "family" so that LGBT families do not face impediments to qualifying for HUD programs.⁸

7 The terms *elders* and *older adults* refer to people 65 years and older, the current standard age of retirement in the U.S.

8 HUD has announced its intention to: "clarify that the term 'family' as used to describe eligible beneficiaries of our public housing and Housing Choice Voucher programs include otherwise eligible lesbian, gay, bi-sexual or transgender (LGBT) individuals and couples. HUD's public housing and voucher programs help more than three million families to rent an affordable home. The Department's intent to propose new regulations will clarify family status to ensure its subsidized housing programs are available to all families, regardless of their sexual orientation or gender identity." To see the press release, go to: www.portal.hud.gov/portal/page/portal/HUD/press/press_releases_media_advisories/2009/HUDNo.09-206

- The Administration on Aging has announced funding for the creation of a national LGBT resource center.
- Massachusetts and Vermont provide state-based safety nets for LGBT same-sex couples that cover the costs of the community spouse retaining a jointly owned home in the event of one partner needing long-term, Medicaid-financed care.⁹
- In 2007, California passed the Older Californians Equality and Protection Act, which requires Area Agencies on Aging throughout the state to include LGBT people in their data gathering and planning and in regional and local services development.¹⁰
- Updated language in the 2006 reauthorization of the federal Older Americans Act extended the definition of caregiver beyond legally married spouses and blood relatives, enabling members of LGBT chosen families to qualify for benefits under the Family Caregivers Support Program for the first time.¹¹
- The federal Pension Protection Act of 2006 provides a direct rollover option to nonspousal beneficiaries of pension plans, enabling them to avoid tax penalties. Any person in an LGBT elder's chosen family—spouse, unmarried partner, or other chosen family member may be designated a beneficiary and receive these benefits.¹²
- In 2002—2003, the Joint Commission on the Accreditation of Healthcare Organizations (now the Joint Commission), the key body that accredits healthcare facilities nationwide, added respect for sexual orientation to its patient rights' requirements for assisted living and skilled nursing facilities. This provision gives LGBT advocates a formal policy to press when confronting discrimination in service delivery.¹³

9 “Community spouse” is a term used to refer to an individual living in the community who has a partner living in long-term care.

10 Older Californians Equality and Protection Act, (2007). A.B. 2920

11 See The Older Americans Act of 1965. (1965). P.L. 89-73: Title III(A), Sec. 302(3) as amended by P.L. 109-365, enacted October 17, 2006

12 The Pension Protection Act of 2006. (2006). P.L. 109-280: Sec. 829(a)(II)

13 American Society on Aging. (2003, March). Assisted Living Standards to Recognize Sexual Orientation. ASA Connection. Retrieved from www.asaging.org/asaconnection/03mar/pplink.cfm

These gains are laudable, but in the bigger picture of LGBT aging, they are limited. The very recent changes at the federal level herald a brighter day for LGBT elders, yet to be realized. At the state level, the California legislation provides an outstanding example of appropriate state intervention on behalf of LGBT elders, but it is an unfunded mandate, with no money included to ensure cultural competency training. Nor has the law been replicated in other states. Similarly, the Joint Commission's policy on nondiscrimination in long-term care currently exists largely on paper; standard-setting, monitoring, enforcement and requirements for cultural competence training remain to be put in place. In general, LGBT elders continue to face tremendous barriers to aging in safe, affirming environments:

- Workplace discrimination over the life course leaves LGBT people economically vulnerable as they approach their later years.
- The legal disenfranchisement of LGBT chosen families—whether spouses and partners or extended networks of intimate friends—renders LGBT support systems fragile and economically disadvantaged.¹⁴
- The presumption that all elders are heterosexual creates unwelcoming conditions for LGBT people in aging services, healthcare and other institutional settings.¹⁵
- LGBT-affirming elder housing and culturally competent care is nearly nonexistent.
- The assets of LGBT older adults continue to be drained and compromised by discriminatory policies in Social Security, Medicare, and Medicaid.
- LGBT older adults who came of age before the gay liberation movement of the 1970s have lived largely in the context of extremely hostile social, medical and mental health systems, making self-advocacy within aging services agencies or institutional settings overwhelmingly difficult for many of these elders.

14 *Legal disenfranchisement* refers to the deprivation of legal rights, in this case pertaining to the LGBT community.

15 *Heterosexism, heterocentrism* and *heteronormative* are all words used to signify the presumption, active in almost all social contexts, that everyone is heterosexual until proven otherwise. Institutional heterosexism is expressed by policies and practices that reflect that presumption, often rendering LGBT people and their families invisible.

- Older adults who came of age after the Stonewall Rebellion have had to blaze a path toward LGBT equality their entire lives, yet face their elder years with the same daunting task ahead of them—needing to advocate for respect and equal treatment from the institutions and services essential to their well-being.¹⁶
- Ageism in LGBT communities adds to the burdens faced by LGBT older adults, leaving many of our elders isolated or alienated from the larger LGBT community.

Nearly a decade after the original publication of *Outing Age*, the Task Force offers *Outing Age 2010* as an update on both the barriers faced by our elders and the progress made toward creating a safe and dignified old age for all LGBT people. This new edition was sparked by such questions as the following:

- What do we know now that we didn't know in 2000 about the vulnerabilities and strengths of LGBT elders?
- How do homophobia and transphobia in the workplace affect our economic security as we age?
- What is the impact of the HIV epidemic on LGBT older adults?
- What is the continuing effect of racism on the ability of LGBT elders of color to achieve economic security and appropriate housing and health care?
- What options exist for LGBT people wishing to remain in their homes and communities?
- What success are we having in obtaining funding LGBT-specific services for older adults?

These are just a few of the critical concerns we address in this report. The Task Force presents *Outing Age 2010* as both a resource for—and a challenge to—professionals and policymakers charged with meeting elders' needs. All LGBT people deserve to age in caring, LGBT-positive, sex-positive, culturally competent environments that respect their decisions about how open they wish to be regarding their sexual orientation and gender identity. The system of services for older adults in the United States must adapt to the reality that this

16 The Stonewall Rebellion is widely regarded as the igniting event of the modern LGBT rights movement. In June of 1969, gay and transgender patrons of the Greenwich Village Stonewall Inn bar rioted for three days against police brutality and harassment.

The courage and tenacity of LGBT older adults have created a new world of possibility for LGBT people of every generation to come.

generation of LGBT elders has created with such grace and determination: the days of the enforced closet are long over.

LGBT elders who find themselves in the nation's wide-ranging system of aging-related benefits, institutions and services must not be shamed or marginalized. The courage and tenacity of LGBT older adults have created a new world of possibility for LGBT people of every generation to come. At the Task Force, we are committed to working to ensure that the sacrifice and determination of these elders is rewarded by an increasingly safe, economically secure and joy-filled old age.

Outing Age 2010 is a fresh demonstration of this commitment.

Who are Elders in America in General?

We know a good deal about older Americans, thanks to significant data gathering by the government agencies like the United States Census Bureau, the Administration on Aging in the Department of Health and Human Services, as well as advocacy organizations such as AARP and the Older Women's League, and by academic gerontologists.

A RAPIDLY GROWING POPULATION

The population of people ages 65-plus in the United States has grown dramatically over the past century, largely due to increased life expectancy. While the U.S. population overall has tripled in this period, the elder population has increased twelvefold. Today nearly 37.9 million Americans are 65 or older, representing 12.6% of the population, or one in eight Americans. Most older Americans are women: more than 21.9 million, versus 16 million men. Fifty-one percent of elders are 65–74 years of age, 34% are 75–84, and 15% are 85 or older. A substantial increase will occur between 2010 and 2030, after the first of the baby boomers turn 65 in 2011. In that period, the number of elders in the U.S. will nearly double, from 37.9 million to 72.1 million, at which point, one in five Americans will be 65 or older.¹⁷

AN INCREASINGLY DIVERSE POPULATION

Today, people of color make up roughly 20% of the population of elders in the United States.¹⁸ Eight percent are African American, 6.6% Hispanic, 3.2% Asian/Pacific Islander, and less than 1% Native American.¹⁹ Projections indicate that by 2030, the composition of the older population will be more diverse: 72% will be non-Hispanic white, 11% Hispanic, 10% Black, and 5% Asian. The older Hispanic population is projected to grow rapidly, from just over 2 million in 2003 to nearly 8 million in 2030, at which point it will surpass the size of the older Black population. The older Asian population is projected to grow from nearly 1 million in 2003 to 4 million by 2030.

17 US Department of Health and Human Services, Administration on Aging. (2008). A Profile of Older Americans: 2008. Retrieved August 29, 2009, from www.aoa.gov/AoARoot/Aging_Statistics/Profile/index.aspx

18 US Department of Health and Human Services, Administration on Aging. (2008).

19 US Department of Health and Human Services, Administration on Aging. (2008).

Shaba Barnes Albuquerque, New Mexico, 73



Although she counts Copenhagen, Casablanca, London, Paris, Spain, and the Island of Menorca among her all-time favorite places in the world, Shaba Barnes says she will always be an “East-Coaster” at heart. Born in 1935 in New York City, she grew up in an Orthodox Jewish family of African American descent, and remembers searching passionately for her own sense of spirituality and purpose while growing up. She met her partner of 40 years while living in New York, and together raised their four children, who then provided them with 16 grandchildren and 10 great-grandchildren.

As a young lesbian, Shaba remembers that while she and her partner both worked multiple jobs, they were always struggling. “I noticed that many of my white peers often had families with money. They entered the higher income bracket because they were able to complete college at an earlier age, receive their

graduate degrees and stay in their chosen career most of their life. They earned good wages and were thus able to save more for the future.”

At 33, Shaba moved to Los Angeles and found her calling as a New Thought Minister in 1980. She became a regular minister at a church in L.A., landed a weekly radio show, and became involved in Women Prison Ministries. It was around this time that Shaba helped lay the groundwork for what would become one of the premier lesbian aging organizations in the country, OLOC (Old Lesbians Organizing for Change).

“There’s a lot to be said about being in the right place at the right time. It was early 1986 when I received a phone call from a friend whom I had met years earlier at a feminist bookstore, asking me to help plan a West Coast ‘get together’ for older lesbians, 60+ over.” The conference became the focal point for OLOC—to empower and celebrate older lesbians, and to fight ageism within the LGBT community as well as at large. Ageism has been a difficult challenge to eliminate. Even many of the Old Lesbians enact internalized ageism. They do not want to be called ‘old.’ They prefer to be called elders, seniors, older, but never old. The term that sets us apart, the very word that empowers us, is whispered behind our backs by

others, effectively dismissing us as out-of-touch, irrelevant, or discounted.”

Nevertheless, Shaba notes progress in confronting ageism within the LGBT community in the last few years. “I particularly want to point out the changes that I have witnessed at NGLTF’s Creating Change conference. For many years OLOC members facilitated workshops caucuses, speaking mostly to ourselves and our own generation about ageism. Today, I see day-long institutes with speakers drawing all cultures and ages of LGBT participants who are all working, sharing, and getting together to discuss issues surrounding ageism. This year (2009) was the first time we were invited to participate in the all-day intensive institute around aging.” Shaba notes, however, that there is still much work to be done.

Eventually, Shaba hopes that the community will come to recognize that aging is an issue germane to people in all stages of their lives, that aging is something that we should all hope to experience. “We need to have dialogue about how ageism works. Our community and our society function like a domino effect: when OLOC gains a victory, we all gain that victory. After all, aren’t we all swimming in this same river called Life?”

PEOPLE ON LIMITED INCOMES

Federal data demonstrates that poverty is a stark reality for millions of older Americans—and the income thresholds set in federal definitions of poverty are so low that they clearly underestimate the problem.²⁰ In 2007 the median annual income of Americans 65-plus was \$24,323 for males and \$14,021 for females. About 3.6 million elders (or 9.7%) lived below the poverty level, defined as \$9,944 for an individual age 65 or older. Another 2.4 million (6.4%) are classified as near-poor, with their income falling between the poverty level and 125% of that level. Without support from Social Security, the official poverty rate among elders would rise from 9.7% to nearly 47%.²¹

A number of interrelated factors increase the likelihood of poverty among elders in the United States, as the following data from the federal Administration on Aging indicates.²²

- Older women experience a higher poverty rate (12%) than older men (6.6%).
- Elders living alone or with nonrelatives are more likely to be poor (17.8%) than are those living with their families (5.6%).
- One of every 14 whites ages 65-plus are poor (7.4%), compared to nearly one in four Black elders (23.2%); about one in six Hispanic elders (17.1%); and more than one in 10 Asian elders (11.3%).
- The highest rates of poverty among elders were experienced by Hispanic women who live alone (39.5%) and African American women who live alone (39%).
- Older people living in rural and urban areas, as well as in the South and Southwest, are more likely to live in poverty than are those in other parts of the country.

20 In 2008, with the exception of Alaska and Hawaii, the federal poverty level for a household of one was \$10,830 and for a household of two was \$14,570. See US Department of Health and Human Services, Administration on Aging. (2009). HHS Poverty Guidelines. Retrieved August 29, 2009, from www.aspe.hhs.gov/poverty/09poverty.shtml

21 The statistics on income and poverty levels for elders are drawn from US Department of Health and Human Services, Administration on Aging. (2008).

22 US Department of Health and Human Services, Administration on Aging. (2008).

- The District of Columbia, Kentucky, Louisiana, Mississippi, New Mexico and North Dakota have the highest rates of elder poverty (ranging from 13% to 14.6%).

Disproportionate poverty among Black and Latino elders is partly an outcome of their lower levels of educational attainment compared to non-Hispanic whites. This disparity is a result of institutionalized racism as reflected in segregated and lower-quality schools and in the disproportionate impact of poverty on Black and Latino elders' families of origin, which forced many to leave school early to join the workforce. While 81% of older whites graduated from high school, only 57% of Black and 42% of Hispanic elders did. And while 20% of elders overall graduated from college, only 11% of Black elders and 9% of Hispanic elders did. Lower levels of educational attainment, lower lifetime earnings, and fewer years in the workforce—also due in large part to sex and race discrimination—mean that women and people of color have lower incomes in retirement, as pensions and Social Security pay more to those with a history of higher earnings and more years of paid work.²³

LIVING ARRANGEMENTS

About 30% of elders in the United States lived alone in 2007. Only 19% of older men lived alone, versus 38% of older women; this is in large part due to the longer life expectancy of women.²⁴ About 5% of women and 4% of men ages 65-plus have never married.²⁵ A relatively small percentage of the population ages 65-plus—4.4% (or 1.57 million)—lived in nursing homes in 2007.²⁶ The percentage increases dramatically with age, ranging from 1.1% for those 65–74 years old to 4.7% for those 75–84 and 18.2% for those ages 85-plus.²⁷ Additionally, approximately 5% of older adults live in self-described senior housing of various types, many of which have supportive services available to their residents.²⁸

23 See sections, “Geographical Distribution” and “Poverty,” in US Department of Health and Human Services, Administration on Aging. (2008).

24 US Department of Health and Human Services, Administration on Aging. (2008).

25 US Department of Health and Human Services, Administration on Aging. (2008).

26 See section, “Living Arrangements,” in US Department of Health and Human Services, Administration on Aging. (2008).

27 US Department of Health and Human Services, Administration on Aging. (2008).

28 US Department of Health and Human Services, Administration on Aging. (2008).

GEOGRAPHIC DISTRIBUTION

The population of older adults in the United States is concentrated in a number of states, with some clear clustering around race and culture. In 2000, almost three-quarters of all older Hispanics lived in four states: California, Florida, Texas, and New York. Nearly two-thirds of older Asians lived in the West.²⁹ Florida—traditionally a popular retirement destination—has the highest percentage of elders, with 18.5% of its population ages 65 or older. Other states with significant elder populations are Pennsylvania and Rhode Island at 15.8% each, and Iowa at 15%.³⁰

29 He, W., Sengupta, M., Velkoff, V., & DeBarros, K. (2005). 65+ in the United States: 2005. US Census Bureau. Retrieved August 29, 2009, from www.census.gov/prod/2006pubs/p23-209.pdf

30 US Department of Health and Human Services, Administration on Aging. (2008).

What Do We Know About LGBT Elders?

Despite extensive general data on elders and decades of advocacy by LGBT activists, only a handful of state and federal demographic and health surveys collect data on LGBT elders.³¹ As a consequence, when seeking data on the total number of LGBT older adults, their geographical distribution, their health and economic status, their need for supportive services and other crucial concerns, we often are forced to draw on qualitative rather than quantitative data—or must extrapolate from limited samples or research on related groups.

These approaches help us identify many of the basic issues of LGBT aging—and help us raise important questions which demonstrate that comprehensive, fully funded research about LGBT elders is needed at the national and state levels. One thing is abundantly clear from the limited data at hand: LGBT elders remain an underserved and highly vulnerable population.

Much of what we currently know about LGBT elders in the United States comes from the pioneering social science research conducted by a handful of scholars since the mid-1970s. Most of these studies rely on cohorts of white gay men; a smaller number focus on lesbians. Very few include transgender or bisexual elders or examine the findings to discern issues of particular concern to these elders.³² And most of the studies involve small sample sizes that do not reflect the racial and economic diversity of the LGBT community.³³

Gilbert Herdt and his colleagues reported in 1997 that, “in the case of older bisexuals, lesbians and gays, the combination of poor research literature, clinical samples, and dated historical narratives from prior generations has had the effect of making this population appear more homogeneous than it is,

31 The National Survey of Family and Social Growth, statewide Youth Risk Behavior Surveys in a handful of states including Massachusetts and New York, the California Health Interview Survey, The Harvard Nurses survey and a few state tobacco surveys ask questions about sexual orientation. This patchwork of largely health surveys gives us a fragmented view of the health and social issues in LGBT people lives.

32 One study that has been published is Witten, T. M. (2002). “Geriatric Care and Management Issues for the Transgender and Intersex Population”. *Geriatric Care and Management Journal*, 12(3)

undercutting diversity in life-course experience.”³⁴ In the more than a decade that has passed since that assessment, the research literature on LGBT aging has been grown in both depth and sophistication, but large-scale and long-term quantitative research on LGBT aging largely remains to be done; in addition, many crucial areas of concern have received little or no attention, even in qualitative studies.

A groundbreaking 1999 report by the Committee on Lesbian Health Research Priorities of the Institute of Medicine underscores the limited research on lesbians in the United States, noting that “most existing studies portray cross-sections of experience at one point in time and so cannot address compelling questions of behavior, identity, or attraction across time. Prospective, longitudinal studies are essential for understanding the vulnerability, resilience, and well-being of lesbians across their life span.”³⁵ Such studies would have particular significance for illuminating the strengths and vulnerabilities of lesbians in midlife and old age which reflect not only their current circumstances but also the legacy of their earlier life experiences.

Future research must do better at gathering information on all LGBT elders, including people-of-color, low-income, and immigrant populations. The following sections synthesize what we know about LGBT older adults or can reasonably argue regarding LGBT elders on the basis of research on LGBT people in general.

33 “Almost without exception,” as one social science literature review notes, studies of older gay men have disproportionately focused on “white, middle class, well-educated, urban-dwelling men who participate in the gay community through friendship networks, gay bars, support organizations, etc.” See Wahler, J., & Gabbay, S. G. (1997). “Gay Male Aging: A Review of the Literature”. *Journal of Gay and Lesbian Social Services* 6(3), p.5. Another reviewer notes the pressing need for research which examines “the significance of ethnicity, poverty, and heterosexism among aging gay men, lesbians, and bisexuals.” See Boxer, A. (1997). “Gay, Lesbian, and Bisexual Aging into the Twenty-First Century: An Overview and Introduction.” *Journal of Gay, Lesbian and Bisexual Identity* 2(3-4), p.191.

34 Herdt, G., Beeler, J., & Rawls, T. (1997). “Life-Course Diversity among Older Lesbians and Gay Men: A Study in Chicago.” *International Journal of Sexuality and Gender Studies* 2(3-4).

35 Solarz, A. (ed.) (2008). “Lesbian Health: Current Assessments and Directions for the Future.” Washington, DC: National Academies Press. Retrieved from www.nap.edu/catalog/6109.html.

HOW MANY LGBT ELDERS ARE THERE?

We are able to report at best a qualified estimate of the number or percentage of lesbian, gay, bisexual and transgender elders in the U.S. population for the same reason we cannot give an exact number of the total LGBT population of all ages: In addition to definitional challenges presented by the categories themselves, few national surveys ask about sexual orientation and fewer still about gender identity.

In this report, we draw on findings from a 2009 gathering of 34 leading LGBT researchers who reviewed the limited existing data and literature to establish a demographic estimate of the LGBT community in the United States as ranging between 5% and 10% of the population at large. See appendix A for this discussion, which points to the need for the U.S. Census Bureau and other federal agencies to gather data on the LGBT population. Taking the statistic of LGBT people as constituting 5% to 10% of the population and extrapolating from federal statistics for the number of older adults in the general population, we estimate that between now and the height of the aging boom, there will be approximately nearly 2 million to as many as 7 million LGBT elders in the United States.

CLASS, RACE AND GENDER IN AGING

The paucity of national data means that we know little about the racial and class diversity in the LGBT community in general and among LGBT elders in specific. Nonetheless, Lora Connolly, chief deputy director of the California Department of Aging, has said that there is no reason to believe that the LGBT community is any less racially diverse than the overall population in the United States.³⁶

Recent studies show that lifelong experiences of social and economic marginalization place lesbian, gay, bisexual and transgender elders at higher risk for isolation, poverty and homelessness than their heterosexual peers.³⁷ Given this fact, LGBT elders are undoubtedly among those with the greatest economic and social need. Income data for LGBT older adults drawn from scattered local surveys reinforces this observation:

36 California Department of Aging. (2009). California State Plan on Aging 2005-2009. Retrieved August 29, 2009, from www.aging.ca.gov/whatsnew/california_state_plan_cda_2005-2009.pdf

37 See, for instance, Albelda, Randy, et al. (2009) *Poverty in the Lesbian, Gay, and Bisexual Community*. Los Angeles: The Williams Institute. Available at www.law.ucla.edu/williamsinstitute/pdf/LGBPoverlyReport.pdf.

- Services and Advocacy for GLBT Elders (SAGE), which serves New York City, reports that approximately 35% of its clients are Medicaid eligible, with annual pretax incomes below \$10,000; an additional 35% subsist on annual pretax incomes of \$20,000 or less.³⁸
- The Chicago Task Force on LGBT Aging reports that 8.8% of LGBT older adults in Chicago have an annual income under \$10,000, which would put them below or near the poverty line.³⁹
- The San Diego LGBT Needs Assessment identified 14% of LGBT people over 65 reporting incomes of \$10,000 or less and 10% reporting incomes under \$20,000. None of the respondents reported incomes over \$100,000.⁴⁰

A recent study from The Williams Institute drawing on census data on same-sex couples and on figures from two other federal surveys that ask about LGBT identity or sexual behavior similarly describes the economic challenges faced by LGBT elders.⁴¹ Comparing couples which include members ages 65 and older, the study found poverty rates of 4.6% for opposite-sex married couples, 4.9% for male same-sex couples and 9.1% for female same-sex couples. The study also found that the following factors are associated with higher rates of poverty: being Black; living in nonurban areas; living in the East, West, or North Central regions of the country; having only a high school diploma; being out of the labor force; and having children. These intertwined factors reflect multiple economic vulnerabilities for many LGBT elders, coupled or not.

The Transgender Law Center notes that transgender Californians are highly educated yet twice as likely to live below the poverty line of \$10,400 compared to the general population.⁴² The Task Force's forthcoming national study on discrimination against transgender people found an unemployment rate double

38 Thurston, C. Services and Advocacy for GLBT Elders (SAGE). *Journal of Long Term Home Health Care* (forthcoming Fall 2009).

39 Beauchamp, Dennis, Skinner, Jim, Wiggins, & Perry. (2003). *LGBT Persons in Chicago: Growing Older. A Survey of Needs and Perceptions*. Chicago Task Force on LGBT Aging.

40 Cook-Daniels, L. (2004). LGBT Seniors-Proud Pioneers: The San Diego County LGBT Senior Healthcare Needs Assessment. Retrieved September 21, 2009, from www.sage-sd.com/SeniorNeedsAssessment.

41 Albelda, R., et al. (2009). *Poverty in the Lesbian, Gay and Bisexual Community*. Los Angeles: The Williams Institute. Retrieved August, 29, 2009, from www.law.ucla.edu/williamsinstitute/pdf/LGBPoverityReport.pdf.

42 Transgender Law Center. (2009). *The State of Transgender California Report*. Retrieved October 14, 2009, from www.transgenderlawcenter.org/pdf/StateTransCA_report_2009Print.pdf.

that of the national unemployment rate among its 6,500 respondents. Fourteen percent of respondents 65 years and older reported incomes below \$10,000 and 51% reported an adverse job action.⁴³

Some studies suggest that gay men and lesbian women age differently. There is some indication that gay men experience what is referred to as “accelerated aging,” seeing themselves as old as early as their 30s due to the premium ascribed to youth and beauty in gay male culture; first advanced in popular literature in the 1960s, this analysis has remained a subject of debate among researchers.⁴⁴ Conversely, older lesbians, many of whom came of age during a period of the women’s movement that rejected traditional notions of beauty and ageism, report a sense of freedom in their elder years, despite generally having more economic challenges than their male counterparts.⁴⁵ Gender nonconforming and transgender people, by contrast, reach old age in a social context of rigid gender categories that have largely excluded and demeaned them.⁴⁶

THE DIVERSITY OF LGBT ELDER EXPERIENCE

A common mistake that well-intentioned providers make in serving LGBT elders is to see the community as monolithic—and thus to assume that events meaningful to relatively gender-conforming, white, middle-class members of this population may apply to all LGBT older adults. In fact, LGBT communities are as diverse as their heterosexual counterparts, and our elders’ strategies in surviving the myriad challenges they have faced in the different contexts in which they have lived are greatly varied. Anti-LGBT stigma and discrimination is a shared

43 Grant, J., et al. (Forthcoming). Report on National Transgender Discrimination Survey. National Gay and Lesbian Task Force Policy Institute & National Center for Transgender Equality.

44 For an overview, see Bennett, K. C. & Thompson, N.L. (1991). “Accelerated Aging and Male Homosexuality: Australian Evidence in a Continuing Debate.” *Gay Midlife and Maturity*. Lee, J. A., ed. New York, NY: Haworth Press, pp.65–75.

45 Two classic texts that summarize feminist and lesbian critiques of ageism are the following. Copper, B. (1987). *Ageism in the Lesbian Community*. Freedom, CA: Crossing Press; Macdonald, B., & Rich, C. (1983). *Look Me in the Eye: Old Women, Aging and Ageism*. San Francisco: Spinsters Ink.

46 Gender nonconforming people express their gender differently from dominant cultural norms. Some gender nonconforming people reject the categories “male” and “female” entirely; others consider themselves a blend of both genders. In lesbian and gay communities, butch lesbians and feminine gay men have long been targets of abuse for their gender non-conformity. In recent years, a number of new terms like “genderqueer,” “gender bending” and “gender blending” emerged as a fluid range of gender identities and expressions have taken hold.

challenge that may or may not connect LGBT elders across the many different identities and communities in which they are situated.

The current generation of LGBT elders of various genders, races and economic strata ground their later years on differing defining moments and sociopolitical contexts. For many gay men, for example, the post-Stonewall era of gay liberation is formative, whereas for many white lesbian and bisexual women, feminism and the women's movement loom largest. For African American, Latino and Asian LGBT elders, the civil rights and labor struggles of the 1960s, as well as experiences in their church communities, may provide their grounding for old age. For LGBT immigrants, the trauma of having survived armed conflict, government repression and flight from their homelands often is a defining factor in how they experience their elder years. Among transpeople, the Stonewall rebellion in 1969 in New York City and the recently recovered history of the Compton's Cafeteria riot in 1966 in San Francisco have strong symbolic resonance as sites of resistance; at the same time, the greatest growth in transgender visibility and activism has occurred only in the past 10 to 15 years, making it very likely that many transgender elders have spent the bulk of their lives in isolation, navigating extremely hostile social and workplace environments.⁴⁷

Researchers in the field of aging often note that people age as they have lived. LGBT elder resilience will vary greatly relative to the challenges these older adults have faced and depending on the resources to which they have had access across the lifespan and across cultures. Black lesbian feminist Pat Parker gave this legendary caveat to white allies in the 1980s about addressing the totality of her experience: "First thing you do, is to forget that i'm Black/ Second,

Anti-LGBT stigma and discrimination is a shared challenge that may or may not connect LGBT elders across the many different identities and communities in which they are situated.

47 The first documented public protest by transgender people was a peaceful sit-in of Dewey's Lunch Counter in Philadelphia in 1965 to protest its refusal to serve transgender patrons; LGBT people picketed the restaurant collectively. In San Francisco's Tenderloin District in 1966, transgender patrons of Gene Compton's Cafeteria spontaneously protested against police harassment there, and were arrested. See the Movement Advancement Project. (2009). *Advancing Transgender Equality*, p.8.

you must never forget that i'm Black."⁴⁸ Professionals in aging would do well to extrapolate from and apply Parker's standard to their work with a diverse range of LGBT clients.

LIVING ARRANGEMENTS: ALONE BUT NOT LONELY?

Limited existing research provides some evidence that lesbian and gay elders are more likely to live alone than are heterosexual older adults. Population-based data collected by the New York City Department of Health in 2005-2007 suggests that among adults over 50, gay and bisexual men are twice as likely to live alone as are heterosexual men, while lesbian and bisexual women are about one third more likely to live alone than are heterosexual women.⁴⁹ Another study found that 75% of gay and lesbian elders in Los Angeles lived alone.⁵⁰ This high percentage was confirmed in a 2006 study of LGBT older adults living with HIV/AIDS — which reports that almost 70% of its participants live alone.⁵¹

Such statistics may suggest that LGBT older adults in general are vulnerable to certain physical and mental health challenges for which elders who live alone are at greater risk; these include falls, malnutrition, depression, and substance abuse.⁵² At the same time, LGBT elders' life experience may in some ways provide them greater personal resources for coping with living alone. A 2006 study found, for instance, that almost 40% of LGBT baby boomers believe that being lesbian, gay, bisexual or transgender has helped them prepare for aging by endowing them with positive character traits, greater resilience,

48 Parker, P. (1999). *Movement in Black*. Ann Arbor, MI: Firebrand Books, p.68.

49 Prevalence of Living with No Other Adults/with Children among Adults age 50+ in New York City by Sexual Identity. NYC Community Health Survey, 2005 through 2007. All estimates are weighted to the NYC population, Census 2000 and age-adjusted to the US Standard Population 2000. Community Health Survey, Bureau of Epidemiology Services, New York City Department of Health and Mental Hygiene, July 2008.

50 Rosenfeld, Dana. "Identity Work Among Lesbian and Gay Elderly." *Journal of Aging Studies*. Volume 13, Issue 2, Summer 1999, Pages 121-144. Also, Footnotes 52, the title "Depression, Social Isolation and the Elderly,"

51 Karpiak, S., Shippy, R., & Cantor, M. (2006). *Research on Older Adults with HIV*. New York: AIDS Community Research Initiative of America, p.1.

52 Walker, J., & Herbitter, C. (2005). *Aging in the Shadows: Social Isolation among Seniors in New York City*. United Neighborhood Houses: New York. Retrieved September 21, 2009, from www.unhny.org/advocacy/pdf/Aging%20in%20the%20Shadows.pdf, pp.5-8. And Sederer, L.I. (2006), "Depression, Social Isolation and the Urban Elderly," from the Conference on Geriatric Mental Health, New York.

or better support networks than their non-LGBT counterparts. A 2007 study likewise suggests that older LGBT people's experiences of forming identity and community may help them develop particular strengths—including resilience and adaptability—which serve them as they age.⁵³

LGBT SINGLEHOOD, PARTNERSHIP AND KINSHIP

A significant amount of social science research finds a greater sense of well-being among heterosexual elders who are married or in partnered relationships than among single elders.⁵⁴ By contrast, no equivalent studies have been published regarding LGBT elders. Even basic research on the prevalence of LGBT couples is limited; a number of surveys from the late 1970s to the late 1990s document a range of 40% to 60% of gay men and 45% to 80% of lesbians in committed relationships at any given time—but the studies do not include bisexual and transgender individuals and do not break out the data by age cohort.⁵⁵

Many researchers and advocates question whether focusing on coupled status is the optimal approach to evaluating the role of relationships in sustaining the well-being of LGBT older adults. The LGBT community has a rich history of creating kinship structures that expand on the heterosexual model of a married couple and their biological offspring. Chosen families—single-generation cohorts of intimate friends and loved ones—have long provided LGBT people a foundation for surviving intense societal neglect, stigmatization and abuse, thus supporting health and self-actualization across the lifespan. What may be the only published study on life satisfaction and psychological adjustment in single gay men in midlife and older underscores this point: “Social support from friends and family predicted higher levels of subjective well-being” in the respondents.”⁵⁶

53 Grossman, H., Anthony, D., Dragowski, E. (2007). “Caregiving and Care Receiving Among Older Lesbian, Gay, and Bisexual Adults.” *Journal of Lesbian and Gay Social Services* 18(3-4).

54 Manzoli, L., et al. (January 2007). “Marital status and mortality in the elderly: A systematic review and meta-analysis.” *Social Science & Medicine* 64(1), pp. 77-94.

55 See Partners Task Force for Gay & Lesbian Couples. (2005). *Couples in the Hood*. Retrieved from www.buddybuddy.com/surv-rel.html. Also, Peplau, A. (1993). “Lesbian and Gay Relationships.” *Psychological Perspectives on Lesbian and Gay Male Experiences*. Garnets, L., & Kimmel, D. (eds). New York, NY: Columbia University Press.

56 Hostetler, A. (2005). “Single Older Gay Men: Are They Going It Alone?” *OutWorld* 11(4), pp.4,7. The study drew on a convenience sample of 94 self-described single gay men ages 35-plus from a Midwestern metropolitan area. See also Kooden, H., & Flowers, C. (2000). *Golden Men: The Power of Gay Men at Midlife*. New York: Harper Paperbacks.

In addition to single-generation chosen family structures, evidence suggests that some LGBT communities have created cross-generational chosen families, despite the impediments to intergenerational kinship created by the stereotype of LGBT older adults as sexual predators. Jenny Livingston's 1990 film, *Paris is Burning*, for example, celebrates a rich intergenerational support system in the African American LGBT community in New York City. In the social circles surrounding the drag-ball culture, Black gay and transgender youth who have been rejected by their families of origin find housing, mentorship, emotional and financial support by joining solidly structured chosen families referred to as "houses," which are headed by Black gay and transgender elders.

Similarly, individuals involved in BDSM and leather communities within the LGBT community have established practices of mentorship and support for young people exploring these erotic practices which is not based on sexual partnership; rather, the mentoring relationship supports safe expression of this very marginalized sexuality within a hostile larger culture.⁵⁷ African American BDSM activist Graylin Thornton, recipient of the Task Force's 2009 Leather Leadership Award, reports that older gay men in the leather scene took him "under their wing" when he was only 18 and made a serious commitment to his personal growth and well-being over the course of 20 years.⁵⁸

Studies show that maintaining extended social networks and lifelong, intimate friendships can have a positive impact on aging.⁵⁹ Single-generation and intergenerational chosen families of the sorts described here may therefore provide distinctive benefits to LGBT older adults. Beyond purely personal support, chosen families also may provide a foundation for much-needed advocacy for LGBT elders. Certainly, the LGBT boomer generation's experience

57 BDSM (an acronym that encompasses Bondage and Discipline, Domination and Submission, and Sadism and Masochism) and leather community members engage in sexual practices that have long been marginalized as "deviant" in both mainstream and LGBT communities. Providing a foundation for safe, healthy, fully-realized lives within a context of stigmatization has been a major goal of BDSM and leather queer activists. Moreover, leather community activists have long pioneered safer-sex practices in LGBT communities and fundraising campaigns to confront the AIDS epidemic. For more information on BDSM in LGBT communities, see Baldwin, G. (1993). *Ties that Bind, The SM/Leather/Fetish Erotic Style: Issues, Commentaries and Advice*. Los Angeles: Daedalus Publishing; Califia, P., & Sweeney, R. (2000). *The Second Coming: A Leatherdyke Reader*. New York: Alyson Books; and Thompson, M. (2001). *Leatherfolk*, 10th Edition. New York: Alyson Books.

58 Thornton, G. (2009, February). Acceptance remarks. The National Conference for LGBT Equality: Creating Change, Denver, CO.

59 Parker-Pope, T. (2009, April 21). "What are friends for? A longer life." *The New York Times*.

of mobilizing support networks to care for their brothers and sisters living with HIV and cancer has nurtured both skills and determination which can be applied to aging in a system ill prepared to support LGBT elders.

What appears in social science literature as single life among LGBT people may therefore mask multigenerational networks of intimate support, deep friendship, and alternative parenting which over the lifespan create an emotional and social safety net equivalent to that of conventional family configurations. We cannot fully understand how chosen family operates in the lives of LGBT elders until significant research is commissioned—including studies that break away from privileging traditional notions of partnership and family.

GEOGRAPHY

No national research synthesizes the geographical distribution of LGBT elders, yet we can surmise from a literature review that this population is geographically varied and can be found throughout the United States. Data from the 2000 U.S. Census, which permitted respondents to indicate that they were members of same-sex couples, provide a proxy for demonstrating the presence of same-sex older adults across the country. The states with the highest numbers of same-sex elder couples, according to this data, also are those with the highest population of heterosexual elder couples: California, Florida, and New York.⁶⁰ Ninety-seven percent of U.S. counties have at least one elder in a same-sex partnership.⁶¹ Nearly three in five U.S. counties (1,847) have more same-sex partnered elders per capita than the national average of one in a thousand people.⁶²

Many same-sex couples live outside major metropolitan areas. Such families not only may currently include elder members, but also will themselves age over time; their geographic distribution is thus crucial to understanding current and future needs for services for LGBT older adults across the United States. The 2000 Census shows 88,606 gay and lesbian families (15% of all such families)

60 U.S. Census Bureau. (2003). Census 2000 Special Reports: Married-Couple and Unmarried-Partner Households 2000. Retrieved from www.census.gov/prod/2003pubs/censr-5.pdf See, Table 2: Married-Couple and Unmarried-Partner Households for the United States, Regions, States, and for Puerto Rico: 2000.

61 Urban Institute. (2003). Gay and Lesbian Families in the Census: Gay and Lesbian Elders. Retrieved on May 19, 2006, from www.urban.org/uploadpdf/900627_checkpoints_elders.pdf.

62 Urban Institute. (2003).

living outside metropolitan statistical areas in rural settings.⁶³ This data explodes the myth that LGBT people live exclusively in urban areas.

Research on LGBT people living in rural environments is very limited. Walter T. Boulden performed a literature review on gay men and lesbians in rural environments and found fewer than 20 articles and books.⁶⁴ Boulden's qualitative study of Wyoming residents reported that participants were happy living in the state despite a "don't ask, don't tell" environment in terms of their survival. Boulden's subjects described being constantly on guard while trying to be a good neighbor and worker, maintaining close ties to biological family members, and interacting with a small core group of friends in the informal, largely underground LGBT community.

Sandra S. Butler and Barbara Hope's research on 21 rural lesbian elders in late middle-age and older revealed concerns regarding healthcare access due to both poverty and rural geography, as well as some fears related to potential homophobia should they need long-term care; the study also documented a general sense of well-being derived from experiences of community and the natural environment and from the sensitive healthcare professionals they found in rural practices and hospitals.⁶⁵ And a study of 15 lesbian elders in Vermont by Susan A. Comerford and colleagues emphasized the women's self-reliance mediated by interdependence.⁶⁶

The 2000 Census also provided some mapping of same-sex couples across race. For example, while white same-sex couples reported living in urban and suburban LGBT enclaves at a high rate, populating what many LGBT people refer to as "gayborhoods," Black and Latino same-sex couples reported settling into communities that were highly concentrated along lines of racial identity.⁶⁷ This phenomenon suggests that aging in place—the term for aging in the home

63 2003. "Census 2000 Special Reports: Married-Couple and Unmarried-Partner Households 2000." U.S. Census Bureau. www.census.gov/prod/2003pubs/censr-5.pdf See, Table 2: Married-Couple and Unmarried-Partner Households for the United States, Regions, States, and for Puerto Rico: 2000.

64 Boulden, T. (2001). "Gay Men and Living in a Rural Environment." *Journal of Gay and Lesbian Social Services* 12(3-4).

65 Butler, S., & Hope, B. (1999). "Health and Well-Being for Late Middle-Aged and Old Lesbians in a Rural Area." *Journal of Gay and Lesbian Social Services* 9(4), p.27–46.

66 Comerford, S., & Henson-Stroud, M. et al. (2004). "Crone Songs: Voices of Lesbian Elders on Aging in a Rural Environment." *Affilia* 19(4), p.418–436.

and community in which one has lived and worked across the lifespan—will involve widely differing locales and institutions for LGBT people of varying cultures and races.

SEXUALITY OVER THE LIFESPAN

For the past 20 years, bisexual, feminist, leather and other LGBT activists have led the charge to open up discussion about the vibrant diversity of sexual practices and identities that make up LGBT communities. Anyone who has spent time in these communities understands that the forging and claiming of queer identity within a legally and socially hostile context is often monumental work, and that a negative outcome of this struggle has been an at-times rigid enforcement of communal codes of sexual behavior and identity.

This cultural phenomenon raises important questions for the sexual identity and expression of LGBT older adults. Is a self-identified lesbian who begins having sex with men in her 50s “still” a lesbian? Is a man with a deceased wife who experiences attraction to men in his 60s welcome in a community of gay elders? Can elder transwomen who identify as lesbian move easily into cultural and social spaces reserved primarily or entirely for older women? Can a single bisexual elder find safe places to be out in either straight-identified or queer-friendly social contexts?

In her 2002 testimony before the San Francisco Human Rights Commission, Joyce Pierson from the National Center for Lesbian Rights described a client “who was widowed for 30 years, fell in love with a woman at 79, and became a member in a support group” for LGBT elders. For elders like this woman, who have lived the majority of their lives

The largely unspoken but widely held assumption that elders are sexually inactive, heterosexual, and monogamously coupled or widowed does a disservice to all older adults.

67 Gates, G., Lau, H., & Sears, B. (2006, February) Race and Ethnicity of Same-Sex Couples in California: Data from Census 2000. *Census Snapshots*. The Williams Institute. Retrieved from repositories.cdlib.org/uclalaw/Williams/census/ca_race_2000. See also Dang, A. & Frazer, M. S. (2005). *Black Same-Sex Households in the United States, A Report from the 2000 Census, Second Edition: December 2005*. Washington, DC: National Gay and Lesbian Task Force Policy Institute. Retrieved August 18, 2009, from www.thetaskforce/downloads/reports/reports/2000BlackSameSexHouseholds.pdf.

within a largely heterosexual, gender-conforming world, experiencing same-sex desire in midlife or old age can be a daunting, even frightening reality, especially within the context of aging-related facilities and services that may not only be unwelcoming to LGBT sexuality, but that may treat all older adults as essentially asexual.

Alternatively, for LGBT elders who have lived queer-identified lives and find themselves creating mixed-sex partnerships and attachments in midlife or old age, the possibility of losing LGBT chosen family or community as a result can be devastating. The impact of biphobia—a fear and hatred of people whose sexuality moves fluidly among attractions to people of more than one gender—has never been examined among elders, despite our understanding that for some LGBT people, attractions and attachments move along a continuum of possibilities as they age.

The largely unspoken but widely held assumption that elders are sexually inactive, heterosexual, and monogamously coupled or widowed does a disservice to all older adults—but it places LGBT elders at perhaps the greatest risk for neglect, discrimination and abuse. The number of professionals in aging who are adept at responding appropriately to such complex navigations is miniscule and speaks to the importance of training all those who work with older adults not just in LGBT cultural competence, but also in sexual literacy. Efforts to promote such sex-positive, LGBT-inclusive training on elder sexuality are beginning to emerge, notably in the work of organizations such as the National Sexuality Resource Center at San Francisco State University.⁶⁸

68 For more information, visit the National Sexuality Resource Center website at www.nsrc.sfsu.edu/issues/sex-and-aging. Other notable efforts in this arena: The AIDS Community Research Initiative of America (ACRIA) provides LGBT-inclusive trainings on HIV infection in older adults that includes information on healthy sexual activity. Gay Men's Health Crisis (GMHC) in New York has conducted an HIV-prevention social marketing campaign known as the "ElderSexual" campaign.

AGEISM IN LGBT COMMUNITIES

Ageism is an unfortunate fact of American life. Young people are both exploited and held up as the standard bearers of beauty, vibrancy, and innovation—and old people are seen as a drain on societal assets, their rich store of experiences and skills widely ignored. While many LGBT people work to confront oppressive behaviors and practices that harm our community, ageism is an issue that has received relatively little notice on the list of LGBT social-justice concerns.

Feminism has had a tremendous impact on the forming of lesbian and bisexual women's communities in the past 40 years; these are the arenas where ageism has been most fully explored and confronted.⁶⁹ For instance, Old Lesbians Organizing for Change (OLOC), a national advocacy group of lesbians ages 60-plus, has been a longtime leader in confronting ageism. The OLOC website offers this forceful statement: “*Old* has become a term of insult and shame. To be ‘old’ means to be ignored and scorned, to be made invisible and expendable. We refute the lie that it is shameful to be an ‘old’ woman. We name ourselves ‘old lesbians’ because we will no longer accommodate ourselves to language that implies in any way that *old* means inferior. We call ourselves old with pride. In doing so, we challenge the stereotypes directly. Thus, we empower and change ourselves, each other, and the world.”⁷⁰

Gay and bisexual men appear to have had little connection to this dialogue, with some notable exceptions. Writer Andrew Holleran's 1996 novel *The Beauty of Men* and Johnny Symons's 1997 documentary film *Beauty Before Age* mine this important territory. Articles in the popular and professional LGBT media have likewise addressed the topic on occasion, but no national organization has emerged to work consistently against ageism among gay and bisexual men.⁷¹ Ageism thus continues to have a significant impact on gay and bisexual men's sense of self-worth and attractiveness over the lifespan.

69 For example, see Copper, B. (1987). *Ageism in the Lesbian Community*. Freedom, CA: Crossing Press.

70 “Old Lesbians Organizing for Change. About OLOC: Why Old?” Retrieved from www.oloc.org/about/why_old.php.

71 For examples from the LGBT media, see Linscott, B. (2007, May). Generation Us. *Bay Windows*; McDaniel, C. (1998, November). Gay Gerontophobia. *Windy City Times*; Yoakama, J. (1999). Beyond the Wrinkle Room: Challenging Ageism in Gay Male Culture. *Dimensions: Newsletter of the Mental Health and Aging Network*. In addition, Atlanta therapist John R. Ballew summarizes several of the key issues in the following. Ballew, J. Gay Men and Aging. Retrieved September 16, 2009, from www.thebrc.net/articles/JohnBallew/EmotionalHealtharticles/gay-men-and-aging.html.

Sandy Warshaw, New York City, 75



Sandy Warshaw has been on both sides of the care-giving divide, both as a caregiver and as a care-receiver. Once a senior staff member at SAGE (Services and Advocacy for GLBT Elders), Sandy, 75, has been advocating for the recognition of LGBT aging issues since she joined the Older Women's League in 1983.

In October 2008 at SAGE's Fourth National Conference on LGBT Aging, Sandy spoke on a topic near and dear to her heart: the need to rethink and reframe the ways in which care-giving and caregivers have been defined, and the political stakes for those LGBT people and their allies. Recounting the story of a lesbian friend, Shirley, who had been evicted from her home and subsequently placed under Adult Protective Services, she noted how the Agency designed to "protect" Shirley refused to acknowledge the loved ones who helped Shirley as care-givers because they were not "family." "Shirley, an only child, whose partner of 25 years

died more than 10 years ago, had a small but loyal support system of friends and former professional associates, who were mobilized to raise funds to fend off the first eviction attempts. One or two friends were 'appointed' by Shirley to intervene with the Agency for further social supports. And it was here that the system broke down. The Agency would not communicate with the friends; the case worker assigned would only speak to the 'client.'"

Sandy used her friend's story to highlight the ways that care giving and care-receiving extend far beyond heterosexual formations of kinship. "Mainstream care giving agencies do not understand that 'it takes a community' to support an older person, who wants to grow old in place, not in a potentially homophobic assisted living or nursing home facility, which would, incidentally, be a more costly solution."

Sandy notes that the economic downturn will have especially detrimental effects on the aging. "The falling, failing market will place greater hardship on those with fixed incomes, those without savings or retirement plans, and those living off Social Security and SSI benefits will face unbelievable hardships, including perhaps losing their homes. The cooperation between community caregivers and the helping professionals is in ever greater need."

Always the advocate, Sandy states that we must act now to change the narrow parameters of who counts as a care-giver. "The most obvious changes needed are in the definition of 'family' as designed by policy makers, regulators and top level administrators, and the recognition of the role of friends and community in care giving. As important as marriage is, it is not the be-all-and-end-all solution for those growing old alone. This fight begins with Area Agencies on Aging, State Offices of the Aging, and goes up to the Federal Department on Aging."

Most recently, Sandy has found herself on the other side of care giving—that is, as a care-receiver. Recouping from an extensive shoulder surgery, Sandy reflects that one of the biggest obstacles to being cared for is being comfortable asking for help. "I hired a neighbor to help me with dressing and other home chores, which have diminished as my shoulder is healing." She notes also that care givers need to take care of themselves, in order to prevent overextending themselves. "My experience with friends who are or have been caregivers, is that caregivers need care too—a complex situation."

As this overview suggests, ageism is expressed differently across races, genders and sexualities within LGBT communities, but it remains a debilitating force across the board. Although there is some evidence that lesbian and bisexual women's communities have created alternative values and visions around aging that may provide a more affirming environment for some, there is no compelling evidence to suggest that any segment of the LGBT elder community is immune to the ageism of the larger culture or that within the LGBT community itself. As OLOC cofounder Shevy Healey noted, "It really is not possible to live in this culture and be immune to the poison of ageism. It would be like expecting us to be free of toxins while living in a toxin-filled environment."⁷²

Like other prisoners with physical impairments, elders may likewise face particular challenges living in the prison environment .

LGBT ELDERS IN PRISON

One particularly vulnerable group of LGBT elders includes those who are part of the rapidly aging population in correctional facilities in the United States. The most recent statistics from the Federal Bureau of Justice indicate that 4.3% of all inmates in U.S. prisons and jails in mid-2008 were over the age of 55, compared with 3.5% four years earlier — a 23% increase. By comparison, the overall population in U.S. federal and state prisons increased 7% during the same period.⁷³

Studies on the numbers of older prisoners who identify as lesbian, gay, bisexual or transgender that examine their particular concerns are few. We know, however, that as with all older prisoners, LGBT prisoners must be able to handle activities of daily living that go well beyond those of elders in the community; these include being able to stand in lines for extended periods, climb into upper bunks, or drop to

72 Healey, S. (2002). "In Her Own Words: Shevy Healey on Ageism, Aging and Selfhood." *OutWord: Newsletter of the Lesbian and Gay Aging Issues Network*, p.2. See also, Barbara MacDonald's classic: "A call for an end to ageism in lesbian and gay services." *Lesbian Ethics* 1(1): 57-64 (1984).

73 Davidson, A. (2009, June). "The Aging Prison Population." Retrieved from criminaljustice.change.org/blog/view/the_aging_prison_population.

the floor when alarms sound.⁷⁴ Like other prisoners with physical impairments, elders may likewise face particular challenges living in the prison environment: a limited numbers of cells equipped with handrails, a limited number of accessible bottom bunks, and long walks to dining rooms and other facilities.⁷⁵ Additionally, all prisoners deemed able must work—presenting yet another difficulty for elders who are incarcerated. As one study notes, there is no retirement age in prison.⁷⁶

Scant community-based research on LGBT people’s experience of prison indicates an increased vulnerability to violence based on sexual orientation and gender identity. Up to 20% of inmates in men’s prisons in the United States report being the victim of sexual assault at some point during their incarceration, and numbers for women, though inconsistent, often range that high.⁷⁷ LGBT inmates report shocking levels of victimization. One study of California men’s prisons found that 67% of individuals who identified as “non-heterosexual” had been the victim of sexual assault at the hands of another inmate, a rate 15 times greater than the overall population of those institutions.⁷⁸ In particular, transgender women, gender nonconforming, and intersex people in men’s correctional facilities suffer deplorable rates of discrimination and violence, alongside the refusal of staff and other prisoners to recognize their gender identity.⁷⁹ Transgender prisoners report high levels of physical and sexual abuse, humiliation, harassment, punishment and denial of basic needs like health care.⁸⁰ Correctional officers rely excessively on isolation and “protective custody” to safeguard vulnerable inmates, despite the punitive and damaging

74 Williams, B., et al. (2006). “Being Old and Doing Time: Functional Impairment and Adverse Experiences of Geriatric Female Prisons.” *Journal of the American Geriatric Society* 54(4).

75 Strupp, & Willmott. (2006). “Dignity Denied: The Price of Imprisoning Older Women in California”. Retrieved September 24, 2009, from www.reentry.net/library/item.93566-Dignity_Denied_The_Price_of_Imprisoning_Older_Women_in_California.

76 *ibid*

77 Struckman-Johnson, C., & Struckman-Johnson, D. (2000). “Sexual Coercion Rates in Seven Midwestern Prison Facilities for Men.” *The Prison Journal* 80(4), p.379.

78 Jenness, V., et al. (2007). *Violence in California Correctional Facilities: An Empirical Examination of Sexual Assault*. Center for Evidence-Based Corrections; Just Detention International. (2009). *A Call for Change: Protecting the Rights of LGBTQ Detainees*. Retrieved from www.justdetention.org/pdf/CFCLGBTQJan09.pdf.

79 Peek, C. (2004). “Breaking Out of the Prison Hierarchy: Transgender Prisoners, Rape, and the Eighth Amendment.” *Santa Clara Law Review* 44, pp.1211-1248.

80 Sylvia Rivera Law Project. (2007). “It’s War in Here: A Report on the Treatment of Transgender and Intersex People in New York State Men’s Prisons.” Retrieved from www.srlp.org/files/warinhere.pdf.

effects such treatment has on the very individuals it purports to protect.⁸¹ While these reports often do not provide age breakdowns for LGBT prisoner victimization, these limited studies indicate that incarcerated LGBT elders are at great risk for physical violence and sexual assault.

81 Stop Prisoner Rape & ACLU National Prison Project. (2005). "Still in Danger: The Ongoing Threat of Violence Against Transgender Prisoners." Retrieved from www.spr.org/pdf/stillindanger.pdf.

The Way Forward

Given the challenges outlined here, what would life look like if LGBT people could age with respect, dignity and a sense of well-being? And how can we move forward in advocating for the public policies and societal changes required to make this possible? Funders for LGBTQ Issues, a national consortium of LGBT and LGBT-friendly philanthropic foundations, offers a clear and succinct vision for healthy aging in its groundbreaking publication *Aging in Equity*. The consortium envisions a society where LGBT elders will receive the support they need to do the following:

- Maximize physical and emotional well-being.
- Maintain autonomy and independence for as long as possible.
- Age in place in their own homes, neighborhoods and communities.
- Remain active in social and family networks.
- Pursue social, recreational, intellectual, spiritual, and creative activities.

All elders deserve an environment where these goals are within the realm of possibility. And while this vision seems fairly straightforward, its simplicity belies the complex web of policies, protections and culturally appropriate programs imperative to attaining it. Given all that we know and don't know about the LGBT elders and the countless barriers they face in forging a dignified and safe path through their elder years, *Outing Age 2010* focuses on moving toward making this vision a reality for LGBT people in the United States via advocacy in five key areas of aging-related policy:

- Discrimination and barriers to obtaining access to services
- Financial and family security
- Health security — through addressing health disparities and access to care
- Caregiving, social isolation and housing
- Civic engagement, lifelong learning, and work

DISCRIMINATION AND ACCESS TO SERVICES

A network of publicly funded services is available to support older adults across the United States—and although it is clear that these services are often inadequate and are increasingly threatened in the current environment of economic crisis and budget cutting—they at least provide a minimal safety net for elders and their caregivers. At the same time, limited studies and widespread experiential evidence suggest that such services in many parts of the country provide little or no welcome to LGBT people. Developing culturally competent outreach and services to ensure access and ongoing support for LGBT elders—a vulnerable population with specific needs and concerns—has not been a priority for most agencies in the aging network.

A widely cited 1994 study of Area Agencies on Aging (AAA's), the local agencies established to administer funds under the federal Older Americans Act, found that 96% of the AAA's surveyed offered no programs specifically designed for lesbian and gay elders; 50% reported that they believed gay men and lesbians would not be welcome at the senior centers funded by these AAA's if their sexual orientation were known.⁸² This situation of near-total exclusion has changed somewhat in the past decade, as a small but growing number of senior centers and other providers funded by Area Agencies on Aging have started offering LGBT-specific services.⁸³ A recent study by Quam and Croghan in Minneapolis-St. Paul, for example, notes that while the awareness of LGBT

Even providers who know or suspect they have LGBT clients often do not know how to serve these elders.

82 Behney, R. (1994). "The Aging Network's Response to Gay and Lesbian Issues." *OutWord* 1(2), p.2.

83 Among the Area Agencies on Aging that offered LGBT cultural competence training or programming in 2008 are the Atlanta Regional Commission; the Central Massachusetts Agency on Aging; the Chicago Department of Aging Services; the District of Columbia Office of Aging; and the Riverside County Office of Aging (Palm Springs, Calif.). Senior centers that offered LGBT programming and services in 2008 include the Castro Senior Center (San Francisco); the Longmont Senior Center (Longmont, Colo.); the Madison Senior Center (Madison, Wisc.); and the Worcester Senior Center (Worcester, Mass.). These lists are based on documents in the "Area Agencies on Aging" and "Senior Centers" subject files of the LGBT Aging Issues Network, available to researchers at the archives of the GLBT Historical Society in San Francisco (collection no. 2008-02); visit www.glbthistory.org.

issues among aging professionals has increased between 1994 and 2007; those professionals believe that the comfort level of their LGBT clients has not improved.⁸⁴

Over the past 30 years, local and national LGBT advocacy organizations have documented numerous barriers which our elders face in aging-services systems that were designed for heterosexual and non-transgender clients; these barriers include violence, legal discrimination and a lack of cultural competence.

DISCRIMINATION AND LACK OF CULTURAL COMPETENCE

Many providers of services for older adults never consider that their clients undoubtedly include LGBT elders who have not revealed their sexual orientation or gender identity. Even providers who know or suspect they have LGBT clients often do not know how to serve these elders in effective and culturally competent ways. For example, very few agencies and professionals who serve older adults have received any training on how to diffuse and counter homophobic or transphobic comments that one client may direct at another, and little to no attention has been paid to addressing the assumptions and biases held by professionals themselves. A recent review of studies of cultural competency and homophobia among social workers found high rates of homophobia.⁸⁵

The United States Department of Health and Human Services defines cultural competence as “a set of cultural behaviors and attitudes integrated into the practice methods of a system, agency, or its professionals that enables them to work effectively in cross-cultural situations.”⁸⁶ For agencies and organizations, cultural competence hinges on what is known as the five A’s of service provision: access, availability, appropriateness, acceptability and affordability. To ensure that they are offering culturally competent services for LGBT older adults in their communities, providers must ask themselves the following questions:

84 Quam, J., & Croghan, C. (2007). Results of Metropolitan Aging Services Providers Study. University of Minnesota.

85 Crisp, C. (2006). “The Gay Affirmative Practice (GAP) Scale: A New Measure for Assessing Cultural Competence with Gay and Lesbian Clients.” *Social Work*.51 (2): 115-127.

86 US Department of Health and Human Services, Administration on Aging. (2008). A Profile of Older Americans: 2008. Retrieved August 29, 2009, from www.aoa.gov/AoARoot/Aging_Statistics/Profile/index.aspx.

- Have we effectively made LGBT older adults aware of our services?
- Have we made our services genuinely welcoming to LGBT elders?
- Are our services appropriate for and acceptable to LGBT older adults?
- Are our services affordable to LGBT elders?

For professionals who work with older adults in any setting, cultural competence makes it possible to establish positive helping relationships with clients, fully engage clients, and improve the quality of services they receive.

In *Achieving Cultural Competence: A Guidebook for Providers of Services to Older Americans and Their Families*, Douglas Kimmel and his colleagues identify three levels of intervention to advance cultural competence.⁸⁷ Key opportunities for promoting cultural competence in serving LGBT elders exist at each of these levels:

- **Macro-level interventions** promote changes in laws, policies, and regulations. Interventions at this level target presidential executive orders, federal laws such as the Older Americans Act (OAA) and Title VI of the Civil Rights Act, and the once-a-decade policy directives of the White House Conference on Aging and the Department of Health and Human Services' Healthy People initiative. Likewise at the macro level are interventions with national nongovernmental organizations such as accrediting bodies for healthcare and long-term care providers, including the Joint Commission and the National Committee for Quality Assurance.

At this level, the OAA provides funding to the federal Administration on Aging and the state Area Agencies on Aging to conduct research and data collection in a variety of domains, such as nutrition, elder abuse, and elder rights and protections. The resulting data is used to delineate vulnerable populations and unmet needs—determinations which then drive service plans and funding allocations. AOA's recent announcement of funding for a national LGBT elder resource center is a first step toward determining LGBT elder needs and creating appropriate interventions and services.

Also at the macro level, the Older Californians Equality and Protection Act, a California state law enacted in 2006, provides model state legislation for creating LGBT-affirming services for elders. The act requires the California

87 Kimmel, D., et al., *Achieving Cultural Competence: A Guidebook for Providers of Services to Older Americans and Their Families*. January 2001. Retrieved from www.innovations.ahrq.gov/content.aspx?id=1578.

Department of Aging to address the needs of LGBT elders by including them in needs assessments and area plans; providing LGBT cultural competence training to staff, contractors, and volunteers; and ensuring that all services are free of discrimination based on sexual orientation and gender identity. While the passage of this legislation was an important victory, it remains an unfunded mandate.

To date, many states and localities have passed laws forbidding discrimination on the basis of sexual orientation—and in some cases gender identity or expression—in public accommodations.⁸⁸ Yet even where LGBT consumers and clients are theoretically protected, enforcement of the laws—particularly when it comes to services for older adults such as senior centers, elder housing, and nursing homes—is often overlooked. HUD’s recent announcement of anti-discrimination regulations in public housing provides a macro-level statute to call upon when advocating for LGBT elders in any publicly funded housing situation.

- **Mezzo-level interventions** involve integrating community-based organizations in the design and delivery of programs and services. Interventions at this level target churches, schools, civic organizations, LGBT advocacy groups, and social organizations. An exemplary intervention at the mezzo level is the Harlem Neighborhood Program, a naturally occurring retirement community (NORC) sponsored by SAGE in New York City. The program brings together eight community-based partner organizations, including a church group, advocacy groups, a senior center and a hospital to develop and provide culturally competent services for LGBT older adults—largely elders of color—in the Harlem neighborhood. Organizers of the NORC also participate in a number of interagency networks and planning councils to ensure that the concerns of LGBT older adults are represented in other mezzo-level systems at work in the neighborhood.⁸⁹ In San Francisco, the Human Rights Commission, Castro Street Senior Center and other LGBT groups are partnering to monitor abuses and improve services, while in San Diego, Elderhelp of San Diego, a mainstream services provider, is teaming with LGBT advocates to create the LGBT-affirming program, Aging as

88 Beemyn, B. (2008). The Legal and Political Rights of LGBT People. The Stonewall Center, University of Massachusetts. Retrieved from www.umass.edu/stonewall/uploads/listwidget/12989/LGBT%20legal%20rights.pdf.

89 SAGE Harlem. SAGE Harlem NORC Fact Sheet Retrieved September 16, 2009, from www.sageusa.org/uploads/Microsoft%20Word%20-%20SAGE%20Harlem%20Neighborhood%20NORC%20Fact%20Sheet%20-%20Jan%202008.pdf.

Ourselves. Finally, The Chicago Task Force on Aging, comprised of LGBT organizations such as the Howard Brown Health Center and the Center on Halsted, as well as mainstream aging agencies including the Chicago Department for the Aged and AARP Illinois, developed a needs assessment and strategies to maximize advocacy on behalf of the city's LGBT elders.⁹⁰

- **Micro-level interventions** address training for individual services providers and professionals. Orel documents LGBT elders' stated needs to have both LGBT centers that are elder-affirming and senior centers that are LGBT-affirming, services that they currently lack.⁹¹ Advocates and supportive providers have gathered countless stories of LGBT elders who have avoided using services for fear of being treated poorly or were isolated, denied services or discriminated against when they did ask for help or when they needed long-term care. Although formal survey data in this area is scarce, the anecdotal evidence is overwhelming.⁹²

Given the breadth and depth of expertise on cultural competence that advocates for LGBT elders have developed over the past 20 years, there is simply no excuse for exposing LGBT elders to inappropriate, abusive, or substandard care. Appendix B in this book provides excellent resources on cultural competence training available to agencies, organizations and professionals to ensure appropriate services to LGBT older adults.

90 Beauchamp, D., Skinner, J., & Wiggins, P. (2003). *LGBT Persons in Chicago: Growing Older. A Survey of Needs and Perceptions*. Chicago Task Force on LGBT Aging.

91 Orel, Nancy (2006) "Community Needs Assessment: Documenting the Need for Affirmative Services for LGB Older Adults." In Kimmel, D., Rose, T., and David, S. *Lesbian, Gay, Bisexual and Transgender Aging: Research and Clinical Perspectives*. Columbia University Press: New York. 175-194.

92 For findings from a formal survey of skilled nursing facilities in Washington, D.C., see Faust, L. (2003, October). DC Nursing Homes clueless on Gay Issues. *Washington Blade*. Retrieved from www.washblade.com/2003/10-3/news/localnews/sengay.cfm ; Frey, Cyndee. (2000). "A Couple with Dementia in an Assisted Living Facility." *OutWord: Newsletter of the Lesbian and Gay Aging Issues Network*, p.3, 8; Gross, J. (2007, October). "Aging and Gay, and Facing Prejudice in the Twilight." *New York Times*; Hupke, R. (2009, June). "Gay Senior Lives Less Openly in Care Facility." *Chicago Tribune*; Laing, A. (2000, Winter). "The Challenge of Finding a Home: A Cross-Dressing Elder Veteran's Story." *OutWord*, p.2.

LGBT elders likely have been exposed to hate violence at numerous points in their lives.

VIOLENCE: Hate Crimes

Hate-motivated violence has a tremendously detrimental effect not only on the individual targeted; it also creates a sense of vulnerability and insecurity across an entire community. In particular, violence specifically motivated and inflicted because of sexual orientation or gender presentation has been correlated with higher rates of psychological distress, low self-esteem, and suicidal thinking and behavior among the victims.⁹³

Current statistics on hate crimes against LGBT people provide few details on the ages of the victims, making it difficult to offer an analysis of any distinctive patterns of victimization involving LGBT elders. The National Coalition of Anti-Violence Programs (NCAVP) notes that community organizations responding to anti-LGBT hate crimes typically do not gather systematic data on the ages of the victims, focusing instead on the type of violence, the location where it occurs, and the relationships between the parties involved: “On a hotline call, it is not always possible to get all the information about the victim(s), the offender(s), the incident, etc., because the focus of our work is supporting survivors rather than gathering information.”⁹⁴

The available data does, however, provide important information about the experiences LGBT elders may have had with hate crimes. The picture outlined below suggests that most LGBT elders likely have been exposed to hate violence at numerous points in their lives, whether personally or through observing their friendship networks, police abuse, or media accounts. Hate-motivated violence leaves an indelible mark on the consciousness and sense of safety of those who experience it. Providers of services to older adults

93 D’Augelli, A. Hesson-McInnis, M., & Waldo, C. (1998). “Antecedents and Consequences of Victimization of Lesbian, Gay, and Bisexual Young People: A Structural Model Comparing Rural University and Urban Samples.” *American Journal of Community Psychology* 26, 307-334.

94 National Coalition of Anti-Violence Programs. (2008). *Anti-Lesbian, Gay, Bisexual, and Transgender Violence in 2007*. Retrieved September 16, 2009, from www.ncavp.org/common/document_files/Reports/2007HVRReportFINAL.pdf, p.10.

would therefore be wise to consider the lasting impact that absorbing such violence over the lifespan may make on LGBT elders.

According to NCAVP, a total of 2,430 hate-crimes against LGBT people in the United States were documented in 2007, a 24% increase over 2006. Fredriksen-Goldsen and colleagues, add that in 2007, “LGBT-related hate crimes deaths were the third highest ever in NCAVP’s reporting history.”⁹⁵ Anti-LGBT hate crimes are believed to be widely underreported due to a number of converging factors, including law enforcement misconduct or disinterest, as well as the disinclination of some victims to file complaints if they fear exposure of their sexual orientation or gender identity.⁹⁶

Demographic information gathered by NCAVP nonetheless reveals burgeoning as well as continuing trends. The most dramatic jump from a reporting population came from transmen (female-to-male transgender individuals, known as FTMs), totaling 43 of the reports, a 65% increase from 2006. In fact, 288 of the reported incidents in 2007 were anti-transgender, either in full or in part. Transgender people and other “gender nonconforming people appear to be most frequently attacked in public settings, including bathrooms, public assistance shelters, jails, locker rooms, and other gender-enforced spaces.”⁹⁷

In cases where the gender identification of reporting victims is known, 54% identified as male, 26% as female, 10% as male-to-female transgender (MTF), 2% as FTM, and 1% as an alternative gender.⁹⁸ NCAVP notes that attackers do not seem to differentiate between gender identification and sexual orientation—it is gender nonconformity that motivates these attacks.⁹⁹ Indeed, a recent 2007 study published in the *Journal of LGBT Health Research*, notes that researchers and law enforcement “tend to conflate aspects of anti-LGB [lesbian, gay, bisexual] prejudice and discrimination that target sexual orientation with other

95 NCAVP. (2008), p.6.

96 NCAVP reports, for instance, that “anti-LGBTQ violence has historically been poorly addressed by law enforcement” and further, law enforcement officials continue to be one of the larger groups of offenders against LGBT individuals.

97 NCAVP. (2008), p.8.

98 NCAVP. (2008), p.5.

99 NCAVP. (2008). *LGBT Domestic Violence in 2007*. Retrieved September 21, 2009, from www.ncavp.org/common/document_files/Reports/2007%20NCAVP%20DV%20REPORT.pdf, p.5.

aspects that target gender nonconformity” and that “gender-transgressive appearance or behavior remains widely stigmatized and targeted for violence.”¹⁰⁰

Out of 2,500 identified hate-crime cases, the most commonly listed relationship between the victim and perpetrator was that of strangers. However, there has been a growth in the reported number of known assailants, such as “service providers, law enforcement, roommates, and landlords.” In fact, this increase in acquaintance violence can be linked with the increase of assaults occurring in private residences, as non-acquaintances are typically denied entrance into the home.

Finally, of the 21 LGBT people murdered in hate-motivated attacks in 2007, more than half were people of color.¹⁰¹ The racial or ethnic identity of victims in 2007 greatly over-represent people of color, with 38% white; 16% Latino/Latina; 13% “African-descendant”; 3% multiracial; 2% Asian; 1% American Indian/Alaska Native; 1% Middle Eastern/Arab; and 24% unknown.¹⁰²

VIOLENCE: Domestic Violence

According to NCAVP, 3,319 incidents of LGBT domestic partner violence were reported in 2007. The age of domestic violence victims is the least-known variable in NCAVP statistics. Of the 2,146 callers whose age was known, 15% were ages 50 or older: 257 were ages 50–59 (12%); 47 were ages 60–69 (2%); and three were ages 70–79 (less than 1%). As NCAVP notes, this dearth in age-related statistics may reflect a lack of specific outreach to LGBT elders on the part of many of the reporting organizations.¹⁰³

Be that as it may, these statistics tell us that LGBT people over 50 are indeed at risk for current domestic violence. Additionally, given that many LGBT elders have lived through eras of the deep closeting of the community alongside completely unresponsive criminal justice and shelter systems, the likelihood of elders having experienced domestic violence either personally or in their friendship circles over the lifespan is high.

As with hate-crime statistics, LGBT domestic violence is likely to be severely underreported. NCAVP estimates that “those who do not come forward

100 Gordan, A., & Meyer, I. (2007). “Gender Nonconformity as a Target of Prejudice, Discrimination, and Violence Against LGB Individuals.” *Journal of LGBT Health Research*. 3(3). p. 56.

101 NCAVP. p.21.

102 Gordon, A., & Meyer, I. (2007). 3(3), p. 6.

103 D’Augelli, A. Hesson-McInnis, M., & Waldo, C. (1998), pp.14-15.

outnumber those who do. Gender and sexuality bias in perceptions about domestic violence may hinder reporting and responsiveness. Some providers hold to the idea that a gendered “power dynamic” cannot exist in same-sex relationships. Other clumsy or superficial reads of gender and power in LGBT relationships may leave counselors or law enforcement personnel to assert that “butch” lesbians must be abusers or “effeminate” gay men must be victims. This can result in victims being wrongly labeled perpetrators and exposed to further violence. Further, “Laws in some states define domestic violence as occurring between a man and a woman; thus, some LGBT people are not afforded the legal protections available to heterosexuals who are battered by a partner.”¹⁰⁴

Although domestic violence often involves some sort of physical battery, NCAVP notes that it also can encompass “verbal abuse, emotional manipulation, isolation, deprivation of food, water, or shelter, threats, or other behavior that insults, endangers, or oppresses.”¹⁰⁵ NCAVP likewise reports that abusers often use a partner’s gender identity or sexual orientation as targets of their physical and verbal abuse or to silence the victim by threatening exposure to acquaintances, caregivers or institutional providers.¹⁰⁶ For frail or homebound LGBT elders who may become increasingly dependent on a partner or other informal caregiver for help with activities of daily living, domestic violence thus may also come to constitute a form of elder abuse.

VIOLENCE: ELDER ABUSE

Elder abuse refers to the physical, sexual, emotional, or psychological abuse of individuals aged 65-plus by people known to them, as well as to their financial or material exploitation, abandonment, neglect, or self-neglect.¹⁰⁷ In 2003, the National Research Council Panel to Review Risk and Prevalence of Elder Abuse and Neglect reported that between one and two million older adults were victims of elder abuse annually.¹⁰⁸ The National Center on Elder Abuse

104 D’Augelli, A. Hesson-McInnis, M., & Waldo, C. (1998), p.116.

105 NCAVP. (2008). Sixteen Organizations, representing a number of areas, contributed to the report: Tucson, AZ; San Francisco, CA; Los Angeles, CA; Colorado: Chicago, IL; Boston, MA; Kansas City, MO; New York, NY; Columbus, OH; Philadelphia, PA; Houston, TX; Virginia; Seattle, WA; and Milwaukee, WI.

106 NCAVP. (2008). p.7.

107 Sexual Violence, Elder Abuse, and Sexuality of Transgender Adults Age 50-Plus: Results of Three Surveys. Retrieved from www.forge-forward.org/docs/APA2008_trans_elders_3surveys.pdf.

108 National Center on Elder Abuse. (2005). Elder Abuse Prevalence and Incidence Fact Sheet. Retrieved from www.ncea.aoa.gov/ncearoot/Main_Site/pdf/publication/FinalStatistics050331.pdf.

Having lived in the closet for most of their lives, many of our elders have become accustomed to substandard treatment.

estimates that “for every reported incident of elder abuse or neglect, approximately five incidents were not reported.”¹⁰⁹ The most common perpetrators are those closest to the elder, such as family members or caregivers.¹¹⁰ One study of LGBT people found that eight percent had experienced homophobic neglect and nine percent had experienced financial exploitation or blackmail; nearly all of this abuse went unreported.¹¹¹

Advocates who have studied the issue believe that the pre-Stonewall generation of LGBT elders may be at particular risk for abuse by informal caregivers and in institutional settings. As Sgt. Judy Nosworthy, the first LGBT liaison for the Toronto Police Department, has noted, “For our community, elder abuse is even more pervasive, primarily because our elders are even more vulnerable than their hetero counterparts. Having lived in the closet for most of their lives, many of our elders have become accustomed to substandard treatment. Through a lifetime of living in the shadows, many of our seniors have learned not to ask questions, not to question authority and [to] never, ever tell. Bluntly put, our seniors are primed for abuse.”¹¹²

Additionally, elder advocate Loree Cook-Daniels has observed, “those who abuse LGBT elders can also threaten to ‘out’ someone and they can count on an LGBT elder to not want to report abuse for fear of encountering homophobia or transphobia. LGBT elders may also be at more risk of self-neglect, as they may refuse to obtain help in order to protect themselves from prejudice.”¹¹³

109 D’Augelli, A. Hesson-McInnis, M. & Waldo, C. (1998), p.111.

110 New York City Department for the Aging. (2008), p.17.

111 Frazer, M. S. (2009). *LGBT Health and Human Service Needs in New York State. Empire State Pride Agenda: Albany, NY.* www.prideagenda.org/Portals/0/pdfs/LGBT%20Health%20and%20Human%20Services%20Needs%20in%20New%20York%20State.pdf.

112 Nosworthy, J. (2003, February). “Gay Elder Abuse.” *GayWired.com*. Retrieved from www.gaywired.com/article.cfm?section=9&id=362.

113 Cook-Daniels, L. (1997). “Lesbian, Gay Male, Bisexual, and Transgender Elders: Elder Abuse and Neglect Issues.” *Journal of Elder Abuse and Neglect* 9(2).

POLICY RECOMMENDATIONS

To address the problems encountered by LGBT older adults with regard to discrimination, culturally competent resources and services, and violence and abuse, the Task Force recommends that the legislative bodies, governmental agencies and private organizations, and community advocates take the following steps:

- Revise administrative regulations for the Older Americans Act to add lesbian, gay, bisexual and transgender people to the list of “vulnerable senior constituencies” with the “greatest social need” which receive particular emphasis or attention in the allocation of federal funds.
- Revise administrative regulations for the Older Americans Act to require state agencies receiving funding for data collection to gather statistical information on LGBT populations.
- Enforce existing laws banning discrimination on the basis of age, sexual orientation and gender identity and expression in public accommodations with particular attention to facilities and services on which older adults rely for care and support.
- Pass additional state and local nondiscrimination laws as needed to ensure that LGBT older adults have full access to facilities and services.
- Pass state legislation modeled on the Older Californians Equality and Protection Act to require state units on aging and Area Agencies on Aging nationwide to include LGBT elders in needs assessments and area plans; provide LGBT cultural competence training to staff, contractors, and volunteers; and ensure that all services for elders are free of discrimination based on sexual orientation and gender identity and expression.
- Develop and institute new policies, modified case-reporting systems, and training to give long-term care ombudsmen the tools they need to document, address, and resolve complaints of discrimination on the basis of sexual orientation and gender identity and expression.
- Tie federal funding for providers of services to all older adults to certification in LGBT cultural competence.
- Collect data on the age of the victims when gathering of statistics on hate crimes and domestic violence experienced by LGBT people.

- Press for federal and state funding for outreach and services for LGBT elders in LGBT anti-violence programs.

FINANCIAL AND FAMILY SECURITY

Anti-LGBT discrimination is built into the federal safety net for elders, and as a result, older LGBT people are at high risk for financial insecurity in their later years. LGBT elders facing these inequities may already find themselves standing on a shaky financial foundation due to the economic consequences of workplace discrimination over the lifespan.

Researcher Lee Badgett of the Williams Institute has shown that employment discrimination against LGBT people is widespread, with gay men on average earning at least 10% less than similarly qualified heterosexual men. Women continue to earn seventy-seven cents on the dollar relative to men in the workplace, while lesbian and bisexual women encounter economic consequences due to homophobia and biphobia as well.¹¹⁴ Transgender people are particularly likely to experience high rates of unemployment and underemployment over the course of their working lives.¹¹⁵

Most LGBT people who are currently ages 65-plus have spent the majority of their working years during an era when workplace discrimination on the basis of sexual orientation and gender identity was both socially enforced and legally permitted throughout the United States. Job opportunities were limited, and the jobs available to LGBT people who were open about their orientation or identity or who had the misfortune to be exposed were less likely to include health benefits or pensions. As a result, many LGBT older adults have low incomes and limited assets.

114 Although workplace discrimination against LGBT people is less accepted as it once was, there is still no federal law protecting LGBT people from such discrimination or subsequent termination. Currently twenty states and the District of Columbia prohibit employment discrimination based on sexual orientation; thirteen states also prohibit discrimination on the basis of gender identity/presentation. See also Ramos, Christopher, M. V. Lee Badgett, and Brad Sears. "Evidence of Employment Discrimination on the Basis of Sexual Orientation and Gender Identity: Complaints Filed with State Enforcement Agencies, 1999-2007." *The Williams Institute, UCLA School of Law, 2008*. Retrieved September 21, 2009, from www.law.ucla.edu/williamsinstitute/pdf/PACR.pdf. See also The National Gay and Lesbian Task Force's national mapping of the non-discrimination laws at www.thetaskforce.org/downloads/reports/issue_maps/non_discrimination_7_09.pdf, retrieved December 30, 2009.

115 Grant, J., et al. (Forthcoming). Report on National Transgender Discrimination Survey. National Gay and Lesbian Task Force Policy Institute & National Center for Transgender Equality.

Since older LGBT people are half as likely to be partnered and twice as likely to live alone as non-LGBT older adults, their sources of household income are necessarily more limited than are those of non-LGBT elders overall.¹¹⁶ A recent report by the International Longevity Center—USA and New York University’s Wagner School of Public Service found that living alone is a significant risk factor for poverty among older adults, especially in urban centers where the costs of living are high.¹¹⁷ Among the older people who turn to providers of services for LGBT elders, the situation is particularly acute: thirty-five percent of SAGE’s clients, for instance, are Medicaid eligible, with annual pretax incomes below \$10,000.¹¹⁸

LGBT people who are married or partnered similarly face marked inequalities which can accumulate to produce economic vulnerabilities in old age. In 2009, only Massachusetts, Connecticut, Vermont, New Hampshire, and Iowa have affirmed the rights of same-sex partners to marry. The federal Defense of Marriage Act (DOMA) prevents same-sex couples from receiving federal-level advantages such as the ability to file taxes jointly. Within this context of legal discrimination, the Williams Institute has found that lesbian and gay “employees with partners now pay on average \$1,069 per year more in taxes than would a [heterosexual] married employee with the same coverage.”¹¹⁹ A recent article by *New York Times* economists Tara Siegel Bernard and Ron Lieber estimate the added costs incurred by a hypothetical same-sex couple at between \$41,196 and \$467,562, or roughly equivalent to more than three full years of their joint income.¹²⁰

Although significant advances have been made in recent years towards coverage of domestic partners in health insurance and other employment

116 Plumb, Marjorie (Unpublished). SAGE: National Needs Assessment and Technical Assistance Audit.

117 Gusmano, Michael and Victor Rodwin. (2006). “The Elderly and social Isolation.” Testimony to Committee on Aging, NYC Council, February 13, 2006. Retrieved on December 30, 2009, from <http://wagner.nyu.edu/faculty/testimony/rodwinNycCouncil021106.pdf>. The International Longevity Center—USA. Retrieved from www.ilcusa.org/media/pdfs/ElderlyandSocialisolation.pdf

118 Thurston. (Forthcoming). Services and Advocacy for GLBT Elders (SAGE). *Journal of Long Term Home Health Care*.

119 Ash, & Badgett. (2006). “The Financial Impact of Domestic Partner Benefits in New Hampshire.” *The Williams Institute on Sexual Orientation Law and Public Policy, UCLA School of Law*. Retrieved September 23, 2009, from www.law.ucla.edu/williamsinstitute/publications/NHDPBenefitsEconImpact2006.pdf, p.1.

120 Siegel Bernard, T., & Lieber, R. (2009). “The High Price of Being a Gay Couple.” *New York Times*, 2 October 2009. Online. Accessed December 30, 2009, at <http://www.nytimes.com/2009/10/03/your-money/03money.html>

Marvin Burrows

Haywood, California, 73



When Marvin tells people that he and his life-long partner, William Blaine Swensor, were together for over 50 years, it never fails to elicit a “Wow!” from listeners. But for Marvin, “It just wasn’t enough time.”

Born in Flint, Michigan in 1936, Marvin lived in the country and would ride the bus into town to his job in a department store. One day while waiting for the bus, one of his friends drove by, recognized him and pulled over to offer him a ride. “I waved and poked my head into the passenger side window, and sitting in front was this tall, really good looking guy, and I crawled into the back and couldn’t take my eyes off of him.”

Marvin and Bill, then 15 and 17 respectively, lived close to each other, and Marvin would bike over to see Bill every day. “Eventually my Dad found out about our relationship and told me to either get rid of Bill or get out of the house. But I was already so head over heels that I moved in with my

grandma, and soon, with Bill and his mother.”

In 1966, Marvin and Bill moved to California, and by 2000, the couple had been together for over 46 years. “When California allowed domestic partnerships, we did that. And in 2004, when they passed the gay marriage law, we got married, but it was declared ‘null and void’ six months later.”

Bill passed away in 2005. Marvin was beside himself with grief. “He was the healthy one! He had just played golf that morning. It was difficult, and I barely coped. Life just sort of became a white noise. My doctor prescribed me anti-depressants and sleeping pills, so I was sleeping a lot.”

Still in the throes of bereavement, Marvin was facing homelessness and loss of his health insurance. “Bill worked for a glass company called Owens-Illinois for 36 years. Thirty-six loyal years. But when he passed, I was denied his pension benefits and also lost my health coverage because it was only through Bill’s work that we could afford it. So here I was, depressed, barely functioning, and then I find that I was about to lose my house because even though we paid the rent every six months, I knew I couldn’t afford it on my own.”

When he approached Owens-Illinois about receiving Bill’s pension benefits, “their first denial

was almost immediate. I knew there was no way I could get his Social Security benefits, but I appealed to the Union again, and was rejected. I called the National Center for Lesbian Rights (NCLR) and spoke with their lawyers, and they wrote letters to the O-I Union on my behalf, but were denied twice.” After three long years, Marvin finally got his husband’s pension benefits. “It was so weird. Kate Kendall at NCLR was the one who called me, and I was just shocked, stunned. She told me, ‘This is the best call I have made in over a year.’ ”

“The first time I ever spoke about it was in front of the California Legislature. I testified about my experiences and it just sort of snowballed from there. I kept speaking out about it, to the Senior Outreach Director for Marriage Equality USA in Oakland, to the Beverly Hills Task Force chapter, Equality California, and to any agencies concerned or interested in aging issues.” While initially, Marvin was advised not to mention the Union or pension plan by name, the more he spoke out, the more it helped his cause. “Eventually, not only did they give me Bill’s pension, but they also allowed for the retroactive reinstatement of these benefits as well.”

“I think it really took three things: myself speaking out; NCLR; and support from Bill’s fellow union members.”

benefits in the private sector and in some state and local governments, these advances have not rectified many of the financial inequalities between opposite-sex married couples and same-sex couples. For both coupled and single LGBT older adults, the economic effects of discrimination across the lifespan combine with the inequalities inscribed in federal policy to create something of a perfect storm of financial insecurity, leaving them at higher risk for poverty while at the same time excluding them from critical safety-net programs such as the following:

SOCIAL SECURITY SPOUSAL BENEFITS

Social Security spousal benefits allow an elder receiving retirement benefits to claim a larger payment based on the qualifications of the elder's opposite-sex spouse if the spouse has a higher income history; these benefits are available even to divorced opposite-sex spouses if their marriage lasted at least 10 years. No matter how long they have been partnered or married, same-sex couples are denied this support.¹²¹ Spousal disability benefits and veteran's benefits also are not available to same-sex partners. Transgender spouses may or may not receive benefits, depending on the legal status of their marriages.

Legal scholar Nancy Polikoff notes that the current Social Security system privileges single-earner married couples over dual earning married couples with similar salary bases. In effect, all workers in the system subsidize single-earner households based on the needs and configuration of "family" that was popular when the Social Security Administration was founded in 1939, with an opposite-sex husband supporting a non-wage earning wife. Polikoff argues that LGBT advocacy is better directed at creating a "base level benefit" for *all* older Americans rather than arguing for an improved safety net for a limited number of LGBT people through the extension of same-sex marital benefits under the current system.¹²²

121 Dubois, Matthew R. "Legal Concerns of LGBT Elders." *Lesbian, Gay, Bisexual, and Transgender Aging: Research and Clinical Perspectives*. Eds. Douglas Kimmel, Tara Rose, and Steven David. New York: Columbia University Press, 2006. 195-205.

122 The Urban Institute's Social Security reform work also foregrounds this perspective. Polikoff's challenging and well-reasoned analysis can be found in Polikoff, N. (2009). *Beyond (Straight and Gay) Marriage: Valuing All Families Under the Law*. Boston: Beacon Press. Also see Wheaton, L. (1998). *Low-Income Families and the Marriage Tax*. Urban Institute. Retrieved from www.urban.org/UploadedPDF/marriage_tax.PDF Also see Steuerle, C. E. *The Widespread Prevalence of Marriage Penalties, Testimony Before the Subcommittee on the District of Columbia, Committee on Appropriations, United States Senate*. Urban Institute. Retrieved from www.urban.org/UploadedPDF/900952_Steuerle_050306.pdf.

SOCIAL SECURITY SURVIVOR BENEFITS

As *Outing Age* first reported in 2000, Social Security survivor benefits are denied to same-sex partners: “While widows and widowers or even divorced spouses can count on a portion of the deceased’s Social Security income, this does not apply to non-married partners no matter how many years they may have lived with and supported their partner.”¹²³ For same-sex couples who have legally married in the several states where that is now possible, exclusion from these survivor benefits is formally codified under the federal Defense of Marriage Act. Social Security discrimination costs LGBT older adults an estimated \$124 million a year in lost benefits.¹²⁴ One LGBT services provider noted that “gay elders who have worked hard to contribute to Social Security and who may have created a family or had children do not receive the same benefits as their heterosexual counterparts and need to engage in specialized estate and retirement planning to protect themselves as they age.”¹²⁵

Additionally, LGBT people without partners would not be in a position to transmit or rely on survivor benefits, even if such benefits were ultimately to be made available to legally married same-sex couples. Given that limited research suggests that LGBT people may be significantly more likely than heterosexual and non-transgender people to age without partners, the current structure of Social Security benefits fails to recognize the ways that LGBT people create kinship through chosen families or whom we might consider survivors.

123 Cahill, S., South, K. & Spade, J. (2000). *Outing Age: Public Policy Issues Affecting Gay, Lesbian, Bisexual and Transgender Elders*. Washington, DC: National Gay and Lesbian Task Force Policy Institute. Retrieved June 22, 2009, from www.thetaskforce.org/pub.html, p.43.

124 Ibid.

125 Dubois, Matthew R. (2006).

MILITARY AND VETERANS BENEFITS

Social Security discrimination is not the only area where LGBT people receive unequal family benefits. LGBT individuals whose deceased partners served in the United States Armed Forces also are ineligible for federal benefits and certain state benefits granted to the surviving spouses of active service members and of veterans. Despite the efforts of the U.S. military since World War II to exclude LGBT people, many LGBT elders have honorably served in uniform—yet find their partners in old age cut off from the financial security represented by survivor benefits. Data from the 2000 Census on same-sex couples showed a high prevalence of military veterans among Black lesbian couples, indicating that Black LGBT people may be disproportionately impacted by anti-LGBT veteran's policies.¹²⁶

Black LGBT people may be disproportionately impacted by anti-LGBT veteran's policies.

MEDICAID LONG-TERM CARE BENEFITS

To qualify for Medicaid payments for long-term care, an individual must have significantly reduced income and assets, which means that elders who own their own homes but have limited incomes are sometimes faced with selling their homes and spending down their assets before they can qualify for needed benefits. Married couples, however, are protected from this eventuality: when one spouse requires long-term care but the other does not, the couple's principal residence is excluded from the asset inventory, thus enabling the community spouse to continue living in the jointly-owned home.¹²⁷

Although a number of states have legalized same-sex marriages or recognize such marriages performed elsewhere, DOMA denies these marriages recognition by the federal

126 Dang, A. & Frazer, M. S. (2005).

127 In *Beyond (Straight and Gay) Marriage*, legal scholar Nancy Polikoff notes that in some cases, marriage is a disadvantage to elders seeking to protect their assets. For example, if an LGBT elder with few assets requires long-term care but is partnered with an elder possessed of significant assets, being unmarried protects the economically advantaged partner from having to spend down all of his/her assets to care for the partner. Elders of any sexual orientation facing a long-term care situation are at times counseled against marriage for this reason.

government. As a result, same-sex married couples are excluded from the protections offered to opposite-sex married couples under the Medicaid program. A same-sex married couple who jointly owns a home may therefore be forced to sell the home if one of the spouses needs to meet the assets test to qualify for Medicaid long-term care payments.¹²⁸

LGBT organizations and allies are in the midst of a campaign to repeal DOMA, and the Obama Administration has voiced its support of these efforts. A repeal of DOMA, however, would make same-sex married couples eligible for Medicaid benefits extended to married couples only in states where their marriages are recognized. This is because Medicaid, although federally funded, relies on state law to determine eligibility and spousal status. If a married same-sex couple relocated to a state that does not recognize such marriages, the couple would not be able to qualify for Medicaid as a married couple.

Even though DOMA currently prohibits same-sex married couples from being considered spouses for Medicaid eligibility, Vermont and Massachusetts have found a way to protect the jointly owned homes of married same-sex couples by paying them Medicaid long-term care benefits through a separate funding mechanism supported exclusively by state funds. In the absence of DOMA repeal, this is a state-level intervention to note.

PENSIONS

In 2006, Congress passed the Pension Protection Act, making it possible for unmarried individuals to inherit proceeds of a deceased associate's pension savings without triggering an immediate tax penalty and without raising the beneficiary's tax bracket. The Act also protects hardship withdrawals on behalf of non-spouses and non-dependents for such emergencies as medical costs, tuition or funeral expenses. This legislation models an innovative approach to support for LGBT elders: It provides recognition not only for those who are in partnerships, but also for those who rely on families of choice by creating a framework permitting married, partnered or single elders to designate a non-spouse beneficiary to draw on or inherit their assets without incurring a tax penalty.

128 National Center for Lesbian Rights. (2009). *Planning with a Purpose: Legal Basics for LGBT Elders*. Retrieved from www.nclrights.org/site/DocServer/PlanningWithPurpose_Web.pdf?docID=6121.

HOSPITAL VISITATION AND END-OF-LIFE DECISION-MAKING

Finally, it should also be noted that because LGBT couples in most cases are not legally recognized, hospital visitation policies may exclude same-sex partners or other family, impeding or complicating critical health decision-making processes.¹²⁹ LGBT elders are especially vulnerable to having their end-of-life preferences for care denied or dismissed. “Spouses and some biological relatives automatically receive authority for some decisions; life partners, children of life partners, or other nontraditional family members do not,” notes Elder law attorney, Matthew R. Dubois, who adds that “most state and federal laws regarding incapacitated and disabled people place [legally married] spouses and biological family ahead of actual or chosen family.”¹³⁰

As a consequence, when a lesbian, gay, bisexual or transgender elder who has a partner is incapacitated or dies, the elder’s partner may not be able to enforce the elder’s directives regarding health and hospice care, funeral plans, inheritance and other end-of-life issues. To overcome this obstacle, elders must take on the expense and inconvenience of obtaining durable power of attorney for healthcare and other legal documentation authorizing their partners to ensure that their wishes are honored. One example of such documentation pertaining to issues of property is a will stating that the partner “is to be treated as if he or she were a married spouse for purposes of succession.”¹³¹

End-of-life planning is equally important for transgender elders: As Dubois observes, “The length of time spent [post-transition], administrative law proof requirements, and the jurisdictional quirks of state law in the areas of personal identification, name change, and family law often affect the rights of the transgender elder.”¹³² Indeed, marrying a person of the opposite sex after transitioning often places transpeople in legally murky territory. Several court cases have invalidated the marriages of transwomen who have subsequently

129 National Center for Lesbian Rights. (2009). *Planning with a Purpose: Legal Basics for LGBT Elders*. See also Lambda Legal Defense and Education Fund’s lawsuit on behalf of the family of Lisa Pond and Janice Langbehn who suffered the loss of Lisa while on vacation in Miami/Dade County, which failed to recognize Janice as a partner in the hospital setting, despite having completed medical power of attorney documents before the crisis. After Lisa’s death both the State of Florida and the Dade County Medical Examiner refused to release her death certificate to the family for purposes of life insurance and Social Security benefits for her children. www.lambdalegal.org/in-court/cases/langbehn-v-jackson-memorial.html.

130 Dubois, M. (2006).

131 Dubois, M. (2006), p.202.

132 Dubois, M. (2006), p.203.

married men, denying the surviving spouse the legal benefits of received by heterosexual surviving spouses.¹³³

POLICY RECOMMENDATIONS

To address financial insecurity among LGBT elders, The Task Force calls on legislative bodies, governmental agencies, private organizations, and community advocates to take the following steps:

- Institute legislative and regulatory changes to reframe and expand the definition of family to recognize same sex relationships and LGBT family kinship structures in the designation of federal benefits such as Social Security, Medicaid and Veterans Benefits.
- Enact legislation to ensure that all Americans have access to affordable, quality health care.
- Collect and report data on sexual orientation and gender identity via the U.S. Census and in all federally funded research.
- Pass a federal law to ban employment discrimination on the basis of sexual orientation and gender identity and expression. Where they do not currently exist, pass equivalent state and local laws.
- Enforce existing laws banning discrimination on the basis of sexual orientation and gender identity and expression in employment as a key step toward ending the lifelong income inequalities that result in greater financial vulnerability for LGBT elders.
- Repeal the Defense of Marriage Act and same-sex marriage prohibitions at the state level.
- Overturn Don't Ask, Don't Tell, which stigmatizes and targets LGBT service members for discharge based on their sexual orientation.

133 Blevins, D., & Wirth Jr., J. L. (2006).

HEALTH

Health disparities—gaps in the quality of health and health care across differing demographic groups—have become an increasing focus of public discussion and policy advocacy in the United States. While addressing racial, ethnic and gender gaps in health outcomes has become a public health priority over the past 10 years, health disparities among LGBT people remain largely invisible and widely ignored. Because most health problems occur in later life, the lack of attention to such disparities is of particular concern for LGBT elders.

The lack of attention to the distinctive health concerns of LGBT people of all ages is evident in such initiatives as the department of Health and Human Service's key health policy agenda, Healthy People 2010, which established a 10-year plan for improving the nation's health in 2000. Despite identifying LGBT people as vulnerable to health disparities, a midcourse review examines disparities by race and ethnicity, income or education, and gender (as well as in some cases, geography or disability) but not sexual orientation or gender identity.¹³⁴ Similarly, the National Healthcare Disparities Report does not examine any differences between LGBT and non-LGBT people.¹³⁵ Such differences nonetheless have been documented: a recent study found that LGBT people experience health disparities on seven of the leading Healthy People 2010 indicators.¹³⁶

Health disparities are of additional concern to elders because they not only may be the result of poor current health care, but also may reflect the consequences of poor health and lack of access to care over the lifespan. A lesbian, gay, bisexual or transgender elder experiencing difficulty obtaining care may have health problems that reflect many years of inadequate care, preventive screenings, and other needed services. While few national or state studies focus on health disparities among LGBT elders, findings from community-based research on LGBT health disparities overall have significant implications for older populations.

134 US Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2005). Healthy People 2010. Retrieved from www.healthypeople.gov/data/.

135 Acquaviva, Kimberly. "Re-Defining Health Care Disparities for LGBT Older Adults (and for all Seniors)." *Diversity and Aging in the 21st Century: Let the Dialogue Begin*. Edited by Percil Stanford. Washington, DC: AARP Press, 2009.

136 Mayer, Kenneth, et al. "Sexual and Gender Minority Health: What We Know and What Needs to Be Done." *American Journal of Public Health*. 98.6 (2008): 989-995.

ACCESS TO HEALTH CARE

Limited studies suggest that LGBT people in the United States use health care less often than non-LGBT people. Contributing factors best documented by research include lower rates of health insurance, as well as experiences of homophobia and ignorance of LGBT issues among healthcare professionals. However, these problems do not fully explain underutilization of primary care and cancer screenings, differential mental health outcomes, or disparities in chronic disease risk factors among LGBT people.

Even fewer studies have addressed issues of healthcare access for specific groups within the LGBT population such as people of color, residents of rural areas, bisexuals, and transgender and gender-nonconforming people.¹³⁷ Healthcare access among LGBT elders is particularly understudied, although there is no reason to believe that data for elders would reflect a greater degree of access than is documented among the general LGBT population.

PROBLEMS WITH HEALTHCARE ACCESS: Lack of Insurance

Lack of health insurance is a serious problem across the United States, with 18,000 preventable deaths attributed to this cause every year.¹³⁸ Among aging LGBT people, the issue is of particular concern to those under age 65, who are not yet old enough to qualify for Medicare. The one population-based study to break out health insurance coverage by sexual orientation included only people ages 18–44, but there is little reason to believe that rates of coverage would be substantially higher among those ages 45–64. The research found that 18.9% of heterosexual males and 14.8% heterosexual females lacked health insurance, as did 10.9% of bisexual males, 26.7% of bisexual females, 27.2% of gay men, and 15.2% of lesbians.¹³⁹ Studies using convenience samples have produced

137 Miller, M., Andre, A., Ebin, J. & Bessonova, L. (2007). *Bisexual Health, An Introduction and Model Practices*. Washington, DC: National Gay and Lesbian Task Force Policy Institute, Fenway Institute, & BiNet USA. Retrieved August 18, 2009, from www.thetaskforce.org/downloads/reports/reports/bi_health_5_07_b.pdf.

138 Institute Of Medicine. (2004). *Insuring America's Health*. Retrieved September 21, 2009, from www.iom.edu/CMS/3809/4660/17632.aspx.

139 US Centers for Disease Control and Prevention. (2005). "Sexual Behavior and Selected Health Measures: Men and Women 15–44 Years of Age." Washington, DC. Retrieved September 21, 2009, from www.cdc.gov/nchs/data/ad/ad362.pdf.

similar findings.¹⁴⁰ Unmarried couples, whether same-sex or opposite-sex, are two to three times more likely to be uninsured.¹⁴¹

Individuals in the United States ages 65 and older are covered by Medicare, provided they are citizens and have worked and paid income taxes for 10 or more years. Those who have worked for less time pay premiums to buy into Medicare. Original Medicare, which covers hospital insurance at no cost and medical insurance for a fee, leaves high out-of-pocket expenses to be covered by beneficiaries.¹⁴² Medicare Part D, which provides prescription drug insurance, is administered by private providers; Medicare Part C bundles all three and is administered by private providers. Both Part D and Part C also involve out-of-pocket expenses.

Few providers are trained or experienced in LGBT-specific health care, so provider choice can be a very important access issue for LGBT elders. Under Original Medicare, LGBT elders are constrained by the limited number of providers willing to accept the fees set by the program. If an individual is covered by Medicare Part C, choice is controlled by the relevant health maintenance organizations (HMOs), and access to culturally competent care may once again be inadequate. In addition to Medicare, some LGBT elders also may receive healthcare coverage from current employers—or if they are retired, from former employers. They also may buy supplemental insurance (so-called Medigap coverage) under private plans designed to address gaps in Original Medicare—or may be eligible for additional means-tested government programs.

LGBT elders who have been honorably or generally discharged from the United States Armed Forces also are eligible for certain healthcare benefits from the Veterans Health Administration. Veterans are not constrained by the anti-LGBT “Don’t Ask, Don’t Tell” policy applied to active-duty service members and cannot be deprived of care on the basis of sexual orientation or in most cases on the basis of gender identity, yet concern about the policy may nonetheless lead veterans to fear discrimination or loss of benefits if they reveal their sexual orientation or gender identity in medical settings. Such fears can leave LGBT

140 See review in Mayer, K. H., et al. (2008), pp.989-995.

141 Ash, & Badgett. (2006).

142 Original Medicare refers to the combination of Medicare Part A (hospital coverage) and Part B (medical coverage). Part A requires no payment, but most people must pay monthly premiums under Part B. For details, see the Medicare website: www.medicare.gov/choices/Overview.asp (click on the “Original Medicare” link).

Denny Meyer

New York City, New York, 62



A Baby Boomer, Denny Meyer recalls that he was always taught that “there is nothing more precious than American Freedom.” Growing up in New York City as a child of Jewish Holocaust refugee parents, his mother, an undocumented immigrant, taught him to be proud of who he was. Denny never considered joining the military, and his parents expected him to become a lawyer or doctor. As a child of the 1960s, however, coming of age during the anti-Vietnam War protests he saw protestors burning the American flag and thought, It’s time to pay my country back for taking them in when they were war refugees. He joined the US Navy in 1968, and later he served for years in the Army Reserve, becoming a Sergeant First Class.

During his tenure in the armed forces from 1968 until 1978, Denny said, “Life was extremely difficult, both for hiding who I was as a gay man, and also due to being the only Jew in my military

environment.” Already “out” in college and a good twenty-five years before “Don’t Ask, Don’t Tell,” Denny notes that when he enlisted, he went “back into the closet” because he knew queers were not allowed to serve. Interestingly, back then he notes, “No one expected homosexuals to be in the military so there wasn’t a constant vigilance to spot us.” Rather, “Homophobic commentary was simply a part of the ‘normal’ male-only banter during most of the time that I served. We said nothing; in fact we had to laugh along with everyone else to fit in. It hurt terribly, but this was before ‘gay rights’ and so there were no thoughts of experiencing anything better.” Simply the perception that someone was gay could get them killed. Indeed, Denny noted the case of Barry Winchell who was brutally killed in 1999 by a fellow private who thought Winchell was gay; he was not, Barry was the significant other of a transwoman.

Despite the foreboding atmosphere, Denny went onto serve a total of ten years in the Navy and Army, achieving the rank of Sergeant First Class. Now Denny is a national activist advocating the repeal of “Don’t Ask, Don’t Tell,” a policy that has made it more difficult for LGBT people serving in the Armed Forces. “When I served from 1968-78, a gay person could simply ‘pass for straight’ without

much difficulty or suspicion. After the DADT law was implemented in 1993, everyone was a suspect; anyone who was intellectual, musical, dressed neatly or had a photo in his locker with his arm around his uncle was suspected of being gay.”

Most recently, Denny started the New York chapter of American Veterans for Equal Rights in 2003 after receiving a homophobic response receiving services from the Veterans Administration. The VA has no policy of discriminating against LGBT veterans, but, “on the other hand, there is no VA policy protecting LGBT vets from discrimination. Out of the fear of discrimination, older gay and lesbian vets generally do not disclose their sexual orientation at the VA out of a mistaken fear of losing benefits. Many transgendered veterans have been denied health care, even for treatment not related to transitioning.” This failure to fully disclose, as well as the general fear of discrimination or harassment, remains one of the greatest barriers in LGBT persons receiving proper and personalized care at VA health clinics.

veterans vulnerable on many fronts, causing them to avoid care or fail to disclose important health concerns. Veterans worried about self-disclosure likewise may feel constrained to distance themselves in the healthcare setting from same-sex partners or LGBT chosen family who could otherwise provide invaluable support. Furthermore, one small-scale study has documented discrimination and formal barriers to gender-related care faced by older transgender veterans in the Veterans Health Administration.¹⁴³

LGBT people are less likely to have insurance and a regular source of care.

Research suggests that LGBT people are less likely to have insurance and a regular source of care; although data in previous studies is not broken out by age, it is logical to assume that a lifetime in this position will have a negative impact on LGBT elders overall.¹⁴⁴ There are many possible reasons for insurance disparities. For example, because LGBT individuals in most jurisdictions are not covered under health insurance offered by a same-sex partner's employer, many in same-sex couples who would otherwise be insured are not. This is a particular concern for coupled LGBT people in midlife who are not yet retired from the workforce and are not yet eligible for Medicare.

Research by the Aging-in-Place Initiative of the United Hospital Fund found that participants in SAGE's Harlem Naturally Occurring Retirement Community (NORC) project were younger than participants in other NORCs, and thus less likely to have health insurance or the means to pay for prescription medications and more likely to use the emergency room as their primary source of healthcare services. Although they had lower self-perceived needs for

143 Helms, Monica. "Transgender U.S. Veterans Ages 56-Plus Report Difficulties with VA Healthcare." *OutWord*. American Society on Aging LGBT Aging Issues Network. http://www.asaging.org/asav2/lain/enews/08fall-09win/medical_care.cfm. Accessed December 23, 2009.

144 Kerker, Bonnie, Farzad Mostashari, and Lorna Thorpe. "Health Care Access and Utilization among Women Who Have Sex with Women: Sexual Behavior and Identity." *Journal of Urban Health*. 83.5 (2006): 970-979.

diabetes and blood pressure maintenance, their emergency room visits were largely due to mismanaged diabetes or respiratory issues.¹⁴⁵

We have little national data on health insurance access for transgender people, but a review of needs assessments of the female-to-male (FTM) transgender community found high levels of difficulty obtaining care; for example, 42% of FTMs in Los Angeles reported such problems.¹⁴⁶ In these studies of FTMs, between 58% and 82% were insured, compared with 84% of the general population.¹⁴⁷ A large needs assessment conducted by the Transgender Law Center in San Francisco found that nearly one-half of survey respondents lacked any kind of health insurance coverage. Eleven percent of participants in the study were ages 51-plus, but the data regarding insurance and health care are not broken out by age.¹⁴⁸

Similarly, an examination of data from a population-based sample of New York State residents found that one-third of transgender people lacked insurance, while only 15% of non-transgender people did.¹⁴⁹ The Transgender Law Center reports that health insurance coverage does not always translate into access to health care for transgender people. Financial barriers and denials of coverage result in many transgender people putting off basic health care needs. Even when covered by insurance, 42% of respondents delayed seeking care because they could not afford it and 26% reported health conditions that worsened because they have postponed care.¹⁵⁰

145 United Hospital Fund Aging in Place Initiative. (2009). "Health Care Indicator Survey in Naturally Occurring Retirement Communities." Retrieved September 21, 2009, from www.uhfnyc.org/initiatives/aging-in-place.

146 Rachlin, K., Green, J., & Lombardi, E. (2008). "Utilization of Health Care among Female-To-Male Transgender Individuals in the United States." *Journal of Homosexuality*. 54.3 (2008): 243-258.

147 Rachlin, K., Green, J., & Lombardi, E. (2008); Employee Benefit Research Institute. Current Population Survey, March 1988-2007 Supplements.

148 Minter, S., & Daley, C. (2003). "Trans Realities: A Legal Needs Assessment of San Francisco's Transgender Communities." San Francisco: National Center for Lesbian Rights, & Transgender Law Center. Retrieved September 16, 2009, from transgenderlawcenter.org/trans/pdfs/Trans%20Realities%20Final%20Final.pdf.

149 Frazer, M. S. (2009). LGBT Health and Human Services Needs in New York State. Empire State Pride Agenda Foundation. Retrieved October 1, 2009, from www.prideagenda.org/Portals/0/pdfs/LGBT%20Health%20and%20Human%20Services%20Needs%20in%20New%20York%20State.pdf.

150 Transgender Law Center. (2009). State of Transgender California, March 2009. Retrieved October 14, 2009, from www.transgenderlawcenter.org/stateoftranscafina.pdf.

Even LGBT people in same-sex partnerships who can use state marriage laws or state domestic partnership and civil union laws to obtain coverage under their partners' insurance face a financial disparity: They must pay federal taxes on the health insurance premiums because their relationships are not recognized as marriages by federal law. Unmarried same-sex couples have lower rates of health insurance than married same-sex couples, although they are more likely to have health insurance than unmarried opposite-sex couples.¹⁵¹

Poor people, immigrants and people of color are much more likely to be uninsured than their non-poor and white counterparts.¹⁵² In 2006, for example, 34.1% of Hispanic people, 20.5% of Blacks surveyed, and 15.5% of Asian respondents reported not having any form of health insurance coverage as opposed to 10.8% of non-Hispanic White respondents. In the absence of data specifically addressing the extent of insurance coverage among LGBT immigrants, people of color and poor people, we are no doubt justified in thinking that the coverage for LGBT people in these groups will be no better than for the general population.

PROBLEMS WITH HEALTHCARE ACCESS:

Negative Experiences and Fear of Stigma

Barriers to health care for LGBT older adults go beyond the financial constraints created by limited or absent insurance coverage. Even countries with universal healthcare find that LGBT people of all ages experience barriers to care.¹⁵³ Because many LGBT people fear discrimination or have had past negative experiences with healthcare providers, they may avoid disclosing important details of their health and risk factors to clinicians or may avoid health care

151 Ash, Michael, and M.V. Lee Badgett. "Separate and Unequal: The Effect of Unequal Access to Employment-Based Health Insurance on Same-Sex and Unmarried Different Sex Couples." *Contemporary Economic Policy*. 24.4 (2006): 582-599. Also available at The Williams Institute's website at: <http://www.law.ucla.edu/williamsinstitute/publications/HealthInsuranceInequality.pdf>. Accessed January 4, 2010.

152 DeNavas-Walt, C., Proctor, B., & Smith, J. (2007). "Income, Poverty, and Health Insurance Coverage in the United States 2006." US Census Bureau, Current Population Reports. Washington, DC: United States Government Printing Office. Retrieved from www.census.gov/prod/2007pubs/p60-233.pdf.

153 Scott, S., Pringle, A., & Lumsdaine, C. (2004). "Sexual Exclusion, Homophobia and Health Inequalities: A Review. UK Gay Men's Health Network." Retrieved September 21, 2009, from www.docs.google.com/gview?a=v&q=cache:PdpHQFT9DDsJ:www.healthfirst.org.uk/documents/gmhn_report.pdf+Scott,+S.,+Pringle,+A.,+Lumsdaine,+C.+%282004%29.+Sexual+Exclusion,+Homophobia+and+Health+Inequalities:+A+Review.&hl=en&gl=us.

altogether.¹⁵⁴ Such fears may be a particular concern among LGBT older adults who spent much of their earlier adult lives during an era when medical and mental health professionals routinely stigmatized homosexuality and gender nonconformity as illnesses meriting harsh interventions.

Although there has been considerable positive change in the healthcare field in recent years, LGBT elders' ongoing concerns about how they will be treated by providers are not unfounded: Many healthcare professionals do not have adequate knowledge of LGBT people's specific health concerns or sensitivity to the prejudice that LGBT people face, nor do they consistently ask about sexual orientation or gender identity during visits.¹⁵⁵ A recent report from the New York City Public Advocate exposes this lack of training, noting that in the city's healthcare facilities, "LGBT individuals experience hostility and discrimination in care." The report adds that "concerns about homophobia and transphobia keep LGBT individuals from using healthcare services."¹⁵⁶ Studies of lesbian and bisexual women likewise find that they report high levels of negative interactions with doctors and other providers and a high level of dissatisfaction with health care.¹⁵⁷

In the Task Force/NCTE National Transgender Discrimination Study, one-quarter of respondents age 65 and over reported that they had delayed or avoided needed or preventative medical care because of disrespect or discrimination in medical settings.¹⁵⁸ In the State of Transgender California report, 30% of respondents stated they postponed care for illness or preventative care due to

154 Bonvicini, Kathleen, and Michael Perlin. "The Same but Different: Clinician-Patient Communication with Gay and Lesbian Patients." *Patient Education and Counseling Journal*. 51.2 (2003): 115-122.

155 Dahan, Rachel, Rotem Feldman, and Doron Hermoni. "Is Patients' Sexual Orientation a Blind Spot of Family Physicians?" *Journal of Homosexuality*. 55.3 (2008): 524-532; and: O'Hanlan, Katherine, Robert Cabaj, Benjamin Schatz, James Lock, and Paul Nemrow. "A Review of the Medical Consequences of Homophobia with Suggestions for Resolution." *Journal of the Gay and Lesbian Medical Association*. 1.1 (1997): 25-39.

156 Public Advocate for the City of New York. (2008). Improving Lesbian, Gay, Bisexual, and Transgender Access to Healthcare at New York City Health and Hospital corporation Facilities. Retrieved from pubadvocate.nyc.gov/policy/documents/LGBThealthrecsreportfinal_.pdf.

157 Stevens, Patricia. "Lesbians' Health-Related Experiences of Care and Noncare." *Western Journal of Nursing Research*. 16.6 (1994): 639-659; White, Jocelyn, and Valerie Dull. *Journal of Women's Health*. 6.1 (2009): 103-112.

158 Grant, J., et al. (Forthcoming.) Report on the National Transgender Discrimination Study. National Gay and Lesbian Task Force Policy Institute and National Center for Transgender Equality.

disrespect or discrimination from health care providers, and 11% had a care provider refuse to treat them because they are transgender.¹⁵⁹

Studies also have shown that LGBT people have low levels of self-disclosure of sexual orientation in healthcare settings.¹⁶⁰ Gay and bisexual men, and particularly men who have sex with men but do not identify as gay, are likewise unlikely to disclose their sexual behavior or partners to their doctors.¹⁶¹ Although the findings in these studies largely are not broken out by age, it is unlikely that the rate of self-disclosure is higher among LGBT people in midlife or old age—and it may well be lower.

When lesbian, gay and bisexual people do not disclose their sexual identity and behavior to health professionals, the outcome is likely to be poorer quality care. At the same time, those choices may reflect rational decision-making. Studies of clinician behavior have found several problematic assumptions about lesbian, gay and bisexual people are prevalent among healthcare providers, including a presumption that all clients are heterosexual, assumptions about clients' sexual identities based on reported behaviors, and an assumption that all clients are part of heteronormative families. Studies have also found that verbal and nonverbal messages conveying the LGBT-friendliness of staff affect the quality of healthcare delivery for LGBT people.¹⁶²

These challenges may create multiple negative outcomes in clinical settings. For instance, primary care physicians will fail to properly address these elders' needs if the physician assumes the elders can rely on spouses, children or other

159 Transgender Law Center. (2009). State of Transgender California, March 2009. Retrieved October 14, 2009, from www.transgenderlawcenter.org/stateoftranscafinal.pdf.

160 Bakker, F., et al. "Do Homosexual Persons Use Health Care Services More Frequently than Heterosexual Persons: Findings from a Dutch Population Survey." *Social Science & Medicine*. 63.8 (2006): 2022-2030; Klitzman, Robert, and Jason Greenberg. "Patterns of Communication Between Gay and Lesbian Patients and their Health Care Providers." *Journal of Homosexuality*. 42.4 (2002): 65-75.

161 Berstein, Kyle, et al. "Same-Sex Attraction Disclosure to Health Care Providers among New York City Men Who Have Sex with Men." *Archives of Internal Medicine*. 168.13 (2008): 1458-1464. Also available at: <http://www.sfcityclinic.org/providers/samesexattraction.pdf>.

162 Bonvicini, & Perlin. (2003). The notion that "all clients are part of heteronormative families" refers to the assumption many providers make in the absence of a proactive disclosure of LGBT identity by a patient or client: that all clients are heterosexual and living in traditional nuclear family structures unless they inform the provider otherwise. Such an assumption potentially erases the reality and health needs of LGBT elder patients and clients, who may decide against disclosure based on an assessment of a provider's cultural competency and expertise in dealing with LGBT clients.

relatives for informal care; for the same reason, physicians could likewise fail to help these elders marshal the resources of chosen family and friends who may in fact be available as caregivers. Similarly, LGBT elders who are sexually active will not receive adequate healthcare if medical professionals act on the widespread presumption that all elders are heterosexual as a matter of identity and asexual as a matter of practice.

How LGBT people obtain care—and particularly how empowered they feel in healthcare settings—is influenced by many factors. Although literature on rural LGBT people is limited, existing studies suggest that the lack of LGBT social networks and of LGBT-specific care limit access for LGBT residents of rural areas.¹⁶³ People of color use health services less frequently than their white peers.¹⁶⁴ The double/ triple jeopardy of racism, homophobia and/or transphobia has been shown to create more significant barriers to care for LGBT people of color. And because poor people, if they can obtain health care at all, are even more limited in their choice of providers, they may be particularly exposed to substandard care and poor outcomes. For LGBT people ages 65-plus, a lifetime of having faced such limitations may be reflected in their overall health status and in their current approach to health services.

In addition, gender variant people face specific barriers to healthcare access. Because most transgender and gender nonconforming individuals are visibly gender variant when they use health services, they do not have the luxury of making choices about coming out to specific providers based on transgender-affirming attitudes, behaviors or other cues, such as intake forms that provide appropriate options for indicating gender or sexual orientation. Very little is known about gender nonconformity and healthcare utilization, but one study examining healthcare access among transgender people in San Francisco found high levels of emergency department visits (25% of MTFs and 18% of FTMs). Frequently obtaining care in this way often is associated with low levels of adequate routine and preventive care.¹⁶⁵

163 Willging, Salvador, & Kano. (2006). "Pragmatic Help Seeking: How Sexual and Gender Minority Groups Access Mental Health Care in a Rural State." *Psychiatric Services* 57.6 (2006): 871-874.

164 Agency for Healthcare Research and Quality. (2005). National Health Care Disparities Report. Retrieved September 21, 2009, from www.ahrq.gov/qual/Nhdr05/nhdr05.htm.

165 Clements-Nolle, Marx, Guzman, & Katz. (2001). "HIV Prevalence, Risk Behaviors, Health Care Use, and Mental Health Status of Transgender Persons: Implications for Public Health Intervention." *American Journal of Public Health*. 91.6 (2001): 915-921.

While it is clear that multiple factors combine to make healthcare access difficult for LGBT people across the lifespan, little or no research specifically examines how these factors affect LGBT people throughout their later years. One national survey does, however, show that fewer than half of LGBT people in midlife believe they will receive respectful care in old age; this finding highlights the importance of further study.¹⁶⁶ Significant research is needed not only on the basic patterns of healthcare access and use among LGBT elders, but also on how these patterns are affected by interactions between sexual orientation and gender presentation, race, poverty and geography. Such studies would provide the basis for the policy reforms and structural changes needed to ensure healthcare access for all LGBT older adults.

About 29% of people with HIV/AIDS in the United States are currently ages 50-plus but 70% of people with HIV in the U.S. are over 40.

HIV/AIDS

The development of highly active anti-retroviral therapy (HAART) in the past 15 years has extended the life expectancy of HIV-positive individuals, making it possible for those with long-term infections to reach midlife and old age. About 29% of people with HIV/AIDS in the United States are currently ages 50-plus but 70% of people with HIV in the U.S. are over 40, suggesting that aging with the disease will be a significant issue in years to come.¹⁶⁷ A study of New York City by the AIDS Community Research Initiative of America (ACRIA) drives home the point: “Within the next decade, it is probable that the majority of people with HIV in New York City will be over age 50. This pattern is seen throughout the U.S. Yet few have internalized this fact: There will soon be large numbers of [elders] living with HIV and AIDS.”¹⁶⁸

166 Metlife Mature Market Institute, Lesbian and Gay Aging Issues Network of the American Society on Aging, & Zogby International. (2006). *Out and Aging: The Metlife Study of Lesbian and Gay Baby Boomers*. Retrieved September 16, 2009, from www.asaging.org/networks/LGAIN/OutandAging.pdf, p.5.

167 US Centers for Disease Control and Prevention. (2008). “Cases of HIV infection and AIDS in the United States and Dependent Areas, 2007.” Retrieved September 21, 2009, from www.cdc.gov/hiv/topics/surveillance/resources/reports/2007report/pdf/2007SurveillanceReport.pdf.

168 Karpiak, S., Shippy, R., & Cantor, M. (2006). *Research on Older Adults with HIV*. New York: AIDS Community Research Initiative of America, p.1.

Older adults with HIV are part of a total population of about 1.1 million people in the United States who were living with HIV at the end of 2006. About three-quarters of those infected are men. Blacks and Latinos, along with gay and bisexual men, are most likely to be infected.¹⁶⁹ Black and Latino men who have sex with men (MSM) are particularly hard-hit by the epidemic.¹⁷⁰ The CDC estimates that about half of the infections were transmitted during sex between men.¹⁷¹ HIV/AIDS also affects lesbian and bisexual women, who are often overlooked as a population at risk.

The CDC's HIV/AIDS data and transmission categories are imperfect—for example, transgender women are categorized as MSM—but the estimates at least provide some context for recognizing the magnitude of HIV/AIDS in the LGBT community. With regard to the transgender population, we can supplement the CDC's deeply inadequate statistics with data from a meta-analysis of research on HIV/AIDS prevalence among transgender people: The study found that over one-quarter of MTFs tested positive for HIV/AIDS, with higher rates among African-American transgender women; the rates among FTMs were found to be very low.¹⁷²

When reviewing HIV statistics, it's vital to note that the infection rate in older adults is likely to be severely underreported. In 2006, the CDC's recommendations for HIV testing reflect this lack of attention to older adults, by recommending routine testing only up to age 64.¹⁷³ A recent report from ACRIA notes, "Since physicians do not perceive older adults to be at risk for HIV infection, they are less likely to test them for the virus. Consequently, underdiagnosis occurs, and HIV is detected later."¹⁷⁴ Failing to test older patients not only does a grave disservice to elders with HIV by depriving them of timely treatment, but also puts at risk others who may have sexual contact with them.

169 US Centers for Disease Control and Prevention. (2008).

170 MSM (men who have sex with men), is a term used by some to refer to male-assigned-at-birth persons who have sex with men regardless of sexual orientation or gender identity. WSW (women who have sex with women) is the equivalent term for women sexually active with other women, who do not necessarily identify as lesbian or bisexual.

171 US Centers for Disease Control and Prevention. (2008).

172 Herbst, Jeffrey, et al. "Estimating HIV Prevalence and the Risk Behaviors of Transgender Persons in the United States." *AIDS and Behavior*. 12.1 (2008): 1-17.

173 US Centers for Disease Control and Prevention. (2006). "Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings." Retrieved October 14, 2009, from: www.cdc.gov/hiv/topics/over50/cdc.htm.

174 Karpiak, S., Shippy, R., & Cantor, M. (2006), p.2.

Combined with poor clinical practices born of homophobia and transphobia, the desexualization of elders thus can have a ripple effect, first potentially harming the individual elder, and then spiraling outward.

Older adults with HIV/AIDS face the prospect of dealing with both the routine challenges of aging and the specific medical and psychosocial issues presented by their distinctive health status. For example, one study of HIV/AIDS in older adults found that over half the participants had depression, a percentage much higher than the rate in the general population of elders.¹⁷⁵ In addition to the issues faced by all elders with HIV, transgender older adults with HIV may have additional concerns: the interacting effects of aging, HIV/AIDS, HAART and cross-gender hormones are unknown; this is an important area for further research.

CANCER RISK FACTORS, CANCER SCREENING AND CANCER RATES

Cancer is the second most prevalent cause of death for older people in the United States.¹⁷⁶ Lesbian, gay and bisexual people in general have an increased risk for cancer relative to their heterosexual counterparts.¹⁷⁷ Numerous studies have documented higher rates of smoking among lesbian, gay and bisexual populations, and others have documented greater use of alcohol and other drugs. Obesity, a condition associated with increased cancer risk, may be more prevalent among lesbians, bisexual women and women who have sex with women.¹⁷⁸ In addition, aging itself increases the risk for many forms of cancer. All these factors make cancer a particular concern for lesbian, gay and bisexual older adults.

Furthermore, a large number of gay and bisexual men and MSMs are living with HIV and AIDS, as are many transgender people and some lesbian and bisexual women. HIV and AIDS increase risks for cancer, because specific cancers are linked to the infection and because HIV weakens the immune system and cancers grow more quickly in people with the virus. Thanks to improved anti-

175 Karpiak, S., Shippy, R., & Cantor, M. (2006); this study found depression to be the highest co-morbidity for people with HIV.

176 US Centers for Disease Control and Prevention. (2008).

177 Mayer, et al. (2008). "Sexual and Gender Minority Health: What We Know and What Needs to Be Done." *American Journal of Public Health*. 98.6 (2008): 989-995.; Harrison, AE, and VM Silenzio. "Comprehensive Care of Lesbian and Gay Patients and Families." *Primary Care Clinics in Office Practice*. 23.1 (1996): 31-46.

178 Mayer, et al. (2008).

retroviral therapies, people with HIV and AIDS are living longer. For older adults with HIV, this longevity means increased rates of HIV/AIDS-related cancers as well as cancers related to aging. Kaposi's sarcoma, non-Hodgkin's lymphoma and human papilloma virus (which increase the risk of cervical cancer in women and anal cancer in men) are all related to HIV/AIDS.¹⁷⁹

In the transgender population, very little is known about longevity, disease, and specific aging-related cancer risks. One large Dutch study found no evidence of increased mortality from cancer or other causes among either male-to-female or female-to-male transgender people undergoing cross-gender hormone therapy.¹⁸⁰ Nonetheless, some clinicians remain concerned about high rates of polycystic ovarian disease among transgender men.¹⁸¹ Because transgender women have a high rate of HIV infection, they are also more vulnerable to HIV-related cancers.

Researchers have not looked specifically at cancer screening rates among LGBT elders, an issue which would merit investigation. For lesbian and bisexual women in general, numerous studies have documented rates of Pap smear and mammogram screenings lower than those for women in general.¹⁸² Gay men's use of cancer screening has not been similarly investigated; however, some researchers have suggested that their generally low levels of knowledge about anal cancer may be contributing to disease burden.¹⁸³

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- 179 Dezube, B. J., Von Roenn, J. H., Holden-Wiltse, J., Cheung, T. W., Remick, S. C., Cooley, T. P., Moore, J., Sommadossi, J. P., Shriver, S. L., Suckow, C. W., & Gill, P. S., et al. (1998). "Fumagillin Analog in the Treatment of Kaposi's Sarcoma: A Phase I AIDS Clinical Trial Group Study. AIDS Clinical Trial Group No. 215 Team." *Journal of Clinical Oncology*. 16.4 (1998): 1444-1449.
- 180 Van Kesteren, Asscheman, Megens, Gooren. (1997). "Mortality and Morbidity in Transsexual subjects Treated with Cross-Sex Hormones." *Clinical Endocrinology*. 47.3 (2003): 337-343.
- 181 Moore, Wisniewski, & Dobbs. (2003). "Endocrine Treatment of Transsexual People: A Review of Treatment Regimens, Outcomes, and Adverse Effects." *Journal of Clinical Endocrinology and Metabolism*. 88.8 (2003): 3467-3473.
- 182 Kerker, Bonnie, Farzad Mostashari, and Lorna Thorpe. "Health Care Access and Utilization among Women Who Have Sex with Women: Sexual Behavior and Identity." *Journal of Urban Health*. 83.5 (2006): 970-979; Roberts, Susan, and Lena Sorensen. "Health related behaviors and cancer screening of lesbians: Results from the Boston Lesbian Health Project." *Women and Health*. 28.4 (1999): 1-12.
- 183 Pitts, M., Fox, et al. (2007). "What Do Gay Men Know about HPV? Australian Gay Men's Knowledge and Experience of Anal Cancer Screening and HPV." *Sexually Transmitted Diseases*. 34.3 (2007): 170-173.

What remains unclear is whether disparities in cancer screening and cancer risk translate into different rates of cancer among people of different sexual orientations and gender identities. One study in Denmark found no measurable difference between individuals in registered same-sex partnerships and those in opposite-sex partnerships, with the exception of a higher rate of AIDS-associated Kaposi's sarcoma among those with same-sex partners; however, this study is limited in that it investigates partnership rather than sexual orientation and only addresses disparities in a single country which, unlike the United States, has universal health care.¹⁸⁴ The issue merits further study.

Income, immigration status and race are all important predictors of cancer mortality in the U.S. population as a whole. For example, African-American women are more likely to die of breast cancer than are white women, although their incidence of the disease is lower.¹⁸⁵ Immigration status and race both affect utilization of cervical cancer screening, and some preliminary evidence suggests race may interact with sexual orientation to predict lower rates of cancer screening.¹⁸⁶ LGBT elders in these populations groups may therefore face double- or triple-jeopardy risk.

CHRONIC DISEASE AND OTHER SERIOUS PHYSICAL HEALTH PROBLEMS

Chronic diseases such as diabetes, cardiovascular disease and HIV are leading causes of death in the United States—and with many of these diseases; aging is a factor for increased risk. Although there is no direct evidence of elevated levels of chronic disease among LGBT people, this population does experience in various ways numerous risk factors, including higher rates of smoking, drinking, drug use and obesity than those for the general population.¹⁸⁷ African Americans and Latinos also are at elevated risk for specific chronic diseases, for example,

184 Frisch, M., Smith, E., Grulich, A., & Johansen, C. (2003). "Cancer in a Population-based Cohort of Men and Women in Registered Homosexual Partnerships." *American Journal of Epidemiology*. 157.11 (2003): 966-972.

185 Tammemagi, et al. (2007). "Comorbidity and Survival Disparities Among Black and White Patients With Breast Cancer." *Journal of American Medical Association*. 294.14 (2005): 1765-1772.

186 On cervical cancer screening, see Tsui, J., Saraiya, M., Thompson, T., Dey, A., Richardson, L. (2007). "Cervical Cancer Screening among Foreign-born Women by Birthplace and Duration in the United States." *Journal of Women's Health*. 16.10 (2007): 1447-1457; Owusu, Gertrude, et al. "Race and Ethnic Disparities in Cervical Cancer Screening in a Safety-Net System." *Maternal and Child Health Journal*. 9.3 (2005): 285-295.

187 Mayer, et al. (2008).

Genevieve Trusouix Milwaukee, Wisconsin, 63



Genevieve, or Geni, can usually be found at the front desk of SAGE Milwaukee's offices, answering the organization's many phone and email inquiries.

Geni reflects fondly on her childhood, remembering the times that she was once called William, the name given to her at birth. The youngest of four children, Geni adored her parents and the love that they had for each other and their children. Yet although she knew she was loved, she feared her parents ever finding out that they had a "third daughter." She says, "I was terrified that if they found out, for my 'own good' they would institutionalize me. Back then they did that, and to this day, it still can happen. Barbarism knows no bounds."

Geni remembers that she spent many years becoming herself—out and comfortable at home, and more private in the workforce. At age 25, Geni, as William, married Mary Angela, "the most

wonderful, extraordinary woman in the world." Geni simply says, "I cannot imagine my life without her. She has been my strength and inspiration in all that I have accomplished in my adult life." Contrary to what some may think, Mary and Geni's marriage flourished, and became even stronger with transition. "Mary had knowledge of who I was after four years of marriage, and subsequently kept my secret from everybody."

Despite her warm and safe home environment, Geni spent more time as "William" in the workforce.

"After spending 33 years in the printing trade where I had to be butchy all the time, I went to sales and still couldn't be myself. In sales I worked for the Better Business Bureau of Wisconsin for two-and-a-half years, and they were incredibly homophobic and transphobic there, like most places, so the lovely Miss G never came out." Eventually, however, after a few more stints in the labor force, Geni enrolled in the Interfaith Older Adult Program, a product of the Title V program launched by the U.S. Labor Department, in order to help older adults upgrade existing job skills and become more employable, and found a welcoming response. "When I first enrolled in Interfaith, I had a private word with Barb, my manager, at which time I told her about me. Her initial reaction was, 'why are you telling me this?'

which I found understandable. But right after that, she went to bat for me to get assigned to SAGE Milwaukee as an administrative assistant to the Executive Director, Bill Serpe."

Additionally, Geni notes how Barbara and Bill advocated for Geni to go to her Interfaith monthly meetings as Geni, instead of William. "Initially I was going to these meetings in drag [as William] so as not to confuse the other members as well as the Interfaith management, but after an intervention from my boss and with the help of Barb and others, I am able to now go as myself. There are usually 30 to 35 other people, and I'm just another one of the girls!"

For Genevieve, to be able to be herself in all situations, and in all walks of her life has been tremendous for her, and is so thankful to be able to "wake up and realize that you are finally yourself, and not have to live a lie anymore."

diabetes and heart disease, but the intersections between racial disparities and sexual orientation disparities are largely unknown.¹⁸⁸

The specific risks for chronic conditions among transgender elders have received little or no attention from researchers. Studies involving small convenience samples of younger subjects suggest, however, that certain chronic diseases may be more common among people receiving cross-gender hormone therapy. Both FTMs and MTFs who are undergoing such therapy may be at risk for diabetes.¹⁸⁹ The risks for hypertension among transgender people are unknown, but transgender women using progesterone and estrogen should be closely monitored.¹⁹⁰ Estrogen use also may increase the risk for cardiovascular disease among transgender women; however, data are limited.¹⁹¹

In addition, case reports document cerebrovascular incidents—brain problems resulting from disease of blood vessels supplying the brain—among transgender men.¹⁹² Some clinicians advocate hysterectomy and reduction of testosterone treatment for transgender men after the first two years of therapy to avoid adverse events related to masculinizing cross-gender hormones. Transgender women may be at risk for venous thrombosis as a result of sex-steroid therapy.¹⁹³ Overall, the limited reports on chronic conditions in transgender people raise questions that call for systematic research, including research on possible connections between transgender aging and chronic conditions.

188 LaVeist, Thomas A., et al. "Environmental and Socio-Economic Factors as Contributors to Racial Disparities in Diabetes Prevalence." *Journal of General Internal Medicine*. 24.10 (2009): 1144-1148; Jha, A, et al. "Differences in Medical Care and Disease Outcomes among Black and White Women with Heart Disease." *Circulation*. 108.9 (2003): 1089-1094.

189 Dahl, Marshall, et al. "Physical Aspects of Endocrine Therapy." *Guidelines for Transgender Care*. Eds. Walter Bockting and Joshua Goldberg. Binghamton: Haworth Medical Press, 2006. 111-134.

190 Feldman & Goldberg. (2006).

191 Feldman & Goldberg. (2006); Van Kesteren, Asscheman, Megens, and Gooren. *Clinical Endocrinology*. 47.3 (2003): 337-343.

192 Moore, Wisniewski, and Dobbs. "Endocrine Treatment of Transsexual People: A Review of Treatment Regimens, Outcomes, and Adverse Effects." *Journal of Clinical Endocrinology and Metabolism*. 88.8 (2003): 3467-3473.

193 Moore, Wisniewski, & Dobbs. (2003).

MENTAL HEALTH

Mental health problems affect up to 20% of Americans in a given year.¹⁹⁴ By contrast, the reported rates of mental health issues among older adults are lower than those of other adult age groups.¹⁹⁵ The many older adults who nonetheless require mental health services find that barriers to care still exist—with particular barriers to care for LGBT elders, most of whom lack access both to age-sensitive and to LGBT-sensitive providers.

In the past, insurance companies in the United States did not cover mental health problems as comprehensively as physical health problems, but this disparity will be reduced in coming years: The Medicare Improvements for Patients and Providers Act of 2008 “provides parity in coverage for mental health care by gradually lowering copayments for services over a six-year period until they match other healthcare copayment rates. The bill also expands psychiatric drug benefits and includes a provision to expand access to mental health care in rural America by making community mental health centers eligible to participate in the Medicare telehealth program.”¹⁹⁶ The law goes into effect in 2010.

LGBT elders may struggle with mental health problems as a result of enduring many years of discrimination, violence and enforced social invisibility and isolation.¹⁹⁷ Until 1973, the American Psychiatric Association classified homosexuality as a mental illness; many older lesbian, gay and bisexual people thus experienced the mental health system when their sexual orientation was defined as pathological. As of this writing, transgender people are still forced to accept a mental-disorder classification—gender identity disorder—as the

194 US Department of Health and Human Services. (1999). “Mental Health: A Report of the Surgeon General—Executive Summary.” Rockville, MD: US Department of Health and Human Services, National Institute of Mental Health. Retrieved from www.surgeongeneral.gov/library/mentalhealth/chapter2/sec2_1.html

195 US Center for Disease Control, National Center for Health Statistics. (2008). “National Comorbidity Study.” (2008). Retrieved from [www.hcp.med.harvard.edu/ncs/ftpd/table_ncsr_12monthprevgenderxage.pdf](http://www.hcp.med.harvard.edu/ncs/ftpd/ncsr_12monthprevgenderxage.pdf).

196 Bane, Share DeCroix. “Resilience and Advocacy: Keys to Survival For Elders, Professionals, Organizations.” *Dimensions: Newsletter of Mental Health and Aging Network*. American Society on Aging. Winter 2008-Spring 2009. Web. Accessed 5 January 2010. Available at: http://www.asaging.org/asav2/mhan/enews/08win-09spr/network_news.cfm.

197 Appelbaum, P. S., Candilis, P. J., Fletcher, K. E., Geppert, C., & Lidz, C. W. (2008). “A Direct Comparison of Research Decision-Making Capacity: Schizophrenia/Schizoaffective, Medically Ill, and Non-ill Subjects.” *Schizophrenia Research*. 99.1 (2008): 350-358.

asis for obtaining appropriate hormonal and surgical transition services.¹⁹⁸ Accordingly, many LGBT elders may see the mental health system as inherently untrustworthy and may therefore choose not to seek needed care.

Quantitative studies specifically focused on the mental health concerns of LGBT elders are largely lacking, but numerous studies have documented elevated rates of mental distress and mental illness among LGBT people across the life course.¹⁹⁹ For example, in a review of five large studies, gay and bisexual men were twice as likely as individuals in the general population to have had a mental disorder, and lesbian women were more than three times as likely.²⁰⁰ Suicide attempts, depression, anxiety and substance abuse are all elevated among LGBT people.²⁰¹ Many authors posit that the stress LGBT people face due to prejudice and legal discrimination may be a cause of negative mental health outcomes.²⁰² One study found that when poor social support and poor

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- 198 Ruble, M. W., & Forstein, M. (2008). "Mental Health: Epidemiology, Assessment, and Treatment." Makadon, H. J., Mayer, K. H., Potter, J., & Goldhammer, H. (eds.) *The Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health*. American College of Physicians.
- 199 Mayer, et al. (2008). "Sexual and Gender Minority Health: What We Know and What Needs to be Done." *American Journal of Public Health*. 98.6 (2008): 989-995.
- 200 Mayer, Ilan. "Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence." *Psychology Bulletin*. 129.5 (2003): 674-697.
- 201 Balsam, K. F., Beauchaine, T. P., Mickey, R. M., & Rothblum, E. D. (2005). "Mental Health of Lesbian, Gay, and Bisexual Adults and their Heterosexual Siblings: Effects of Gender, Sexual Orientation, and Family." *Journal of Abnormal Psychology*. 114.3 (2005): 471-476.
- 202 Many articles have speculated that being targets of racism, sexism, transphobia and homophobia may result in higher rates of psychological problems because of stress such as Meyer. (2003). This issue, however, has not been rigorously investigated and findings are mixed, making the 2009 grant by the State of California to Equality California to study mental health issues among LGBT youth and elders especially significant. Four studies of Latino and Asian LGB-identified and same-sex experienced individuals found elevated levels of psychological problems, including suicide attempts for men and depressive disorders for women in Cochran, et al. (2007). "Mental Health and Substance use Disorders among Latino and Asian American Lesbian, Gay, and Bisexual Adults." *Journal of Consulting and Clinical Psychology* 75(5); psychological stress in Siegel, & Epstein. (1996). "Ethnic-racial Differences in Psychological Stress Related to Gay Lifestyle among HIV-positive Men." *Psychological Reports*. 79(1); Yoshikawa, H., & Wilson, P. A. (2004). "Experiences of and Responses to Social Discrimination among Asian and Pacific Islander Gay Men: Their Relationship to HIV Risk." *AIDS Education Prevention* 16(1) found a relationship between discrimination and experiences of psychological distress among gay and bisexual men of color. However, other studies have found only inconsistent evidence of elevated psychological problems among people of color who identify as LGBT compared to those who are not. See review in Cochran, et al. (2007).

coping skills were controlled for, sexual orientation differences in mental health outcomes disappeared.²⁰³

Mental health needs of transgender people, including transgender elders, may involve both transgender-specific and more general concerns. Investigations find elevated rates of depression, suicidal thoughts, and suicide attempts in the transgender population.²⁰⁴ Because mental health providers often are gatekeepers for cross-gender hormone therapy or sex reassignment, many transgender people may mistrust the mental health system and not seek out needed care for mental health concerns. Life-course studies are needed to understand the mental health of aging transgender people, whether or not they continue cross-gender hormone therapy into old age.

Another mental health issue where LGBT disparities are documented is substance abuse. Much of this research has focused on younger people; the effects for elders have not been well studied. From the existing research, it is nonetheless clear that substance abuse is a concern for the LGBT community overall. Smoking, which can lead to lung cancer and other health problems, is elevated among LGBT people.²⁰⁵ Alcohol abuse is more common among lesbian and bisexual women than among heterosexual women, and some studies

One study of American Indians found higher levels of mental health-related symptoms among Two Spirit people than those who were not. See Balsam, K. F., Beauchaine, T. P., Mickey, R. M., & Rothblum, E. D. (2005). "Mental Health of Lesbian, Gay, and Bisexual Adults and their Heterosexual Siblings: Effects of Gender, Sexual Orientation, and Family." *Journal of Abnormal Psychology* 114(3). The one study to examine interactions between age and race in LGBT populations looked only at gay men and found that older Black gay men reported more ageism, racism and homo-negativity than younger Black gay men or White older gay men. See David, & Knight. (2008). "Stress and coping among gay men: age and ethnic differences." *Psychology and Aging* 23(1). Nonetheless, these subjects did not, as a result, have worse mental health outcomes.

- 203 Safren & Heimberg. (1999). "Depression, Hopelessness, Suicidality, and Related Factors in Sexual Minority and Heterosexual Adolescents." *Journal of Consulting and Clinical Psychology*. 67.6 (1999): 859-866.
- 204 Clements-Nolle, Marx, Guzman, & Katz. (2001). "HIV Prevalence, Risk Behaviors, Health Care Use, and Mental Health Status of Transgender Persons: Implications for Public Health Intervention." *American Journal of Public Health*. 91.6 (2001): 915-921; Grossman, H., Anthony, D., Dragowski, E. (2007). "Caregiving and Care Receiving Among Older Lesbian, Gay, and Bisexual Adults." *Journal of Lesbian and Gay Social Services* 18(3-4). Findings on other mental health issues are mixed, and more research using large, diverse samples is needed. See Feldman, & Goldberg. (2006).
- 205 Gruskin, et al. (2007). "Disparities in Smoking Between the Lesbian, Gay, and Bisexual Population and the General Population in California." *American Journal of Public Health* 97(8): 1496-1502. Tang, H., Greenwood, G., Cowling, D. W., Lloyd, J. C., Roeseler, A. G., & Bal, D. G.

also find that the rate is higher among gay men than among heterosexual men.²⁰⁶ Finally, illegal drug use and dependence are more common among LGBT people than non-LGBT people.²⁰⁷

Patterns of substance abuse within the LGBT community reflect considerable diversity. One study found that young butch women were more likely than young femme women to smoke, drink and use marijuana.²⁰⁸ Substance abuse among Black men who have sex with men is generally found to be equal to or lower than the substance use among other MSMs, despite a widespread misperception that Black MSMs abuse drugs at higher rates.²⁰⁹ Almost no research has been conducted specifically on aging and substance abuse among LGBT people, but given the impact of current or lifelong substance abuse on mental and physical well-being, such research would be invaluable.

To provide proper care for LGBT older adults, mental health professionals must address the disparities faced by these elders. At the same time, providers of mental health care would do well to recognize and build on the distinctive psychological strengths LGBT older adults possess. The MetLife report on LGBT boomers, for instance, found that “nearly four out of 10 respondents to the current survey (38%) said that they have developed positive character traits, greater resilience or better support networks as a consequence of being lesbian, gay,

Providers of mental health care would do well to recognize and build on the distinctive psychological strengths LGBT older adults possess.”

(2004). “Cigarette Smoking among Lesbians, Gays, and Bisexuals: How Serious a Problem?” *Cancer Causes and Control* 15(8): 797-803.

206 On women, see Wilsnack, et al. (2008). “Drinking and Drinking-Related Problems Among Heterosexual and Sexual Minority Women.” Retrieved September 16, 2009, from vnweb.hwwilsonweb.com/hww/jumpstart.jhtml?recid=0bc05f7a67b1790e84b1b59914601da46d13d822b54fb9a3fedf01f2e6c6b55daecc97063eb90091&fmt=P. On men, see Marshal, M. P., Friedman, M. S., Stall, R., King, K. M., Miles, J., Gold, M. A., et al. (2008). “Sexual Orientation and Adolescent Substance Use: A Meta-Analysis and Methodological Review.” *Addiction*. 103.4 (2008): 546-556.

207 Clements-Noelle, et al. (2001); Cochran, et al. (2004); Marshal, et al. (2008).

208 Rosario, Schrimshaw, & Hunter. (2008). “Substance Use and Abuse among Lesbian, Gay, and Bisexual Youths: The Role of Rejection to Disclosure.” *STASH* 5(5).

209 Nanin, J. E., Parsons, J. T., Bimbi, D. S., & Grov, C. (2006, November). Harm Reduction in High Heels: The DIVAs (Drag Initiative to Vanquish AIDS). Conference presentation; Jerome, R., & Halkitis, P., & Coley, M. (2009). Methamphetamine Use Patterns among Urban Black Men who have Sex with Men. *Culture, Health, & Sexuality*. 11.4 (2009): 399-413.



bisexual or transgender. Notably, Hispanic respondents (51%) and African American respondents (43%) were considerably more likely than the sample as a whole to agree that their LGBT identities had helped them as they approached midlife and old age.”²¹⁰ Other studies similarly have found that learning to cope with social marginalization throughout their lives gives many lesbian and gay people a degree of resilience which also helps them adapt to aging.²¹¹

PUBLIC HEALTH PROGRAMS AND OUTREACH

In recent years, some nonprofits and health departments in the United States have started addressing LGBT health disparities and risk factors through research and targeted public health campaigns. Such approaches are crucial to the survival and well-being of LGBT older adults. Diverse images of elders such as those employed by SAGE in New York City should be used in campaigns of this sort.²¹² Furthermore, where there are significant disparities in healthcare utilization by LGBT people, persuasive, well-researched public health campaigns should address the causes and consequences for our elders.

In addition, public health messages about HIV prevention and treatment should not be targeted only toward either LGBT young people or heterosexual elders, as has all too often been the case. Because LGBT people in midlife and old age likewise are at risk for HIV, appropriate interventions must be designed to meet their needs. An example of such a campaign is HIV Stops With Us (formerly HIV Stops With Me), used for the past several years in Boston, Buffalo, Oakland, and other cities. This campaign includes images of people in midlife and old age as part of an intergenerational mix.²¹³

210 Metlife Mature Market Institute, Lesbian and Gay Aging Issues Network of the American Society on Aging, & Zogby International. (2006). *Out and Aging: The Metlife Study of Lesbian and Gay Baby Boomers*. Retrieved September 16, 2009, from www.asaging.org/networks/LGAIN/OutandAging.pdf, p.14.

211 For an overview of this literature, see Boyer, C. (2007).

212 For more on the “SAGE Is...” campaign, visit www.sageusa.org/specialevents/home.cfm?ID=28.

213 For details on this campaign, visit www.hivstopswithus.org. Other notable efforts in this arena: The AIDS Community Research Initiative of America (ACRIA) provides LGBT-inclusive trainings on HIV infection in older adults that includes information on healthy sexual activity. Gay Men’s

POLICY RECOMMENDATIONS

To advance the physical and mental health of LGBT elders, The Task Force calls on legislators, public agencies, providers of health and mental health services, and community advocates to take the following steps:

- Pass legislation at the state and national levels that ensures access to affordable health insurance for people of all ages and that guarantees coverage for gender-related services.
- Collect LGBT-specific data in all federal studies and surveys on physical and mental health. This data must include age demographics so that LGBT health challenges and disparities can be tracked over the lifespan.
- Develop and institute health promotion and healthcare-access policies and programs specifically designed to bring needed care to LGBT people in midlife and old age.
- Conduct specific research on the physical and mental health consequences of racism, economic injustice, homophobia, and transphobia as experienced by LGBT elders over the lifespan.
- Train healthcare professionals to recognize and respond to the specific health risks, vulnerabilities, resiliencies, and needs of LGBT older adults.
- Train public and private healthcare providers in cultural competence for working with LGBT older adults, including how to address LGBT patients in an appropriate manner and how to create a welcoming environment. Tie funding, accreditation and degree requirements to LGBT cultural competency certification.
- Develop, fund and carry out health promotion and treatment information campaigns targeted to reduce health disparities in LGBT older adults.
- Support a National AIDS Strategy that would include the establishment of prevention, testing and treatment guidelines and programs designed to specifically address the issue of HIV/AIDS among LGBT people ages 50-plus.
- Press the Centers for Medicare and Medicaid Services (CMS) to revise their National Coverage Determination to ensure medically-necessary treatments

related to gender transition and to remove barriers to health care related to an individual's pre-transition gender.

CAREGIVING, SOCIAL ISOLATION, AND HOUSING

Receiving respectful care, maintaining social connections and finding appropriate housing are three of the most important keys to well-being for all older adults. Studies show that the majority of Americans hope to age in place in the homes and communities where they have always lived; informal care and formal supportive services help elders maintain this cherished independence as long as possible.²¹⁴ At the same time, many older adults prefer or require specialized housing, ranging from independent living communities to assisted living or skilled nursing facilities. For LGBT older adults, these issues take on added weight, as these elders face distinctive challenges in confronting isolation and identifying options for culturally competent care and housing.

CAREGIVING

Since the last edition of *Outing Age*, a significant advancement has been achieved in the realm of caregiving for LGBT Elders: The federal Family Caregivers Support Program, created with the 2000 reauthorization of the Older Americans Act and amended in 2006, has expanded its definition of family caregivers so that extended LGBT family members qualify. Eligibility for the program is not limited to a married partner or blood relative. As a consequence, LGBT people caring for partners or other members of their chosen families can use services provided under the program, including individual counseling, support groups, caregiver training, respite care, and other supplemental assistance.

In the U.S., approximately 80% of long-term care is provided by informal caregivers.²¹⁵ More than two-thirds (78%) of adults living in the community who need care depend on such caregivers as their only source of help.²¹⁶ Yet older LGBT people are frequently disconnected from their families of origin and—according to a national needs assessment conducted by SAGE in 2003—are

214 For example, see Flory, J., Young-Xu, Y., Gurol, I., & Levinsky, N. (2004). Place of Death: U.S. Trends Since 1980. *Health Affairs* 2(3), pp.194-200.

215 Coleman, B., & Pandya, S.M. (2002). Family Caregiving and Long-Term Care. AARP Public Policy Institute. Retrieved from assets.aarp.org/rgcenter/il/fs91_ltc.pdf.

216 Family Caregiver Alliance. (2001). Fact Sheet: Selected Caregiver Statistics. Retrieved from www.caregiver.org/caregiver/jsp/print_friendly.jsp?nodeid=439.

four times less likely to have children and grandchildren than are non-LGBT older adults.²¹⁷ They are also twice as likely to live alone. Since the primary caregivers for most elders are spouses and children, these realities place older LGBT people at high risk of finding themselves without care when they need it.

As our community did in the early days of the AIDS crisis, LGBT people are trying to fill this caregiving gap by developing new communities and configurations of support. For instance, one recent study found that gay and lesbian elders “received significantly more support from friends, while heterosexual elderly derived more support from biological family members.”²¹⁸ Similarly, a national survey of LGBT baby boomers by the MetLife Mature Market Institute found that 42% of LGBT caregivers reported assisting partners, friends, neighbors, or others outside of their families of origin. Another recent study found 32% of gay men and lesbians providing some sort of informal caregiving; 61% of their care recipients were friends and 13% were partners.²¹⁹

LGBT caregiving departs from the heterosexual model in other ways, as well. For instance, the MetLife study found that lesbian and gay boomers are more likely than their non-LGBT peers to provide care: one in four lesbian or gay boomers is a caregiver, compared to one in five non-LGBT boomers.²²⁰ Likewise, the MetLife study shows that the trend of men taking on a greater share of caregiving—a task that traditionally fell overwhelmingly to women—was more advanced in the LGBT community: The survey found that gay and bisexual men are about as likely as lesbians and bisexual women to report caregiving for other adults, whereas the most

Gay and bisexual men are about as likely as lesbians and bisexual women to report caregiving for other adults.

217 Cook-Daniels, L. (2004).

218 Grossman, H., Anthony, D., & Dragowski, E. (2007). “Caregiving and Care Receiving Among Older Lesbian, Gay, and Bisexual Adults.” *Journal of Lesbian and Gay Social Services* 18(3-4), p.17.

219 Fredriksen-Goldsen, K. (2007). *Caregiving With Pride*. Philadelphia: Haworth Press.

220 Metlife Mature Market Institute, Lesbian and Gay Aging Issues Network of the American Society on Aging, & Zogby International. (2006).

comprehensive study of the general population found that only 39% of caregivers are male.²²¹

Research reveals a number of other distinctive trends in caregiving and care receiving among LGBT people:

- Those who have given care to LGBT elders in the past are more likely to give care again in the future.²²²
- Even though at least three-quarters of LGBT boomers expect to become caregivers for someone else, almost one in five reported being unsure who will take care of them when the need arises.²²³
- With increases in age comes an increase in caring for one's LGBT partner, as "those 50 or older also reported taking care of a partner more often than younger respondents (21% vs. 15%). Notably, an additional 4% of all caregivers are assisting their partner's parent or sibling."²²⁴

Trends in caregiving and care receiving among transgender Americans are less known than are those of the non-transgender population. Researchers have argued that like non-transgender gay men and lesbians, transgender elders may not have support from their biological families and thus may "turn to public and fee-for-service assistance when they face debilitating effects of serious illness or functional impairment."²²⁵ The Task Force/NCTE National Transgender Discrimination Survey found that 40% of its sample of 6,500 transgender and gender non-conforming respondents suffered from parental rejection and 30% from rejection by their children.²²⁶ Substantial quantitative and qualitative

221 National Alliance for Caregiving and AARP. (2004). *Caregiving in the U.S.* Bethesda, MD: National Alliance for Caregiving. Retrieved September 16, 2009, from www.caregiving.org/data/04finalreport.pdf

222 Grossman, H., Anthony, D., & Dragowski, E. (2007). "Caregiving and Care Receiving Among Older Lesbian, Gay, and Bisexual Adults." *Journal of Lesbian and Gay Social Services* 18(3-4).

223 Metlife Mature Market Institute, Lesbian and Gay Aging Issues Network of the American Society on Aging, & Zogby International. (2006).

224 Metlife Mature Market Institute, Lesbian and Gay Aging Issues Network of the American Society on Aging, & Zogby International. (2006).

225 See, for example, Williams, M., & Freeman, P. (2007). "Transgender Health: Implications for Aging and Caregiving." *Journal of Gay and Lesbian Social Services* 18(3-4).

226 Grant, J., et al. (Forthcoming). Report on National Transgender Discrimination Survey. National Gay and Lesbian Task Force & National Center for Transgender Equality.

research on the caregiving needs and experiences of transgender elders remains to be done.

Many LGBT people serve as caregivers not only in their families of choice but also in their families of origin, yet despite carrying more of the load, they receive less support from policies and programs designed to help caregivers. For example, the federal Family and Medical Leave Act gives many caregivers job flexibility, leave, and job security —but only if they are related to the care recipient by blood or marriage. This means that if LGBT caregivers are caring for a partner, a partner’s parent or sibling, or a friend, they do not receive assistance and protection.

Compounding this lack of federal benefits, few of the emerging caregiver support programs in the United States are tailored to meet the needs of LGBT caregivers. A notable exception at the national level is the online LGBT caregiving discussion group offered by the Family Caregiver Alliance, an advocacy and services nonprofit based in San Francisco.²²⁷ Similarly, SAGE has developed a model initiative to support LGBT caregivers for elders in New York City; it remains however, the only LGBT caregiving program in the U.S. funded with federal dollars. A scattering of efforts also have been established elsewhere, such as the LGBT caregiver support groups hosted by the Caregiver Alliance of Suffolk County in Jamaica Plain, Mass.; Area Agency on Aging Region One in Phoenix; and Leeza’s Place at Olympia Medical Center in Los Angeles.

SOCIAL ISOLATION

Given recent initiatives to fund programs to support aging in place, it is becoming more common for elders to continue living in their own homes even as they require increasing levels of support. But for LGBT elders aging in place, a high level of independence along with lower rates of assistance from partners and biological children may create a precarious balance between living alone and living in social isolation. For example, one study using population-based data from New York City found that 8,000 lesbian, gay and bisexual seniors were in danger of social isolation.²²⁸ If “family members and close friends—usually

227 For details or to join the discussion group, visit www.caregiver.org/caregiver/jsp/content_node.jsp?nodeid=490.

228 Frazer, M. S. (2009). LGBT Health and Human Service Needs in New York State. Empire State Pride Agenda: Albany, NY. www.prideagenda.org/Portals/0/pdfs/LGBT%20Health%20and%20Human%20Services%20Needs%20in%20New%20York%20State.pdf.

Nancy K. Bereano Ithaca, New York, 66



Nancy Bereano is a born innovator. Born in the Bronx, Nancy moved to Ithaca, New York in her 20s and never looked back. Always an activist, Nancy realized the power of small presses to bring new and innovative voices to the public. After working with The Crossing Press on their Feminist Series, Bereano went on to create her own press in 1985 called Firebrand Books. She felt it imperative to create a venue for publishing voices from the lesbian feminist movement, who “changed ways of thinking... the ways in which ideas were discussed, challenged.” The lesbian community, at least in the 1980s, organized and informed itself through books and literature, so there was an opportunity to distribute ideas on a much larger scale.” Firebrand Books became wildly successful, publishing works by Dorothy Allison, Alison Bechdel, Leslie Feinberg, Audre Lorde, and Cherríe Moraga during its fifteen year tenure.

After she sold Firebrand, Nancy volunteered at local hospices, recording patients’ oral histories

for their families. During this time, she co-founded the Tompkins County Working Group on LGBT Aging, a collection of twelve “grassroots activists and gerontological professionals, including the Executive Director of the Tompkins County Office for the Aging and the Executive Director of Lifelong, the local senior center, who explore a variety of options to positively affect the cultural competency of the care given to LGBT seniors.”

One of the Working Group’s newest projects has been to develop a “Share the Care” program for LGBT older adults. “The idea for ‘Share the Care’ in the LGBT community arose from my experience of being one of the caregivers for a friend during the last year of her life after a long struggle with cancer. If Candice had been 73 instead of the 63 that she was, there wouldn’t have been many of us to help her, because we would have been in our 70s or 80s and be struggling with disability and sickness ourselves. So it was mainly dealing with her death and thinking about what would have happened had she not had health insurance, children, or a partner.”

“Any group of kindred spirits can organize a ‘Share the Care’ program.” These programs may be especially helpful in areas with few LGBT organizations but a large LGBT population. “Stable LGBT populations like in college

towns are great pockets for an STC organization because it can enhance the quality of life for everyone.” STC programs have the capacity to build relationships and interdependent networks of support beyond kinship lines and across generations. “I have seen the dismissals or devaluing of older LGBT couples in the medical sector: calling someone’s partner a ‘friend’ instead of acknowledging the true devotion and intimacy of the couple. But sometimes the older you get, the harder it is to fight this crap.”

LGBT older adults face narrow restrictions on what, and who, counts as a “legitimate caregiver.” Typically it is only heterosexual formations of kinship that are recognized as caregivers, and for LGBT folk without family nearby, it is increasingly difficult to age in place. Nancy and the Tompkins County Working Group on LGBT Aging hope to change these rules. “The Boomers are not going to be quiet,” Nancy says, “Institutions need to have their feet put into the fire.”

Nancy K. Bereano was recently awarded the 2008-2009 Cornell University Public Service Center Civic Fellowship for her development of the “Share the Care” program designed for the LGBT community.

spouses, daughters, and daughters-in-law—provide the majority of caregiving to old people in this country,” research suggests LGBT elders are much more likely to lack the assistance or aid in their daily lives that is commonly available to their heterosexual peers.²²⁹ Although living alone is one of the highest-risk factors leading to isolation among older adults, for elders who are aging in place, a clear distinction exists between living alone and living in social isolation. Indeed, many elders live alone and thrive in such environments. The pivotal difference is the elder’s ability to participate actively in social and community life and to obtain needed healthcare and social services. Those elders who do not or cannot connect with public or social resources such as hospitals, senior centers and mental health facilities are elders at risk.

Concerns discussed elsewhere in *Outing Age 2010* suggest that LGBT older adults may be more likely than their non-LGBT counterparts to experience such social isolation. In particular, the data in the “Discrimination and Access” section and the “Health” section imply that LGBT elders are at greater risk for social isolation not only due to their higher rates of living alone, but also as a result of the uneven or largely absent welcome they encounter at senior centers, their lack of access to culturally competent healthcare and social services, and related factors.

Given the scarcity of data on this aspect of LGBT aging, however, this section of *Outing Age* largely extrapolates from data on the general population to provide a picture of the risks and consequences of social isolation. It is reasonable to assume that the LGBT elder population will not be in a better position in this regard than is non-LGBT elder population, and may well be in a worse position. Quantitative studies are greatly needed to further elucidate the issue of social isolation for LGBT older adults in general—and to identify any possible differences between lesbian, gay, bisexual and transgender elders in this regard.

Research on the general elder population suggests that the harmful effects of social isolation extend to all geographical regions of the United States. The general studies also confirm that social isolation leads to a number of mental and physical ailments greatly lessening elders’ quality of life; these include “depression, poverty, re-hospitalization, delayed care-seeking, poor nutrition, and premature mortality.”²³⁰ The New York City Department of Health and Mental Hygiene reports that “elders with high scores on social isolation scales are

229 Cahill, S., South, K. & Spade, J. (2000), p.41.

230 Sederer, Lloyd. “Depression, Social Isolation, and the Urban Elderly.” Conference on Geriatric Mental Health, New York City, May 18, 2006. Conference Presentation.

more likely to report depression than elders with low scores.”²³¹ Diagnosing and treating these elders, however, remains difficult as “elders utilize mental health services less than any other age group,” suggesting that isolated older adults are even less likely to use these services than their more socially integrated counterparts.²³²

Research also suggests that social isolation can cause and exacerbate physical harm. Isolated elders who have experienced an injury may be unable to summon help, and those with chronic conditions may not receive preventive care and effective monitoring. Likewise, recent research indicates that older adults who are isolated are more likely to suffer from elder abuse, presumably because the perpetrator is the sole contact in the elder’s life or because the elder has little or no opportunity to report the abuse to others.²³³ Finally, some recent work shows that isolated older adults are more prone to alcohol abuse, implying that the higher rates of depression among these elders is channeled through misuse of alcohol.

Given the income and benefits disparities associated with aging for the LGBT population as documented elsewhere in this report, LGBT elders may face a high probability of social isolation. Research on the general population suggests that class may be correlated with isolation patterns. A study on poverty and aging argues that elders who are poor are more likely to be isolated, as “elders with a higher socioeconomic status have more opportunity to nurture their social relationships” because they have “more freedom to entertain in their homes, take classes, travel and visit with others, and use the telephone freely. In addition, they can pay for the specialized supportive services that they may need as they age.”²³⁴

Extrapolating from studies on poverty in the general population, it is likely that the risk of social isolation may be particularly high for LGBT elders who live only on Social Security, LGBT elders of color, and older lesbian and bisexual women.

231 Sederer, L. (2006, May 18).

232 Sederer, L. (2006, May 18).

233 See Cook-Daniels, L. LGBT Seniors- Proud Pioneers: The San Diego County LGBT Senior Healthcare Needs Assessment. Retrieved September 21, 2009, from www.sage-sd.com/SeniorNeedsAssessment. Daniels also posits that the fear or threat of “outing” the elder may prevent them from reporting the violence.

234 Walker, Jessica, and Cara Herbitter. (2005). *Aging in the Shadows: Social Isolation among Seniors in New York City*. United Neighborhood Houses: New York. Retrieved September 21, 2009, from www.unhny.org/advocacy/pdf/Aging%20in%20the%20Shadows.pdf

Data has consistently shown that most elders' income is directly derived from Social Security, but these benefits accrue on average to \$13,000 per year, leaving elders who heavily depend on Social Security in the near-poverty bracket.²³⁵ Women experience higher rates of poverty than men, and people of color experience higher rates of poverty than their white peers. Assessing these rates alongside the fact that "those living alone had the highest poverty rate (33%)" suggests that poor women of color are likely to compose the largest portion of those isolated.²³⁶

Physical immobility may also be a source of increased isolation among LGBT elders. Particularly fragile or vulnerable elders may shun leaving home altogether; something as simple as an uneven sidewalk can hinder an elder's ability and desire to leave the relative safety and comfort of home. Similarly, disabilities increased the likelihood of isolation, as limited mobility prevents or discourages elders from leaving home. One study reported that 34% of older adults in New York City had "physical disabilities that affected walking, climbing stairs, reaching, lifting, or carrying; 23% had conditions that restricted their ability to go outside the home, shop, or visit the doctor."²³⁷

Fear of victimization likewise contributes to social isolation. The New York Academy of Medicine reported elders "fear crime and would like a more visible police presence on the streets because as older people they are often frail and therefore 'easy targets'."²³⁸ This fear of attack or imminent physical assault breeds fear and distrust of others, limiting elders' access to outside resources and relationships on a continual basis. As outlined earlier, the threat of hate crimes and other risks of violence faced by LGBT older adults make fear of victimization a particular concern.

Finally, isolated elders may face stigmatization by services providers and informal caregivers, who may question why these older adults would "do that

235 "Near-poverty" is classified as an income falling between the official poverty line and 125% within the poverty line.

236 Lloyd Sederer's research presented in May of 2006 suggests similarly, arguing his research implicates the elders who are most isolated are "more likely to be female, Hispanic, unmarried, poorly educated and poor." The 2009 federal poverty guideline for one person is an income of \$10,830 annually; \$14,570 for two; and \$22,050 for a family of four.

237 New York City Department for the Aging (September 2008), p.12.

238 New York Academy of Medicine. (2008). *Toward an Age-Friendly New York City: A Findings Report*. Retrieved September 24, 2009, from www.nyam.org/initiatives/docs/AgeFriendly.pdf, pp.19-20.

to themselves.” This sentiment belies the reality stated succinctly in one recent report: Those who have “the weakest capabilities and greatest needs are the least likely to get them [addressed].”²³⁹ In other words, factors such as race, class, sexual orientation, and gender identity—as well as the ways in which these identities are institutionally devalued or denied—all forge a path to social isolation in old age.

Given the lack of empirical research on social isolation among LGBT elders and given the inherent difficulties in studying a phenomenon that intrinsically reflects social invisibility, we cannot provide a clear estimate of the impact of social isolation on LGBT elders. At the most rudimentary level, studying the isolated requires that researchers have contact with the subjects in question—yet those who are in communication with researchers are, to some degree, still socially integrated and relatively accessible. With so little federal commitment to studying LGBT elders in general, identifying and serving isolated LGBT elders is yet another monumental task currently left to a handful of underfunded LGBT organizations and programs.²⁴⁰

HOUSING

Creating LGBT-targeted and LGBT-friendly elder housing is a scarcely developed yet important option for enabling our elders to age in their own communities, avoid isolation and receive culturally competent care. Gerontologist Brian de Vries stresses the importance of this issue for LGBT elders: “*Home* is a weighty term, packed with reference to everything from the physical and environmental space surrounding an individual to his or her psychological and emotional space. Such multidimensionality is infrequently noted in the considerations of housing for older people. However, issues of housing and the older LGBT population mandate such considerations, given the legacy of harassment and

239 Klinenberg, E. (2003). *Heat Wave: A Social Autopsy of Disaster in Chicago*. Chicago: University Of Chicago Press, pp.142-143.

240 Eric Klinenberg similarly noted this irony in his own research for *Heat Wave*: “It is difficult to measure the number of people who are relatively isolated and reclusive. First, isolates and recluses are by definition difficult to locate and contact because they have few ties to informal or formal support networks or to researchers; second, isolated or reclusive people who are contacted by researchers often become more connected through the research process. In surveys and censuses, isolates and recluses are among the social types most likely to be uncounted or undercounted because those with permanent housing often refuse to open their doors to strangers and are unlikely to participate in city or community programs in which they can be tracked. In academic research it is common to underestimate the extent of isolation or reclusion among elders because most scholars gain access to samples of elderly people who are already relatively connected.” p.45.

discrimination that many LGBT elders have endured and their associated need for a safe home-base retreat.”²⁴¹

From its earliest days, the LGBT movement in the United States has recognized this need: The first mention of plans to build specialized housing for gay older adults appeared in the homophile publication *One Magazine* in 1956.²⁴² That project never came to fruition, but now, more than a half-century later, at least eight LGBT elder housing communities are in existence, and approximately 20 more are in various stages of planning.²⁴³ In addition, a number of general elder housing facilities have established LGBT-friendly policies and practices, and several initiatives are under way around the country to advocate culturally competent care for LGBT elders in the full range of existing senior housing.

The emergence of LGBT-specific and LGBT-friendly housing options is a positive sign, but the small number and scattered geographical distribution of these projects is at the same time cause for concern. Given the demographics of the older LGBT population as discussed elsewhere in this report, government agencies, for-profit and nonprofit housing developers, and existing providers of housing nationwide will be required to take action to address LGBT elders’ largely unmet needs for homes where they can age with support, dignity and respect.

HOUSING: Housing Options for LGBT Older Adults

The majority of Americans hope to age in place in the homes where they have always lived—yet to make this possible, most will ultimately need varying degrees of home and community-based services. In addition to those who

241 DeVries, B. (2004). “There’s No Place Like Home: Needs Assessments Look at Housing Services for LGBT Elders.” *OutWord* 11(2), pp.4–5, 8.

242 McIntire, D. (1956, April-May). “Tangents: News and Views.” *One Magazine*. Retrieved September 16, 2009, from www.asaging.org/asav2/asacollection/enews/07june/documents/One1956.pdf.

243 Koskovich, G. (2009, February 23). “LGBT Retirement Housing.” Unpublished table prepared by Gerard Koskovich for the LGBT Aging Issues Network (LAIN), available in the LAIN subject files at the GLBT Historical Society in San Francisco (collection no. 2008-02; file: “Housing—Clippings: ASA Publications & Backgrounders”). The numbers do not include cohousing projects, mobile home parks or board-and-care homes. An earlier version of this table appeared in Kennedy, L. (2007, November 25). “Living Out the Golden Years: New Facilities Across the U.S. Offer the Serenity of Bias-Free Retirements.” *Denver Post*. Retrieved from www.denverpost.com/lifestyle/ci_7550872.

The majority of Americans hope to age in place in the homes where they have always lived.

are aging in place, many older adults prefer or require specialized housing, in settings ranging from independent living to assisted living to skilled nursing.²⁴⁴

In a meta-analysis of findings from more than a dozen local and regional needs assessments focused on LGBT elders around North America, gerontologist Brian de Vries reports that, “As with older adults in general, respondents valued highly the promotion and maintenance of independence. To meet [this need], respondents in several of the studies proposed the development of LGBT-friendly in-home supports; the development of a welcoming residential community was also frequently mentioned. Most important, many of those who responded to questions regarding preparations for late life commented that their strong preference was for LGBT-affirmative and LGBT-predominant housing—though not necessarily LGBT-exclusive housing—and for environments that connect generations and communities.”²⁴⁵

Since the mid-1990s, options have emerged across the United States in response to a growing awareness of the housing needs of LGBT elders. These options include targeted in-home services, market-rate and affordable LGBT-specific and LGBT-friendly retirement communities, licensed board-and-care homes, and initiatives to promote cultural competence in the wide range of existing senior housing facilities.²⁴⁶ Despite the diversity of models for establishing LGBT elder housing, the number and geographic distribution of programs and facilities remains quite limited.

244 “Assisted living” refers to the situation of many elders or people with disabilities who operate independently for the most part but who may need help with some activities of daily living, or simply prefer the convenience of having support. “Requiring skilled nursing” refers to those with a continuing need for nursing support and qualify for certain benefits under Medicare.

245 DeVries, B. (2004). “There’s No Place Like Home: Needs Assessments Look at Housing and Services for LGBT Elders,” *OutWord* 11(2), p. 4–5, 8; cite at pp. 5, 8.

246 A Board and Care Home is a type of elder housing for those who want or need to be in a group living situation and who may need assistance with personal care and living activities intermittently but not constantly throughout the day.

HOUSING: Homecare

As frailty, disability or chronic illness reduces the capacity to handle everyday chores such as shopping, cooking and cleaning and to carry out activities of daily living such as bathing or getting in and out of bed; many older adults can nonetheless retain a degree of independence and remain in their own homes if they receive needed assistance. For some, informal caregivers such as family members and friends are available to help; others require formal care provided by paid homecare workers.

Given the data presented elsewhere in *Outing Age 2010* regarding LGBT elders' tendency to live alone and to be separated from biological family, many would no doubt benefit from services to support aging in place. At the same time, LGBT older adults may hesitate to admit homecare workers into their homes because they fear exposure, discrimination or disapproval in one of the few places where they can truly be themselves.²⁴⁷

To address this concern, a number of LGBT organizations have established local friendly visitor programs and chore assistance networks. Philadelphia's "Connecting Generations" program, run out of the William Way Center, offers intergenerational friendly visiting programs and chore assistance to homebound LGBT older adults, for example, while GRIOT Circle's "Buddy to Buddy" program matches older LGBT people with a homebound elder to ensure an ongoing connection with community through friendship and social support.²⁴⁸ In addition, a handful of explicitly LGBT-friendly for-profit homecare services have entered the marketplace in major urban areas. The demand for LGBT-affirmative in-home services, however, no doubt significantly outstrips the still very limited supply.

HOUSING: Assisted Living

To date, only one LGBT-targeted retirement community—the for-profit RainbowVision in Santa Fe—offers assisted living units. As a consequence, virtually all LGBT older adults throughout the United States who find that they require a residential setting offering 24-hour formal care are obligated to move into assisted living facilities for the general population. Given that mainstream residential and care settings and providers are largely unprepared and ill-informed of the needs of their LGBT clients and residents, mandated trainings and

247 Funders for Lesbian and Gay Issues. (2004).

248 The GRIOT Circle's program is designed specifically for LGBT people of color. In Ithaca, New York a rural visitor program, "Share the Care" has been established and provides a replicable model for advocates organizing services for rural LGBT elders, see profile on page 90.

Karen Dickinson Los Angeles, California, 66



In total, Karen has moved 63 times, nearly one move for every year of her life. Born in Akron, Ohio in 1943, Karen left at age 18, escaping a toxic and unsupportive family environment. Once in California, she settled into a cozy abode in Huntington Beach and got her first job at Denny's Diner. She remembers with fondness the minimal cost of living then, and how she and her friends easily supported their social lives.

A year later, in 1962, Karen packed up her things and headed back to Ohio. She soon married and had two sons. Her husband was a traveling salesman so they moved fairly frequently, from Ohio to Chicago, Columbus, Kansas City, and kept moving until 1974. It was around this time that Karen realized she was a lesbian. She subsequently divorced, and her two sons, then 5 and 9, began splitting their time between their parents.

A year later, Karen moved in with her first partner, Robin, and her ex-husband began asking pointed questions about the relationship. He asked their sons how many beds were in the house, which people slept in which beds, and how their mother interacted with Robin. Soon, he attempted to remove the boys from Karen's home.

"I felt like I was free-falling. I had no idea what to do so I packed up all of the things that I could and took the boys and caught a flight in the middle of the night. I didn't tell anyone where we were going. We went to Hawai'i. I had no idea what I was doing."

Karen was quickly apprehended. "My sons were immediately taken from me and given to my ex-husband and his new wife and under my father's orders, I was taken to a mental institution without delay or hearing."

Eventually Karen did hire a lawyer and secured visitation rights. "I got to see them four times a year in Wisconsin, and it was always under supervised conditions." In 1978, the boys permanently came home to live with me in Akron, and I introduced them to my girlfriend, and I told them that this was a big deal, and that they could never tell their father about her. They didn't, and from then on, they lived with me."

Karen continued to move across the country. She remembers feeling vulnerable when men found out she was a lesbian living alone; she was physically and verbally harassed, accosted, and intimidated for being gay. In 2000, she moved to Los Angeles, where she found the country's first-ever affordable residential housing for LGBT elders. Conceived by Gay and Lesbian Elder Housing, Triangle Square was specifically designed for older adults on a fixed or low-income scale.

Triangle Square has daily, weekly, and monthly activities, including artwork, sculpting, writing classes, yoga, and game nights. At the end of the month, there will be a celebratory art show, complete with wine and cheese. "I've been here now about two years, and it's mine until I die or need assisted living. My current project is to get people together on our floor and get to know each other on a name by name basis, so whenever there is a need for help, we can just ask each other. I think a lot of people are still isolated here, even though there are surrounded by other LGBT people."

significant changes in policies and practices are essential to ensure that assisted living facilities provide culturally competent care to LGBT elders.

A 2005 study by M. J. Johnson and colleagues offers a snapshot of lesbian and gay viewpoints on these issues by surveying a sample of 127 respondents. Thirty-four percent said they thought hiding their sexual identity would be necessary if they moved to a retirement home; 93% felt that this problem would be mitigated by the development of staff diversity training including a lesbian and gay component; and 83% thought such training would build tolerance of lesbian and gay individuals not only among staff but also among other residents.²⁴⁹

Such training programs show much promise in raising the awareness of providers regarding the needs of LGBT elders in their care. One example is Project Visibility, an initiative of Boulder County Aging Services in Boulder, Colorado, which works to create safe environments for LGBT older adults by educating providers of assisted living and other elder services and helping them develop policies and practices to protect residents from discrimination. In a 2006 survey of those who had taken the training, Project Visibility found an extremely high level of success: Eighty-four percent of the 110 respondents reported an increased awareness of LGBT aging issues, and 78% better understood the fears experienced by some LGBT elders.²⁵⁰

Most respondents also said that the training helped them keep from making assumptions about their clients' identity, families, or marital status. The training led 24% of the participating agencies to revise their marketing, applications or other materials, and 18% changed policies or procedures to be more LGBT inclusive. Many agencies also reported making changes in ongoing employee trainings and posting materials provided in their facility which they had received from Project Visibility. As a result of these workplace changes, over a quarter of respondents felt staff communication had improved, 34% felt that the administration was more culturally competent and aware, and one fifth said LGBT staff members felt more included. Perhaps the biggest success was the fact that 11% of those surveyed reported clients becoming more open with them about their sexuality.²⁵¹

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

250 Boulder County Aging Services Division. (2006). *Evaluation of Project Visibility Training: Outcomes and Satisfaction*. Retrieved July 28, 2008, from www.projectvisibility.org.

251 Boulder County Aging Services Division. (2006). *Evaluation of Project Visibility Training: Outcomes and Satisfaction*. Retrieved July 28, 2008, from www.projectvisibility.org.

HOUSING: Naturally Occurring Retirement Communities

Naturally occurring retirement communities (NORCs) offer an innovative model for LGBT elder communities that show much promise for widespread use in cities nationwide. A NORC can develop when individuals choose to age in their homes in single neighborhood or even single buildings, or can be the result of older individuals relocating near one another. In this situation, housing is “naturally occurring” rather than designed for elders, wherein adults form communities that fulfill the practical, psychological, and social needs required to age with dignity and independence.²⁵² The NORC model was pioneered by Jewish communities in U.S. cities where naturally occurring concentrations of elders in a given locale were recognized through federal grants that enabled the communities to benefit from supportive services such as mobile healthcare units and senior centers.²⁵³

Drawing on this model, SAGE has established a NORC in New York City’s Harlem neighborhood. SAGE obtained funding from the State of New York to establish a staffed drop-in site where elders can learn about activities taking place in the community and can connect with their neighbors. LGBT Harlem residents have varying levels of openness about their identities, so the organization has worked to earn the trust of the close-knit community and to learn what services the elders most need. SAGE has partnered with other long-established community-based organizations in the area to provide health screenings and legal clinics among other services. SAGE staff report that community socials have been the most popular events, with some drawing as many as 100 participants.

252 SAGE Harlem. SAGE Harlem NORC Fact Sheet. Retrieved September 16, 2009, from www.sageusa.org/uploads/Microsoft%20Word%20-%20SAGE%20Harlem%20Neighborhood%20NORC%20Fact%20Sheet%20-%20Jan%2008.pdf.

253 Altman, A. The NORC Supportive Service Program. United Jewish Appeal Federation of New York. Retrieved October 14, 2009, from www.wcjs.org/QC2007/Materials/The%20NORC%20Supportive%20Service%20Program%20-%20Anita%20Altman.pdf ; Masotti, et al. (2006). Healthy Naturally Occurring Retirement Communities: A Low-Cost Approach to Facilitating Healthy Aging. *American Journal of Public Health* 96. Retrieved from www.ajph.org/cgi/content/full/96/7/1164?maxtoshow=&HITS=10&hits=10&RESULTFORMAT=&author1=Masotti&searchid=1&FIRSTINDEX=0&sortspec=relevance&resourcetype=HWCIT.

HOUSING: LGBT-Targeted Elder Housing

Since the mid-1990s, a handful of LGBT-targeted retirement communities have opened in the United States. Starting in 1997 with Palms of Manasota in South Florida, an initial group of for-profit projects offered lots for sale on which buyers could construct their own homes; purchase of the lot and payment of a monthly fee provided membership in a homeowners association offering access to shared facilities such as a community clubhouse and landscaped open spaces.²⁵⁴ Individual developments of this sort subsequently opened in New Mexico and North Carolina, as did a manufactured-housing “resort and retirement community” for lesbian women in South Florida.

During the same period, for-profit and nonprofit developers launched initiatives to build full-scale retirement communities tailored to the needs of LGBT older adults. These projects were planned as amenity-rich communities offering a village-style mix of housing or a large multi-unit building, ready for purchase or rental. In addition, three for-profit projects that involved rehabilitating former hotels to serve as multi-unit LGBT elder housing made it to the point of briefly opening for business: Barbary Lane Senior Communities in Oakland, CA; Calamus Communities in Phoenix, AZ; and The Racquet Club in Palm Springs, CA. Each closed within months for reasons that were not publicly announced.

Although studies show that a for-profit market exists for LGBT elder housing, the challenges of finding investors and financing, purchasing suitable land, and obtaining permits and licenses have proved insurmountable for the two or three dozen such projects that were announced but never went beyond the predevelopment stage.²⁵⁵ Similarly, although needs assessments show a strong community interest, only one nonprofit to date has succeeded in putting together the public funding and private donations and solving the logistical issues involved in opening affordable housing for LGBT older adults.²⁵⁶

254 Visit the Palms of Manasota website at www.palmsofmanasota.com. Visit the RainbowVision website at www.rainbowvisionprop.com.

255 For an example of market research, see Dwight, M. (2004). “Searching for the Sample: Researching Demand for Senior Housing in the LGBT Community.” *OutWord* 11(2), pp.2,8.

256 On needs assessments, see DeVries. (2004).

Despite the considerable challenges to creating such projects, approximately eight LGBT-targeted elder housing communities are currently open, and approximately 20 more are in various stages of planning. Only one of the existing facilities, Triangle Square in Los Angeles, is a nonprofit offering affordable housing. The others offer various forms of market-rate housing, ranging from the relatively low-cost RainbowVista in Gresham, Ore., to the high-end RainbowVision in Santa Fe. The small number of these projects makes it clear that both affordable and market-rate LGBT-specific housing remain exceptionally underdeveloped segments of the field of elder housing overall.

Clearly, the past decade has seen a great deal of innovative thinking and action in the arena of organizing LGBT housing for elders. Nonetheless, affordable LGBT-affirming or LGBT-centric housing options do not exist for the vast majority of the nation's LGBT elders who seek them. While the majority of initiatives in LGBT housing have been in the for-profit arena, the economic vulnerabilities experienced by LGBT elders over the lifespan documented here indicate that culturally competent, LGBT-affirming public and affordable housing options are most sorely needed. The emergence of NORCs is a bright spot on the housing horizon, offering possible organizing strategies in neighborhoods with heavy concentrations of LGBT elders. However, since many LGBT people of color tend to settle into neighborhoods along the lines of their racial/ethnic identities rather than their LGBT identities, the NORC model may be more likely to serve LGBT elders living in urban "gayborhoods" than elders of color — the Harlem NORC seems to be a wonderful exception. Ten years from now, when the Task Force revisits this document for a second update, the LGBT elder boom will be in full flower — the crisis in housing presented here must be mitigated by vastly improved mainstream assisted living care and services, a mix of public and private LGBT-affirming housing options, and a thriving network of LGBT-centric NORCs.

POLICY RECOMMENDATIONS

To address LGBT elders' needs for caregiving, social integration and housing, The Task Force calls on legislators, public agencies, providers of health and mental health services, and community advocates to take the following steps:

- Governmental agencies at the federal, state and local levels must facilitate innovative funding programs for LGBT-targeted and LGBT-affirming affordable and low-income housing.
- Amend the Fair Housing Act and other housing laws to include specific non-discrimination policies that protect LGBT people, and tie the receipt of federal and state funding to compliance.
- Call upon the U.S. Department of Housing and Urban Development (HUD) to enforce its LGBT anti-discrimination regulations and to require grantees in elder housing to obtain certification as culturally competent to serve LGBT elders.
- Amend the federal Family and Medical Leave Act to cover LGBT caregivers and their family and friends, regardless of whether they are related by blood or marriage.
- Reach out to LGBT caregivers to inform them about services they can receive from the National Family Caregiver Support Program.
- Develop policies, practices, and training within caregiver programs to ensure that staff are willing and able to support LGBT caregivers.
- Fund and develop programs that are specifically designed to address the needs of LGBT caregivers and of caregivers for LGBT older adults.
- Fund and develop programs that are specifically designed to address social isolation among LGBT elders, such as LGBT-specific and LGBT-affirming friendly visitor programs.

CIVIC ENGAGEMENT, LIFELONG LEARNING AND ELDERS IN THE WORKFORCE

Too often, older adults in the United States are regarded as a population with little prospect for learning, growing and contributing to society. Aging often is viewed largely as an assemblage of losses and needs, with elders seen as burdens, soaking up resources that could be better used elsewhere. The reality is far different from these popular misconceptions: older adults in fact retain the capacity to learn, to develop the wisdom of experience, and to make positive contributions to their communities as volunteers. In addition, a considerable percentage of those ages 65-plus remain productive in the economy, either by choice or necessity.

CIVIC ENGAGEMENT

One of the forces working to reverse the widespread stereotype of older adults as social burdens is the civic engagement movement, which focuses on the strengths and contributions of older people. One advocate explains civic engagement as “actions wherein older adults participate in activities of personal and public concern that are both individually life enriching and socially beneficial to the community.”²⁵⁷ Such civic engagement not only serves the people, organizations and communities with whom older people work, but also helps older adults themselves: Studies have shown that older adults who regularly volunteer lower their risk of mortality and have better physical and mental health.²⁵⁸

Many LGBT aging organizations were founded and built to a significant degree by LGBT older adults, and are thus emblematic of the extraordinary benefits of civic engagement. Anecdotal evidences suggests that LGBT people in midlife and older adults continue to play vital roles as community organizers, policy advocates, nonprofit board members, and frontline volunteers in an array of initiatives across the country. Recognizing the value of sustaining and building such involvement, a handful of LGBT groups have launched programs to formally encourage civic engagement among elders; at least a few non-LGBT organizations have likewise made targeted efforts to involve LGBT older adults as volunteers in initiatives that reach beyond the LGBT community.

257 Culliane, Patrick. “Late-Life Civic Engagement Enhances Health for Individuals and Communities.” *The Journal on Active Aging*. (2006): 66-72.

258 Cullinane, P. (2006).

A program from the San Francisco Bay Area offers one model for such programming: The Leadership Academy of Lavender Seniors of the East Bay in San Leandro, CA, provides an annual daylong training on how elders can get involved in local government advisory boards. Another Bay Area nonprofit, the Family Service Agency of San Mateo, recruits LGBT elder volunteers as part of its diversity outreach for senior peer counselors. And in the Boston area, Americorps volunteers have met with older adults from the LGBT Aging Project to invite their participation in the Experience Corps program which enlists elders to help public school students learn to read.²⁵⁹

Civic engagement can take many forms. Existing national programs for older adults sponsored by the federal government include the following:

- The Retired and Elder Volunteer Program (RSVP), which has recruited nearly half-a-million Americans ages 55 and older to serve in 65,000 nonprofit organizations, public agencies, and faith-based institutions.
- Foster Grandparents, which employs 30,000 low-income older Americans to help young mothers and abused children and to work in drug treatment settings, daycare centers, and Head Start programs.
- The Elder Companion program, which assists homebound and frail elders.²⁶⁰

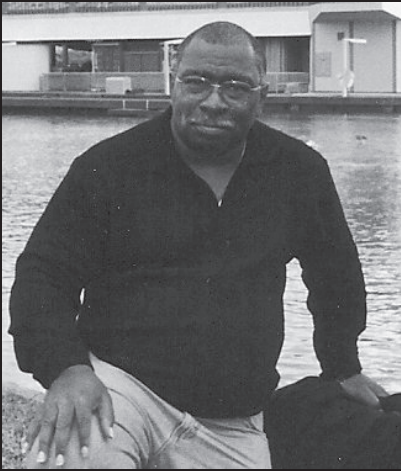
These programs are modest efforts when measured against the resource represented by older adults who are not fully involved as volunteers or who want deeper engagement with their communities. Professionals and organizations in the field of aging are increasingly piloting programs and undertaking research to determine how to best increase civic engagement among older adults. To reach their full potential, these initiatives must provide a culturally competent welcome to LGBT elders, whose experience, wisdom and skills stand to benefit not only the LGBT community but also the community as a whole.

259 For the programs mentioned, see: "Lavender Seniors of the East Bay. (2009). Civic Minded Seniors Get Involved." *Lavender Notes* 14(4), p.1. Retrieved from www.lavenderseniors.org/newsletters/2009-04.pdf; Aragon, J. (2009, March 29). Help Available for Coastside Seniors Who Lost Medical Care. *San Mateo County Times*; LGBT Aging Project. (2009, March). New Faces and Places at the LGBT Meal Sites. *Do Tell: The LGBT Aging Project's Monthly Newsletter*. Retrieved from archive.constantcontact.com/fs087/1101765436976/archive/1102481189561.html.

260 Achenbaum, WA. "A History of Civic Engagement of Older People." *Generations*. 30.4 (2007): 18-23.

Marc Anderson

Hampton Roads, Virginia, 60



Not a week goes by that Marc Anderson doesn't have an exciting church engagement planned. Indeed, as a current member of the New Life Metropolitan Community Church of Hampton Roads, he will typically have Church Choir practice on Monday night, a Church Board Meeting on Wednesday night, a Bible-study on Thursday night, social events on Friday and Saturday nights, and a service on Sunday mornings! Since joining New Life MCC in 2000, Marc says he has finally found a "personal fit" between his personal and religious sides, bringing both into a strong, unified life.

But Marc remembers that his relationship with religion has waxed and waned over the years. Born into "a maternal Baptist and paternal Methodist family," he remembers that his first introduction to religion involved a lot of "the traditional gloom and doom of the day, and the wait, repent, and prepare for the better

thereafter, tomorrow." Alongside all this, Marc had a growing recognition that he was gay.

As a black youth living in Harlem, Marc discovered the area's thriving gay male community and completely immersed himself in it. "The bars in Harlem became my stomping grounds. There, among many other black gay men, I met the elite black church folks—the musicians, the singers, and my own real Uncle Oliver, who was a very successful Black Educator and church musician, included in the mix. These people rendered unto Caesar during the week, but then gave it up to their God on Sunday mornings. From them, I learned it was okay to be gay and Christian, and I began to see the connections between their sexuality and their religion. I developed a relationship with the Minister of Music at the Abyssinian Baptist Church, and I attended and learned a lot."

Now, as an active member in his MCC, Marc sees a growing and welcoming trend between communities of faith and sexual identities. "There are more affirming churches out there: MCC, UCC (United Church of Christ), Unitarian, the Fellowship Churches. Now, LGBT people can be who we are meant to be: part of God's rainbow of people. There are also new theologies out there like Liberation, Feminist, Queer, and others that are now being taught in Seminaries and

Schools of Knowledge and Thought. New clergy candidates and older mature clergy are studying, learning, and applying these theologies to our 21st Century world. LGBT people are everywhere and people need to deal with those realities."

For Marc, "The most important change I have seen in the last ten years is the desire for, and the establishment of, direct interaction between different faith communities and the LGBT religious community." And he has lived to see, and experience, the intertwining of the two worlds. "I have two stand-out affirming experiences. The first was Our Holy Union in 2005 with my partner, Allan, of 8 years, performed by MCC clergy in the Sanctuary of St. Mark's Episcopal Church in Hampton, VA. The second was becoming one of the 18,000 same-sex couples who said, 'I do!' in California in 2008. I never thought I would marry—much less be a part of a living history that may change our social customs. It goes to show, 'With God, all things are possible.' -Matthew 19:26.

LIFELONG LEARNING

Honoring the ongoing individual worth and social involvement of older adults also is a central principle of the lifelong learning movement. As with civic engagement, studies have demonstrated that active participation in learning contributes to the cognitive health and social well-being of older adults and supports their ongoing involvement in their communities.²⁶¹ Education, arts and humanities, and intergenerational programs for older adults are sponsored by senior centers, colleges and universities, and other institutions around the United States. Two particularly influential and well-funded initiatives in this area are the educational travel nonprofit Elderhostel and the nationwide network of Osher Lifelong Learning Institutes.²⁶²

Until quite recently, lifelong learning programs overall made no visible effort to provide a culturally competent welcome to LGBT older adults or to address LGBT issues in their educational offerings. Even today, most such programs for the general population appear to provide little or no outreach or programming targeted to LGBT elders. A few organizations and agencies around the U.S. have, however, played an exemplary role in addressing this gap. In the Boston area, Wheelock College has partnered with Stonewall Communities, a local LGBT nonprofit, to launch a lifelong learning institute specifically tailored to LGBT older adults.²⁶³ Similarly, the Boulder County Aging Services Division, an area agency on aging in Colorado, has organized art classes, grief workshops and other educational opportunities for LGBT elders at local senior centers.²⁶⁴

261 See, for example, Gillespie, A., & Gottlieb, B. (2008). "Volunteerism, Health, and Civic Engagement among Older Adults." *Canadian Journal on Aging / La Revue Canadienne du Vieillissement* 27(4).

262 Visit the Elderhostel website at www.elderhostel.org; visit the Osher Lifelong Learning Institutes home page at www.usm.maine.edu/olli/national/about.jsp.

263 Visit the Stonewall Communities Lifelong Learning Institute website at www.sites.stonewallcommunities.org/www/lii.

264 De Anni, T. (2007). "Looking Ahead to 2008." *Rainbow Elder News* 3(4). Retrieved from www.bouldercounty.org/cs/ag/pdfs/rainbow_news_3_4.pdf.

Likewise stepping into the breach in the past decade are a number of LGBT community centers and other LGBT organizations. Three California programs offer examples:

- SAGE Palm Springs offers ongoing older adult education in such subject areas as art, computer skills, cooking, creative writing, and languages.²⁶⁵
- The Los Angeles Gay and Lesbian Center offers weekly art, computer skills, and exercise classes specifically for elders—and provides a discount for those ages 55-plus who enroll in any of the center’s general adult education courses.²⁶⁶
- Frameline, the nonprofit that sponsors the San Francisco International LGBT Film Festival, hosts the Generations Film Workshop, an annual eight-week program that brings together LGBT elders and youth to learn media literacy and technical skills and to jointly create short films about their experiences.²⁶⁷

The efforts of these organizations undoubtedly benefit the elders who participate, yet the fact remains that such programs are largely or completely unavailable in most parts of the United States. To ensure full participation by all interested elders, lifelong learning initiatives throughout the country must develop culturally competent outreach and culturally relevant courses for LGBT older adults. To ensure the well-being of all their clients, LGBT community centers and other LGBT organizations likewise would do well to create opportunities for lifelong learning for our elders.

WORKFORCE ISSUES

In addition to opportunities for civic engagement and lifelong learning, paid employment is a concern for many older adults, a significant percentage of whom continue working beyond the traditional retirement age of 65. In 2007, 16% of Americans ages 65-plus (5.8 million people) were in the labor force, whether employed or actively seeking work; this percentage has been rising for

265 Visit the programs page of the Golden Rainbow Senior Center website at www.goldenrainbowseniorcenter.org/programs.html.

266 Visit the Seniors Services page of the Los Angeles Gay and Lesbian Center at www.lagaycenter.org/site/PageServer?pagename=YW_Seniors_Program.

267 Visit the Generations Film Workshop home page at www.frameline.org/filmmaker-support/workshops.

both men and women for nearly a decade.²⁶⁸ Some of these individuals wish to remain economically productive because they hold satisfying jobs and are not yet interested in retiring. Others are required to continue working because they lack sufficient resources to retire—an issue that has become increasingly salient as the current economic downturn exacerbates the economic vulnerability of the older adult population.

Given these circumstances, ongoing productive work certainly remains a concern for many LGBT people ages 65-plus. Indeed, a national survey conducted in 2006 found that 27% of LGBT Americans in the baby boom generation expect to retire sometime in their 70s.²⁶⁹ The issues of poverty and the economic effects of lifelong job discrimination discussed elsewhere in this report suggest that remaining in the workforce as a matter of necessity may be a particularly significant issue for LGBT elders. Efforts to pass the federal Employment Non-Discrimination Act of 2009 (ENDA), which would ban job discrimination against LGBT people of all ages and across all states, will have particular significance for LGBT older adults, as do assertive enforcement and enhancement of existing laws banning age discrimination in the workplace. For as long as they remain in the workforce, whether by choice or as a result of financial need, LGBT elders must be ensured the fairness and respect that all workers deserve.

268 US Department of Health and Human Services, Administration on Aging. (2008). A Profile of Older Americans: 2008. Retrieved August 29, 2009, from www.aoa.gov/AoARoot/Aging_Statistics/Profile/index.aspx, p.12.

269 Metlife Mature Market Institute, Lesbian and Gay Aging Issues Network of the American Society on Aging, & Zogby International. (2006), p.15.

POLICY RECOMMENDATIONS

To promote full civic engagement of LGBT older adults and advance the societal benefits that such engagement would produce, the Task Force calls on legislators, public agencies, nonprofit organizations, and community advocates to take the following steps:

- Develop a national strategy for promoting new and meaningful volunteer activities and civic engagement opportunities for current and future older adults, ensuring that such opportunities are open to all, regardless of sexual orientation and gender identity and expression.
- Include LGBT organizations and issues in congressionally mandated efforts by the Administration on Aging and the Corporation for National and Community Service to develop a comprehensive strategy for mobilizing older adults to address critical local needs of national concern.
- Develop and support innovative civic engagement programs involving older LGBT people that increase their involvement in volunteer settings and in public policy advocacy.
- Develop culturally competent outreach and culturally relevant courses for LGBT older adults in the full range of older adult education settings.
- Enforce existing laws banning discrimination in employment on the basis of age, sexual orientation and gender identity and expression to begin correcting the workplace discrimination that costs some older LGBT adults their jobs.
- Pass federal and—where they do not currently exist—state and local laws banning employment discrimination on the basis of sexual orientation or gender identity and expression to ensure that LGBT older adults have equal access to productive work.

CONCLUSION

Throughout their lives, LGBT elders have participated to the fullest extent in American life in ordinary and extraordinary ways: through work and professional activities, economic and cultural productivity, serving in the military, caring for chosen and biological family, raising children and grandchildren, paying taxes, organizing for and demanding justice, and countless other pursuits. At the same time, these elders have been largely shut out of the basic institutional supports, benefits and safety nets that other older Americans rely upon as foundational commitments of our democracy.

The time has come for the nation to leave behind this history of indifference and discrimination that has led to invisibility, vulnerability, social isolation, poverty, poor health and early death for far too many LGBT elders. To ensure that LGBT older adults can live with dignity, respect and full inclusion in American society, the Task Force demands that the federal government, the states, the field of aging and our own LGBT institutions vigorously embrace and pursue the policy recommendations presented in this report.

We recognize that all levels of government in the United States are struggling to restructure financial, health, and social services systems to meet the needs of our rapidly aging nation. These efforts present a unique opportunity to redress the flaws and biases in current policies and practices that lead to the exclusion and marginalization of LGBT elders. New policies and legislation must simultaneously outlaw discrimination based on sexual orientation and gender expression or identity; recognize and support the diversity of the range of family structures which LGBT people form; create and support culturally competent programs that effectively address the needs of LGBT older adults; and provide relevant training, data collection, and research so that agencies and professionals in the field of aging can develop programs and services that welcome, support and respect all Americans.

Accordingly, we synthesize and recap our major policy recommendations here:

KEY POLICY RECOMMENDATIONS

- The federal government and the states must fund and include questions on sexual orientation and gender identity in all research surveys so that the specific strengths and vulnerabilities of LGBT elders can be identified and addressed.
 - Revise the administrative regulations for the Older Americans Act to require state agencies receiving funding for data collection to gather statistical information on LGBT populations.
 - Replicate the Older Californians Equality and Protection Act in the states — with attention to funding for its mandates — to vastly improve state level data collection and service delivery.
 - Conduct specific research on the physical and mental health consequences of racism, economic injustice, homophobia, and transphobia experienced by LGBT elders over the lifespan.
- The federal Administration on Aging should issue guidelines to the states to include LGBT elders as a “vulnerable senior constituency and identity” and those with the “greatest social need” and provide directives for active outreach to and inclusion of LGBT elders in state plans.
- Pass the Employment Non-Discrimination Act (ENDA) to minimize workplace discrimination over the lifespan so that LGBT people do not face their elder years at an economic disadvantage. Enforce state and local employment non-discrimination laws.
- Enforce existing — and pass additional — state and local laws banning discrimination on the basis of age, sexual orientation and gender identity and expression in public accommodations such as senior centers, public housing and nursing facilities.
- Reframe and expand the definition of family to recognize same sex relationships and LGBT family kinship structures in the designation of federal benefits such as Social Security, Medicaid and Veterans Benefits.
- Pass federal and state legislation that ensures access to LGBT-affirming health care for people of all ages and provides appropriate care for transgender people.
- Amend the federal Family and Medical Leave Act to cover LGBT caregivers and their family and friends, regardless of whether they are related by blood or marriage.

- Amend the Fair Housing Act and other housing laws to include specific non-discrimination policies that protect LGBT people, and tie the receipt of federal and state funding to compliance.
- Call upon the U.S. Department of Housing and Urban Development (HUD) to enforce its LGBT anti-discrimination regulations and to require grantees in elder housing to obtain certification as culturally competent to serve LGBT elders.
- Press governmental agencies at the federal, state and local levels to facilitate innovative funding programs for LGBT-targeted and LGBT-affirming affordable and low-income housing.
- Vigorously call upon and enforce the Joint Commission's anti-LGBT discrimination accreditation rules in assisted living facilities and nursing homes to catalyze wholesale change in assisted living and nursing care for LGBT people.
- Train public and private healthcare providers in cultural competence for working with LGBT older adults. Tie funding, accreditation and degree requirements in medical, nursing and social work schools to LGBT cultural competency certification.
- Develop and institute health promotion and healthcare-access policies and programs specifically designed to bring needed care to older LGBT people including, but not limited to, those living with HIV/AIDS.
- Support a National AIDS Strategy that would include the establishment of prevention, testing and treatment guidelines and programs designed to specifically address the issue of HIV/AIDS among LGBT people ages 50-plus.
- Press the Centers for Medicare and Medicaid Services (CMS) to revise their National Coverage Determination to ensure medically-necessary treatments related to gender transition and to remove barriers to health care related to an individual's pre-transition gender.
- Reach out to LGBT caregivers to inform them about services they can receive from the National Family Caregiver Support Program.
- Fund and develop programs that are specifically designed to address social isolation among LGBT elders, such as LGBT-specific and LGBT-affirming friendly visitor programs.
- Develop a national strategy for promoting new and meaningful volunteer activities and civic engagement opportunities for current and future older adults, ensuring that such opportunities are open to all, regardless of sexual orientation and gender identity.

FOR LGBT ORGANIZERS AND ADVOCATES, WE OFFER THESE FRAMEWORKS AND APPROACHES:

Build Holistic, Strategic Approaches to Advocacy: What approaches promise to address the needs of the broadest population of LGBT elders?

- Securing universal health care access and culturally competent care would meet the needs of elders across all income categories and family structures.
- Developing LGBT-friendly public and affordable housing will meet the needs of greater numbers of LGBT elders.
- Prioritizing advocacy for a broader definition of family in federal programs would address the needs of LGBT elders living in any/many different kinds of family configurations, including single elders.
- LGBT advocates would do well to think about peer movement coalitions that are natural allies in the struggle for LGBT elder care, such as the disability rights movement, racial and economic justice organizations, and HIV advocates.
- Given the limited capacity of the LGBT movement, what are the best strategies for leveraging our passion and our strengths toward the greatest good?

Fight Ageism; Advance LGBT Leadership Within and Beyond the LGBT Movement: LGBT elders have paved the way in our movement for generations. Leaders like those profiled here best understand the needs of LGBT elders and the strategies essential to moving us forward. LGBT elder leadership will be critical to turning the tides of ageism, sexphobia, and homophobia in LGBT aging services and care.

Community-Based Research is Critical: In the absence of state and federal data, rigorous community-based research is critical. Grassroots organizations can undertake needs assessments and other surveys on their own or partner with community-minded researchers. The Task Force Policy Institute trains community-based organizations and leaders in survey research annually at The National Conference for LGBT Equality: Creating Change through our Academy for Leadership and Action.

Create Meaningful Partnerships with Aging Agencies: Local Area Agencies on Aging, the federal Administration on Aging, non-profit entities like the American Society on Aging (ASA) and AARP, the list goes on. LGBT people must be visible to and engaged with mainstream aging agencies at all levels of society and government. We must be of these groups and work with them, as insiders and outsiders.

KEY ORGANIZING OPPORTUNITIES ON THE HORIZON:

THE 2011 REAUTHORIZATION OF THE OLDER AMERICANS ACT (OAA)

In its current form, the Older Americans Act remains massively under funded to meet the needs of all older Americans. Organizing for the 2011 reauthorization should focus intently on the importance of resource allocation to meet the needs of the nation's burgeoning aging population.

LGBT elders are also virtually invisible in the Act, which discusses the importance of addressing the needs of "vulnerable senior constituencies" but fails to name them. This has left LGBT advocates with an opening to advocate for explicit language on LGBT people in the regulations for the current Older Americans Act, something that is just underway as we go to print with this book, and the Administration on Aging has committed to funding a National LGBT resource center. Accordingly, a key point of organizing for the 2011 reauthorization is explicit language that identifies and defines "vulnerable senior constituencies." Finally, defining and mandating culturally competent care for LGBT elders (and other vulnerable populations) could be addressed in this bill, with LGBT advocates forming strategic coalitions with other underserved communities.

THE 2015 WHITE HOUSE CONFERENCE ON AGING (WHCOA)

Every ten years, aging policy gets a major examination and revision through the White House Conference on Aging. In 1995 and 2005, LGBT activists pushed for inclusion in the aging agenda from a marginalized, outsider's position — movement pioneers Del Martin, Phyllis Lyon and Amber Hollibaugh were among the advocates pivotal to these efforts. In 2015, the LGBT communities, including experts in LGBT aging, must be on the inside of the planning process for the WHCOA, and in the leadership that drives the conversation and policy recommendations that flow from the gathering. "Inclusion" of LGBT issues on a laundry list of concerns will not be enough. Leadership by recognizable, accountable LGBT elder advocates and researchers is essential.

The Task Force is committed to carrying this agenda forward.

The Task Force is committed to carrying this agenda forward and to partnering with federal and state administrations and agencies and with LGBT and non-LGBT services providers to ensure a healthy, dignified life for LGBT older adults. We owe this commitment not only to the current generations of elders to whom we are deeply indebted for our thriving communities, our diverse and growing family structures, and our lives, but also to LGBT Americans of all ages who dream of growing old in a nation that will support their well-being, honor their self-determination and respect their many contributions to our communities and to society as a whole.

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APPENDIX A

How Big is the LGBT Community? Why Can't I Find This Number?²⁷⁰

On January 27, 2009 at its 21st annual Creating Change Conference, the National Gay and Lesbian Task Force's Policy Institute convened a group of 34 leading LGBT researchers, advocates and community leaders to discuss these important questions, and to attempt to come to a consensus about how to offer a simple response to this complex inquiry.

How big is the LGBT community? Who wants to know? Why do we care about this?

Our discussion of the How Big question is detailed below, but equally important is the *who wants to know and why* point.

Many of us spend time trying to change public policy or laws to benefit LGBT people and their families. The size of our community is the economic cost/benefit multiplier that policy makers use when considering our issues. How much does employment and housing discrimination against LGBT people cost? How much do domestic partner benefits save society in the long run? We make our calculations, and our civil rights arguments, based (in part) on our collective answer to the How Big question.

Over the course of our convening, from very distinct disciplines and vantage points, participants reported several different ways that we answer this question to the many researchers, policy makers, and members of the media who ask us.²⁷¹

270 If you are on deadline, as are many of the researchers and members of the media who ask these questions, feel free to skip to the final paragraphs for your answer. However, if you hope to give this important query its proper treatment, we strongly suggest reading this short paper in its entirety.

271 Answers included: (1) It's complicated. (2) 3-4% (Gates, Sherrill, NEPs) (3) 7-10% (YRBS surveys, multistate) (4) One in ten. (Kinsey) (5) The size of North Carolina; or 8.8 million people, which references the 3-4% figure in (2). (6) .25-1% of the community is transgender (a guess, which some of us are using). (7) We don't know.

A determining factor in each response hinged on what researchers measured and how they measured it. Researchers measuring same-sex *attraction* over the lifespan came up with a much larger number than those measuring LGBT *identity* in the current moment; still other numbers emerge when researchers respond on the basis of *sexual behavior* over a certain time period, rather than identity or attraction.²⁷² On the how front, researchers asking voters as they leave polling places in their neighborhoods whether they identify as LGB come up with different numbers than those who ask participants to take a confidential health survey using headphones and a computer. Privacy and confidentiality appear to be paramount concerns for LGBT people as they consider whether to “come out” on government, media or scholarly surveys.

HOW WE ANSWERED IN THE 60S-EARLY 90S

From the 1960s to the early 90s, political activists and popular media answered the How Big question definitively as “one-in-ten”, or ten percent of the overall population, drawing upon Dr. Alfred Kinsey’s ground-breaking work in sexuality during the 1940’s and 1950’s. However, it is notable that Kinsey never claimed this number, rather it became popularized by other academics and community advocates drawing upon his work. Kinsey understood that his sample was not random, so that his figures could not be generalized to the full population. For example, he drew many of his participants from prisons, where situational same-sex behavior is more common than outside of prison. As LGBT advocates became more discerning about using research to describe the community, the oft-cited one-in-ten figure came to be regarded as an overestimation of the LGB population at large.²⁷³

HOW WE’VE ANSWERED IN THE LATE 90S TO THE PRESENT

In 1990, the U.S. Census Bureau created an unintentional sample of LGB same-sex couples when it attempted to measure cohabitation among unmarried heterosexuals in the general population. When unmarried couples who were lesbian, gay or bisexual checked off their gender in household surveys, same-

272 Mosher, W. D., Chandra, A., & Jones, J. (2005). Sexual Behavior and Selected Health Measures: Men and Women 15–44 Years of Age, United States, 2002. Advance data. Vital and Health Statistics (362)

273 Sexual orientation and gender expression are two distinct, essential aspects of identity. While lesbian, gay, bisexual and transgender people have historically constructed the “gay” communities together, researchers seeking to quantify the community whom ask sexual orientation questions *alone* fail to ascertain what percentage of the LGB community identifies as transgender and fail to reach transgender people who identify as heterosexual altogether.

sex partnerships became visible in a random sample for the first time in U.S. history.²⁷⁴ Demographers and economists have used these figures to paint a portrait of same-sex couples in the U.S. and to make estimates about the LGBT population at large.

Additionally, during this period, thanks to the advocacy of AIDS and Lesbian health activists, a few major state and federal health surveys piloted questions about same-sex sexual behavior. From these data sources, people engaging in same-sex behavior came to be estimated at 4-6%.²⁷⁵

The 90s also saw increasing interest in the voting behavior of LGB people, as critical political races turned on both LGBT issues and tiny margins of support. National Exit Polls (NEPs) commissioned by major television networks began to include the LGB question so that LGB voter influence in various campaigns might be determined. The National Exit Poll data, collected over the past 10 years, has consistently identified LGB voters as making up between 3% and 4% of the general voting population.²⁷⁶

Finally, youth advocates in several states have succeeded in getting same-sex behavior questions added to their annual Youth Risk Behavior Surveys in an effort to track STI transmission and other health risks among youth. In Massachusetts, California and New York, where same sex questions are posed, between 4% and 10% of youth report acting on a same-sex attraction.²⁷⁷

274 Since the Census had no actual interest in measuring the LGB population in this manner, they certainly also made no attempt to collect data on the transgender population, which identifies as heterosexual as well as LGB.

275 Some of these surveys include statewide Youth Risk Behavior Surveys and state health surveys examining risk for STIs such as HIV.

276 NEPs and Voter News Service polls have undertaken this research over the past two decades. Ken Sherrill (Hunter) and Murray Edelman (Rutgers) are pioneer researchers in this arena. Sherrill, Edelman and Pat Egan (NYU) collaborated on a study of LGB political behavior through a random sampling process of Knowledge Networks, whose sampling population of fifty thousand has identified as L, G or B at a rate of 4%. See the Hunter College Study for their methodology. Sherrill, K., Edelman, M., & Egan, P. (2009). Findings from the Hunter College Poll: New Discoveries about the Political Attitudes of Lesbians, Gays and Bisexuals. Retrieved October 14, 2009, from www.law.ucla.edu/Williamsinstitute/pdf/EganEdelman%20Sherrill_Sept%202009.pdf

277 For example, in NYC in 2007, 4.3% of male students responding to the YRBS had sex only with males and 2.6% with both males and females, while 4.2% of female students had sex with females only and 10.2% with both. See New York City Department of Health and Mental Hygiene. (2007). Epiquery: NYC Interactive Health Data System. YRBS2007. Retrieved June 18, 2009, from www.nyc.gov/health/epiquery

While these samples have yielded important data for researchers and advocates to consider, they are limited:

- NEPs compile data about LGB people who vote, which excludes LGB people who are undocumented, not registered to vote, or otherwise alienated from the political process. This figure then, is not a true ‘random’ sample.
- The Census provides demographic information about LGB couples who feel secure enough to make their relationships visible on a legal document mandated by the federal government. Population estimates are extrapolated from this data set, as there are no LGBT identity questions on the Census form.
- Health and social surveys describe the health issues and conditions of LGB people who are reachable by phone or paper surveys in their homes, and are willing to disclose intimate details of their sexual behavior to a stranger or on a form.
- Youth Risk Behavior Survey data tracks same sex behavior of the past year, and thus offers only a snapshot of same-sex sexual behavior, rather than LGBT identity. Additionally, literature notes that teen sexual identity is somewhat elastic and that teens tend to misreport behaviors that might gain negative parental or state attention or they feel to be socially undesirable.²⁷⁸

It is important to note that none of the samples listed above identify or quantify transgender people at all. Recently, a 2003 New York State Adult Tobacco Survey found that 2% of the population randomly surveyed identified as transgender. While this figure offers a starting point for posing questions about transgender identity and experience, there is almost no credible data that attests to the size of this populace within the LGBT community. Accordingly, figures that are routinely cited about the size of the LGBT communities fail to account for the transgender population as a matter of course.

ATTRACTION, BEHAVIOR AND IDENTITY

In his article, *Who is Gay?* Rich Savin-Williams discusses the three major markers of sexual orientation — attraction, behavior and identity. He concludes that — depending on which reference point one draws upon to quantify the community — the answer to the *Who is* question varies greatly.

278 There are a lot of resources on queer youth identity on the National Youth Advocacy Coalition website, www.nyacyouth.org, and youth, sexuality and identity issues at Advocates for Youth, www.advocatesforyouth.org.

In the myriad settings where attraction has been measured over the past 50 years, the percentage of people who report having same-sex attraction ranges between 4-25% of the general population.²⁷⁹ When queried about behavior, research subjects report at least one same-sex encounter at rates of up to 10%. In samples where subjects are asked whether they identify as LGB and are given the option to check off a straight/ heterosexual, L, G or B box, the percentage drops to approximately three to four%.

COLLECTION METHODOLOGY

Research has shown that the method by which one collects data has an effect on a subject's willingness to report same-sex attraction or behavior, or to identify as L, G, B, or T. The same group of subjects reveals a higher level of same-sex sexual behaviors and LGBT identity when asked by a mechanical voice phone survey than when asked by a live phone interviewer.²⁸⁰ Face-to-face surveys yield a lower percentage of LGB behavior and identity than more anonymous collection methods.²⁸¹ While LGBT stigma has certainly declined over the past 40 years of visible and vigorous LGBT activism, there is no doubt that anti-LGBT bias remains a fact of life, and that any survey of our population, including community-based samples, provides an undercount that is fueled by fear.

RACE, CLASS, AND RELATIONSHIP TO THE STATE

Historically, communities that have been targeted by the state for discrimination and violence are less likely to identify themselves on government surveys. This phenomenon partly explains the huge jump in same-sex couples we observed in the Census between 1990 and 2000. In 1990 LGB fear and skepticism about the Census appears to have caused significant under-reporting of same-sex relationships with 145,130 couples reporting. The Task Force and other groups conducted a community-wide education campaign about the importance of Census data, and researchers have used this data over the past two decades to make economic arguments in favor of LGBT civil rights. The jump from 1990

279 See Savin-Williams, Dickson, N., Paul, C., & Herbison, P. (2003). Same-sex Attraction in a Birth Cohort: Prevalence and Persistence in Early Adulthood. *Social Science & Medicine*, 56(8), pp.1607-1615.

280 Tourangeau, R., & Smith, T. (1996). Asking Sensitive Questions: The Impact of Data Collection Mode, Question Format, and Question Context. *Public Opinion Quarterly* 60, pp.275-304

281 Villarroel, M. A., Turner, C. F., Eggleston, E., Al-Tayyib, A., Rogers, S. M., Roman, A. M., et al. (2006). Same-gender Sex in the United States: Impact of T-Acasi on Prevalence estimates. Telephone audio computer-assisted self-interviewing. *Public Opinion Quarterly* 70(2)

to 2000 — of an additional 456,079 couples, totaling 601,209 identifying as “unmarried partners” — simply cannot be explained by an increased interest in partnership among LGB people in that period.²⁸² Rather, the critical importance of making our community visible, and the efficacy of demographic data in civil rights struggles has persuaded more members of the community to overcome their fear of stigma or censure and report their relationship status on the Census.

When we apply this analysis to people of color communities that have been disproportionately targeted for incarceration and policing, to immigrants and undocumented people, and to people stigmatized by poverty — we can imagine that the double or triple jeopardy these LGBT people experience may prove an overwhelming barrier to responding frankly to such an inquiry.

VANTAGE POINTS

At the Creating Change convening, each of us answered the *How Big* question from our unique vantage points. Those of us with academic training in the health or political sciences offered views grounded by the rigors of our specific disciplines. Advocates representing various constituencies offered friendly critiques of current research frameworks: Youth workers noted that without expanding our LGBT boxes to include a response choice for Queer, we would likely be undercounting the LGBT youth population. A leader in the African American community reported that none of the Black men in his life identified as LGBT, but as *homosexual*, and would be unlikely to respond to questions as they are currently constructed on either federal and community-based surveys. Transgender advocates noted that the language and identifiers of the transgender communities vary greatly across income, education, race and geography.

HOW BIG IS THE LGBT COMMUNITY?

Sifting through the tremendous expertise and disparate viewpoints shared in our national convening, and with the huge caveat that this is a complicated question, the Task Force Policy Institute offers the following:

Given the realities of anti-LGBT bias and violence, and taking into account that there is no comprehensive employment legislation protecting LGBT workers,

282 Gaydemographics.org. 1990 Census Results for Same-sex Couples. Retrieved June 29, 2009, from www.gaydemographics.org/USA/1990_Census.htm ; Gaydemographics.org. 2000 Census results for Same-sex Couples. Retrieved June 29, 2009, from www.gaydemographics.org/USA/2000Census_Gay_state.htm

an unknown percentage of the community will decline to identify as LGBT on federal, state and community-based questionnaires.

Random sampling such as the National Survey of Family Growth, and not-quite random samples such as the NEP surveys provide a “floor” estimate of the community at about 4% of the general population.

When we look to current state and federal health survey data, which collects information on same-sex sexual behaviors, including Youth Risk Behavior Surveys, we come to a figure between 4-10%.

However, given the fact that there is currently little to no research that samples transgender people in the general population, and the reality that highly vulnerable LGBT people — including a percentage of gender-nonconforming/trans people, people of color, immigrants, non-English speakers, undocumented and low-income people — are unlikely to identify as LGBT on even an anonymous questionnaire, we believe that the lower end of the 4-10% figure significantly undercounts the community.

Accordingly, the Task Force Policy Institute estimates the LGBT population — that is people who identify as LGBT or create family or sexual affiliations that involve people of the same sex — as somewhere between 5-10% of the general population.

APPENDIX B

LGBT Cultural Competency Curricula

The vast majority of LGBT people who need to access elder housing, assisted living and nursing care facilities will do so through mainstream providers. Accordingly, trainings in cultural competency for these providers are essential to the well-being of the LGBT community.

Cultural competency programs are not uniformly effective. Many superficial “diversity” programs fail to address the nexus of power and prejudice that creates hostile, unsafe care environments. Many such programs fail to explore or illuminate the specific needs and vulnerabilities of LGBT elders, throwing LGBT people onto a laundry list of diverse populations that have greatly varied social, cultural, familial and care needs. The list below describes LGBT cultural competency curricula that have been developed within LGBT-specific aging programs by LGBT elders and advocates. They are the cream of the crop, and offer excellent training for staff at all levels of care provision.

Many of our policy recommendations in *Outing Age 2010* promote cultural competency training mandates in housing, assisted living and nursing care facilities. Without such trainings, LGBT elders remain at great risk for neglect and abuse.

BROOKDALE CENTER ON AGING OF HUNTER COLLEGE AND SAGE, NY

NO NEED TO FEAR, NO NEED TO HIDE: A Training Program about Inclusion and Understanding of Lesbian, Gay, Bisexual and Transgender Elders For Long-Term Care and Assisted Living Facilities. Go to www.sageusa.org for more information

PROJECT VISIBILITY, BOULDER, CO

Project Visibility is an award-winning documentary produced for Boulder County Aging Services and is used as part of a training program to raise awareness of the issues facing elder gays and lesbians. Go to projectvisibility.org

The LGBT Aging Project, MA offers trainings in cultural competency.

Go to: www.lgbtagingproject.org

openhouse: housing, services and community for LGBT people in San Francisco offers training in cultural competency. www.openhouse-sf.org/resources/training

See also:

SAGEConnect is a collaborative on-line community for organizations and individual advocates who work on LGBT aging issues, providing a space where participating members can exchange information and engage in ongoing communication about their shared interest in creating a better quality of life for LGBT older people. SAGEConnect includes samples of several cultural curriculum training programs, templates for more inclusive intake forms, and similar resources.

APPENDIX C

The Road Map to Federal Funding for Aging Services

Navigating the Federal Government for LGBT Organizations

PRIORITY AREAS

- Nutrition Services
- Housing
- Community and Supportive Services
- Older Workers Programs
- Senior Employment and Opportunity Programs
- Elder Rights and Protections
- Grants for Native Americans

NOTE ON THE ELDERCARE LOCATOR

The Administration on Aging established the Eldercare Locator as a nationwide service to help families and friends find information about community services for older people. The Eldercare Locator provides access to an extensive network of organizations serving older people at state and local community levels. To locate a State or Local Area Agency on Aging, call the **Eldercare Locator** toll free at 1-800-677-1116 or go to www.eldercare.gov.

NUTRITION SERVICES

CONGREGATE NUTRITION SERVICES (OLDER AMERICANS ACT, TITLE III)

The OAA's Congregate Nutrition Services aim to reduce hunger and food insecurity, promote socialization of older individuals, and assist older individuals in gaining access to nutrition and disease prevention services. Specific services include providing nutritious meals in a group setting, delivering nutrition education, and providing other appropriate services to help older American's maintain their health, independence and quality of life.

Statutory Authority

- Older Americans Act of 1965, Title III, Section 331

Federal Funding:

- FY2008 appropriated - \$410,716,000
- FY2009 appropriated - \$434,269,000

Participant and Program Requirements:

- Participants include:
 - Persons who are age 60 or older, especially those older individuals with the greatest social or economic need, and their spouse of any age
 - Persons under age 60 with disabilities who reside in housing facilities occupied primarily by the elderly where congregate meals are served
 - Persons with disabilities who reside at home with, and accompany, older individuals
 - Volunteers who provide services during the meal hours.
- Nutrition Service Providers are required to:
 - Provide at least one meal per day, five days a week or more (except in rural areas if five days a week is not feasible and a lesser frequency has been approved by the state agency on aging)
 - Provide at least one “hot or other appropriate meal per day”;
 - Provide services in congregate settings, including adult care facilities and multigenerational meal sites; and

- Provide nutrition education, nutrition counseling, and other nutrition services, as appropriate, based on the needs of meal participants.

Funding and Eligibility Information:

- All States and US Territories which have State Agencies on Aging designated by the governors are eligible for funding.
- Funds are awarded to State Agencies through a statutory formula.

How to Apply:

- Contact your Area Agency on Aging (AAA) or State Agency on Aging for more information.
- Information on these agencies is available through the Eldercare Locator at www.eldercare.gov.

Web site: www.aoa.gov

**HOME DELIVERED NUTRITION SERVICES
(OLDER AMERICANS ACT, TITLE III)**

Home Delivered Nutrition Services, informally referred to as “Meals on Wheels,” aims to reduce food insecurity and assist older individuals in gaining access to nutrition and disease prevention services. Service providers deliver nutritious meals to the homes of older Americans at least once a day, five days a week.

Federal Oversight:

- Administration on Aging, Department of Health and Human Services

Statutory Authority:

- Older Americans Act of 1965, Title III, Section 336

Federal Funding:

- FY2008 appropriated - \$193,858,000
- FY2009 appropriated - \$214,459,000

Participant and Program Requirements:

- Participants include:
 - Persons who are age 60 or older, especially those older individuals with the greatest social or economic need, and their spouse of any age

- Persons under age 60 with disabilities who reside in housing facilities occupied primarily by the elderly where congregate meals are served
- Persons with disabilities who reside at home with, and accompany, older individuals
- Volunteers who provide services during the meal hours.
- An older individual must be assessed to be homebound
- A spouse of a homebound individual regardless of age or condition may receive a meal if receipt of the meal is assessed to be in the best interest of the homebound older adult.
- Nutrition service providers are required to:
 - Provide at least “one hot, cold, frozen, dried, canned, fresh or supplemental foods” meal per day; and
 - Provide nutrition education, nutrition counseling, and other nutrition services as appropriate based on needs of meal recipients.

Funding and Eligibility Information:

- All States and US Territories which have State Agencies on Aging designated by the governors are eligible for funding.
- Funds are awarded to State Agencies through a statutory formula.
- The law requires State Agencies to provide a 15% match to the amount appropriated by the federal government.

How to Apply:

- Contact your Area Agency on Aging (AAA) or State Agency on Aging (SAA) for more information.
- Information on these agencies is available through the Eldercare Locator at www.eldercare.gov.

Web site: www.aoa.gov

NUTRITION SERVICES INCENTIVE PROGRAM (NSIP)

The OAA's Nutrition Services Incentive Program awards funds to State Agencies on Aging (SSAs), Area Agencies on Aging (AAAs), and Indian Tribal Organizations to purchase foods of United States origin or to purchase commodities from the United States Department of Agriculture (USDA). These foods are to be used in the preparation of congregate and home-delivered meals by nutrition services programs. Community organizations may be eligible to receive funds through their designated SSA or AAA.

Federal Oversight:

- Administration on Aging, Department of Health and Human Services

Federal Funding:

- FY2008 appropriated - \$153,429,000
- FY2009 appropriated - \$161,015,000

Statutory Authority:

- Older Americans Act of 1965, Title III, section 311
- Agricultural Act of 1949, section 416
- Provides that a grant recipient shall receive food commodities from the Commodities Credit Corporation
- Food and Agricultural Act of 1965, Section 709
- Dairy products shall be used to meet the requirements of nutrition services in accordance with OAA.

Participant and Program Requirements:

- Participants include:
 - Persons who are age 60 or older, especially those older individuals with the greatest social or economic need, and their spouse of any age
 - Persons under age 60 with disabilities who reside in housing facilities occupied primarily by the elderly where congregate meals are served
 - Persons with disabilities who reside at home with, and accompany, older individuals
 - Volunteers who provide services during the meal hours.
 - An older individual must be assessed to be homebound

- A spouse of a homebound individual regardless of age or condition may receive a meal if receipt of the meal is assessed to be in the best interest of the homebound older adult.

Funding and Eligibility Information:

- Funds are awarded to SSAs, AAAs, and Indian Tribal Organizations through a statutory formula.
- If community organizations enter into a contract or grant agreement with their SSA or AAA to provide meals in compliance with Title III of the OAA, the community organization may receive NSIP funding from that entity.
- Some community organizations are not eligible to participate in NSIP. For example, privately funded Meals on Wheels programs that are not associated with a SSA or AAA or assisted living facilities that do not provide meals to the general public and are not associated with a SSA or AAA are not eligible to participate in NSIP.

How to Apply:

- Funds for Nutrition Services Incentive Grants are allotted to states based on a statutory formula that takes in account the number of meals served by each state's nutrition program the prior year.
- Contact your SAA or AAA for more information.
- Information on these agencies is available through the Eldercare Locator at www.eldercare.gov.

Web site: www.aoa.gov

COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)

The Commodity Supplemental Food Program provides food and administrative funds to SAAs, AAAs, and Indian Tribal Organizations to supplement the diets of older adults, pregnant and breastfeeding women, and children up to six years of age. These agencies distribute funds to participating local public or private nonprofit agencies. The CSFP food packages do not provide a complete diet, but rather are good sources of the nutrients typically lacking in the diets of the target population.

Federal Oversight:

- Food and Nutrition Service (FNS) - United States Department of Agriculture (USDA)

Federal Funding:

- FY2009 appropriated — \$160,430,000

Statutory Authority:

- Agriculture and Consumer Protection of 1973, Section 4(a)
- Agricultural Act of 1949
- Child Nutrition Act of 1966
- Commodity Credit Corporation Charter of 1933
- Section 32 of the Agricultural Act of 1933
- Part 247 - CSFP Regulations of Food and Nutrition Services of USDA
- Part 250 — Food Distribution Programs FDP Donation of Food Regulations

Participant and Program Requirements:

- Participants must reside in a State participating in CSFP.
- Elderly persons must be at least 60 years of age who meet income eligibility requirements.

Funding and Eligibility Information:

- States establish an income limit for eligible participants at or below 130% of the federal poverty line.
- State agencies store the food and distribute it to public and non-profit private local agencies.

- Local agencies determine the eligibility of applicants, distribute the food to participants, and provide nutrition information.

How to Apply:

- Contact your State Distributing Agency (SDA) for further assistance. For a list of SDA contacts, go to www.fns.usda.gov/fdd/contacts/sdacontacts.htm

Web site: www.fns.usda.gov/fdd/programs/csfp/

HOUSING

SECTION 202 SUPPORTIVE HOUSING FOR THE ELDERLY (HUD)

Section 202 Supportive Housing for the Elderly aims to provide interest-free capital advance grants to private, nonprofit sponsors to finance the development of housing for the elderly.

Federal Oversight:

- Department of Housing and Urban Development (HUD)

Statutory Authority:

- The Housing Act of 1959
- Section 210 of the Housing and Community Development Act of 1974
- Cranston-Gonzalez National Affordable Housing Act
- Housing and Community Development Act of 1992
- The Rescissions Act
- American Homeownership and Economic Opportunity Act of 2000
- Program regulations are in 24 Code of Federal Regulations Part 891

Participant and Program Requirements:

- Section 202 housing is open to any very low-income household comprised of at least one person who is at least 62 years old at the time of initial occupancy.
- Capital advances do not have to be repaid as long as the project serves very low-income elderly persons for 40 years.

Funding and Eligibility Information:

- Applicant must have private, nonprofit status (Public entities are NOT eligible).
- Applicant must have a financial commitment and acceptable control of an approvable site.
- For more requirements, see www.hud.gov/offices/hsg/mfh/progdesc/eld202.cfm.

How to Apply:

- An applicant should consult the office or official designated as the single point of contact in his or her state for more information on the process the state requires to be followed in applying for assistance.
- A Notice of Fund Availability is published in the Federal Register each fiscal year announcing the availability of funds to HUD Field Offices.
- Applicants must submit a Request for a Fund Reservation, using Form HUD-92015-CA, Section 202 application for capital advance, in response to the Notice of Fund Availability (or a Funding Notification issued by the local HUD Field Office).
- The application for a capital advance is used to determine the eligibility of the applicant and proposed project as well as the acceptability of the site and market, correctness of zoning, and the effect on environment.

Web site: www.hud.gov

**HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS
(HOPWA) PROGRAM**

HOPWA provides grants to local communities, states, and nonprofit organizations to devise long-term comprehensive strategies for meeting the housing needs of low income persons medically diagnosed with HIV/AIDS and their families. Funds may be used for a wide range of housing, social services, program planning, and development costs. In addition, funds may be used for health care and mental health services, chemical dependency treatment, nutritional services, case management, assistance with daily living, and other supportive services.

Federal Oversight:

- Department of Housing and Urban Development (HUD)

Federal Funding:

- FY2009 appropriated \$276,088,000

Statutory Authority:

- AIDS Housing Opportunity Act

Participant and Program Requirements:

- Participants are low income persons with HIV or AIDS and their families.
- Pursuant to Section 574.3, Title 24 (Housing and Urban Development) of the Code of Federal Regulations, “family” means a household composed of two or more related persons. The term family also includes one or more eligible persons living with another person or persons who are determined to be important to their care or well being, and the surviving member or members of any family described in this definition who were living in a unit assisted under the HOPWA program with the person with AIDS at the time of his or her death.
- Specific uses and restrictions are available at www.hud.gov/offices/cpd/aidshousing/programs/.

Funding and Eligibility Information:

- HOPWA funds are awarded as grants from one of three programs:
- HOPWA Formula Program (90% of funding) - uses a statutory method to allocate HOPWA funds to eligible States and cities on behalf of their metropolitan areas.
- HOPWA Competitive Program - a national competition to select model projects or programs.
- HOPWA National Technical Assistance - funding awards are provided to strengthen the management, operation, and capacity of HOPWA grantees, project sponsors, and potential applicants of HOPWA funding.

How to Apply:

- Contact your Regional or Local HUD Office
- Visit www.hud.gov/offices/cpd/aidshousing/programs/ for more info

Web site: www.hud.gov

The following are just a few examples of groups and programs throughout the country which have successfully secured government funding for LGBT elder services

- Gay and Lesbian Elder Housing (GLEH) developed an affordable LGBT-centric housing project in Hollywood, Triangle Square, partially through HUD funding.
- SAGE Milwaukee has accessed funds through their local Area Agency on Aging, the Milwaukee County Office for Aged.
- Sunserve, a senior services program in Ft. Lauderdale, successfully obtained funds for its LGBT program through their local Area Agency on Aging.
- The Transgender Aging Project and FORGE have obtained Department of Justice money for hate crimes training on transgender issues.
- The LGBT Aging Project of Massachusetts has developed a federally funded congregate meal program for LGBT older adults.

APPENDIX D

LGBT AGING ADVOCACY AND PROVIDER PROGRAMS

National

Azteca Project

aztecaproject.org

P.O. Box 7678

Chula Vista, CA 91912

National Gay & Lesbian Task Force

www.thetaskforce.org

1325 Massachusetts Ave. NW

Suite 600

Washington, DC 20005

Phone: 202.393.5177

Fax: 202.393.2241

Lambda Legal

www.lambdalegal.org

120 Wall Street, Ste. 1500

New York, NY 10005

National Coalition for LGBT Health

www.lgbthealth.net

1325 Massachusetts Ave. NW

Washington, DC 20005

Services & Advocacy for GLBT Elders (SAGE)

www.sageusa.org

305 Seventh Avenue, Sixth Floor

New York, NY 10001

Phone: 212.741.2247

Old Lesbians Organizing Change (OLOC)

www.oloc.org

P.O. Box 5853

Athens, OH 45701

National Center for Lesbian Rights

www.nclrights.org

870 Market Street, Ste. 570

San Francisco, CA 94102

National Sexuality Resource Center

www.nsrc.sfsu.edu

835 Market Street, Ste. 517

San Francisco, CA 94103

National Association on HIV Over 50

www.hivoverfifty.org

23 Miner Street

Ground Level

Boston, MA 02215-3319

JCampbell@HIVoverFifty.org

American Society on Aging, LGBT Aging Issues Network

www.asaging.org/LAIN/

833 Market Street

San Francisco, CA 94104

Primetimers

www.primetimersww.org

Transgender Aging Network

www.forge-forward.org/tan/

6990 N. Rockledge Avenue

Glendale, WI 53209

Northeast

American Veterans for Equal Rights**www.aver.us**

P.O. Box 150160

Kew Gardens, NY 11415

CenterSAGE

Hudson Valley LGBTQ Center

P.O. Box 3994

Kinston, NY 12402

LGBT Aging Project**www.lgbtagingproject.org**

555 Amory Street

Jamaica Plain, MA 02130

SAGE Long Island**www.sageli.org**

34 Park Avenue

Bay Shore, NY 11706

SAGE Upstate**www.sageupstate.org**

P.O. Box 6271

Syracuse, NY 13217

Stonewall Communities**www.sites.stonewallcommunities.org/**

PO Box 990035

Boston, MA 02199

daronstein@stonewallcommunities.org**Rainbow SAGE of the Genesee Valley****www.rainbowseniorswny.org**

121 North Fitzhugh

Rochester, NY 14614

New York City

Gay Men's Health Crisis (GMHC)**www.gmhc.org**

119 West 24th Street

New York, NY 10011

GRIOT Circle**www.griotcircle.org**

25 Flatbush Avenue

Brooklyn, NY 11217

SAGE/Queens**www.queenscommunityhouse.org**

Queens Community House

74-09 37th Avenue, #409

Jackson Heights, NY 11372

Mid-Atlantic Region

SAGE Philadelphia at William Way**www.waygay.org**

1315 Spruce St.

Philadelphia, PA 19107

SAGE Rainbow Bridge Connection**rbcnlmcc.org/home**

Hampton Roads, VA

South

SAGE South Florida**www.sagewebsite.org**

8333 W. McNab Road, Ste. 239

Tamarac, FL 33321

Midwest

SAGE Center On Halsted
www.centeronhalsted.org
3656 N. Halsted
Chicago, IL 60613

Sage Metro St. Louis
www.sagemetrostl.org
P.O. Box 260016
St. Louis, MO 63126

SAGE Milwaukee
www.sagemilwaukee.org
1845 N. Farwell Avenue, Ste. 220
Milwaukee, WI 53202

Howard Brown Health Clinic
www.howardbrown.org/
4025 N. Sheridan Road
Chicago, IL 60613

West

Gay and Gray In The West
www.gayandgrayinthewest.org
6790 W. 45th Place
Wheat Ridge, CO 80033

SAGE of the Rockies
www.glbtcOLORADO.org
P.O. Box 9798
Denver, CO 80209-0798

SAGE Utah
www.utahpride.org
361 N 300 W
Salt Lake City, UT 84103
(801) 539-8800

California

Aging As Ourselves
www.agingasourselves.org
4069 30th Street
San Diego, CA 92104

Gay & Lesbian Elder Housing
www.gleh.org
1602 N. Ivar Avenue
Hollywood, CA 90028

Lavender Seniors of the East Bay
www.lavenderseniors.org
1395 Bancroft Ave.
San Leandro, CA 94577

L.A. Gay & Lesbian Community Center
www.lagaycenter.org
1125 N. McCadden Place
Los Angeles, CA 90038

New Leaf Services
www.newleafservices.org
1390 Market Street, Ste. 800
San Francisco, CA 94102

Open House
www.openhouse.com
870 Market Street, Ste. 458
San Francisco, CA 94102

APPENDIX E: LGBT AGING STATE-BY-STATE

State	State has Non-Discrimination Law, Age	State has Non-Discrimination Law, Sexual Orientation	State has Non-Discrimination Law, Gender Identity	State Office or Division on Aging has Age Non-Discrimination Policy	State Office or Division on Aging has Sexual Orientation Non-Discrimination Policy	State Office or Division on Aging has Gender Identity Non-Discrimination Policy
Alabama	YES	NO	NO	NO	NO	NO
Alaska	YES	NO	NO	NO	YES	NO
Arizona	YES	NO	NO	NO	NO	NO
Arkansas	YES	NO	NO	NO	YES	NO
California	YES	YES	YES	NO	NO	NO
Colorado	YES	YES	YES	YES	YES	NO
Connecticut	YES	YES	NO	NO	NO	NO
Delaware	YES	NO	NO	NO	NO	NO
District of Columbia	YES	YES	YES	NO	NO	NO
Florida	YES	NO	NO	NO	NO	NO
Georgia	YES	NO	NO	NO	NO	NO
Hawaii	YES	YES	YES	NO	NO	NO
Idaho	YES	NO	NO	NO	NO	NO
Illinois	YES	YES	YES	YES	YES	YES
Indiana	YES	NO	NO	NO	NO	NO
Iowa	YES	YES	YES	NO	NO	NO
Kansas	NO	NO	NO	NO	NO	NO
Kentucky	YES	NO	NO	NO	NO	NO
Louisiana	YES	NO	NO	NO	NO	NO
Maine	YES	YES	YES	NO	NO	NO
Maryland	YES	YES	NO	NO	NO	NO
Massachusetts	YES	YES	NO	NO	NO	NO
Michigan	YES	NO	NO	NO	NO	NO
Minnesota	YES	YES	YES	NO	NO	NO
Mississippi	NO	NO	NO	NO	NO	NO
Missouri	YES	NO	NO	NO	NO	NO
Montana	YES	NO	NO	NO	NO	NO
Nebraska	NO	NO	NO	YES	NO	NO

State	State has Non-Discrimination Law, Age	State has Non-Discrimination Law, Sexual Orientation	State has Non-Discrimination Law, Gender Identity	State Office or Division on Aging has Age Non-Discrimination Policy	State Office or Division on Aging has Sexual Orientation Non-Discrimination Policy	State Office or Division on Aging has Gender Identity Non-Discrimination Policy
Nevada	YES	YES	NO	YES	NO	NO
New Hampshire	YES	YES	NO	YES	NO	NO
New Jersey	YES	YES	YES	NO	NO	NO
New Mexico	YES	YES	YES	YES	YES	YES
New York	YES	YES	NO	NO	YES	NO
North Carolina	YES	NO	NO	YES	NO	NO
North Dakota	YES	NO	NO	YES	YES	NO
Ohio	YES	NO	NO	YES	YES	NO
Oklahoma	YES	NO	NO	YES	NO	NO
Oregon	YES	YES	YES	NO	NO	NO
Pennsylvania	YES	NO	NO	NO	NO	NO
Rhode Island	YES	YES	YES	NO	NO	NO
South Carolina	YES	NO	NO	YES	NO	NO
South Dakota	NO	NO	NO	NO	NO	NO
Tennessee	YES	NO	NO	YES	NO	NO
Texas	YES	NO	NO	NO	NO	NO
Utah	YES	NO	NO	NO	NO	NO
Vermont	YES	YES	YES	NO	NO	NO
Virginia	YES	NO	NO	NO	NO	NO
Washington	YES	YES	YES	YES	YES	YES
West Virginia	YES	NO	NO	NO	NO	NO
Wisconsin	YES	YES	NO	YES	YES	NO
Wyoming	YES	NO	NO	NO	NO	NO

Note: These non-discrimination laws and policies do not establish uniform protections. Areas of protection might include employment, public accommodations, housing, education, real estate, credit, insurance and health maintenance organizations. Please see individual states' law codes for details.



Policy Institute Bestsellers

Preliminary Findings, National Transgender Discrimination Survey

Based on data from the National Center for Transgender Equality/National Gay and Lesbian Task Force study, this fact sheet demonstrates the impact of employment discrimination on transgender people by tracking unemployment, harassment at work, and poverty.

www.thetaskforce.org/reports_and_research

Opening the Door to the Inclusion of Transgender People:

THE NINE KEYS TO MAKING LESBIAN, GAY, BISEXUAL AND TRANSGENDER ORGANIZATIONS FULLY TRANSGENDER-INCLUSIVE

This new publication, jointly produced by the Task Force and the National Center for Transgender Equality, guides LGBT organizations through all the steps needed to make organizations fully transgender-inclusive.

www.thetaskforce.org/reports_and_research/opening_the_door

A Time to Build Up:

ANALYSIS OF THE NO ON PROP. 8 CAMPAIGN AND ITS IMPLICATIONS FOR FUTURE PRO-LGBTQQIA RELIGIOUS ORGANIZING

The Task Force's report, *A Time to Build Up: Analysis of the No on Proposition 8 Campaign and Its Implications for Future Pro-LGBTQQIA Religious Organizing*, examines the Proposition 8 battle in California, highlighting religious-secular partnerships relevant to marriage equality.

www.thetaskforce.org/reports_and_research/time_to_build_up

California's Proposition 8:

WHAT HAPPENED, AND WHAT DOES THE FUTURE HOLD?

An in-depth analysis of the Proposition 8 vote, which finds that party affiliation, political ideology, frequency of attending worship services and age were the driving forces behind the measure's passage.

www.thetaskforce.org/reports_and_research/time_to_build_up

Lesbian, Gay, Bisexual and Transgender Youth:

AN EPIDEMIC OF HOMELESSNESS

Of the estimated 1.6 million homeless American youth, between 20 and 40% are lesbian, gay, bisexual or transgender (LGBT). Homeless LGBT youth are at risk not only on the streets, but in the shelter system as well.

www.thetaskforce.org/reports_and_research/homeless_youth_exec_sum

Living in the Margins:

A NATIONAL SURVEY OF LGBT ASIAN AND PACIFIC ISLANDER AMERICANS

Using data from the largest-ever national survey of Asian and Pacific Islander (API) lesbian, gay, bisexual and transgender (LGBT) Americans, this historic study finds that 75% of respondents report experiencing discrimination and/or harassment based on their sexual orientation.

www.thetaskforce.org/reports_and_research/api_study_executive_summary

Building an Inclusive Church:

A WELCOMING TOOLKIT

If we've learned anything in the Post-Prop 8 environment, it is the power of organizing religious denominations. Accordingly, the Task Force's *Institute for Welcoming Resources* continues to spearhead the development of Welcoming Congregations within mainline Protestant faith traditions. Drawing upon twenty-five years of experience within a variety of Christian denominations, this Toolkit is a step-by-step guide to help facilitate a Welcoming Process in your local congregation. Biblically and theologically based, it uses tools of relational organizing, congregational assessment, conflict management and change theory.

www.welcomingresources.org/welcomingtoolkit.pdf

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The National Gay and Lesbian Task Force Policy Institute

is the nation's premiere think tank working on the advancement of social, racial, economic and gender justice for the lesbian, gay, bisexual and transgender communities. The Policy Institute undertakes original research, analysis and strategic projects to create greater understanding about LGBT people and secure full equality for all.

**The National Gay and Lesbian Task Force
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**National Gay and Lesbian
Task Force**



CREATING CHANGE

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