

# AgingInEquity

LGBT ELDERS IN AMERICA



Funders for Lesbian and Gay Issues

## contents

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<b>Introduction</b>	<b>3</b>
<b>Housing</b>	<b>7</b>
<b>Health and Wellness</b>	<b>10</b>
<b>Economic Issues</b>	<b>16</b>
<b>Access to Supportive Services</b>	<b>19</b>
<b>References</b>	<b>22</b>

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## INTRODUCTION

*“We’re coming out of an experience of being badly treated in society, and there’s no sense that treatment is going to get any better when you get older and more vulnerable within the system.”<sup>1</sup>*

### A VISION OF “HEALTHY AGING”

The growth of the nation’s older population is among the most significant demographic shifts taking place in the United States today. The “graying of America” has profound implications for health care and other senior services. As this issue takes center stage, a greater emphasis is being placed on the notion of “healthy aging” or “successful aging.” Access to appropriate housing, quality health care, and supportive services are the main ingredients of aging well, and the exponential rise in the number of older Americans will challenge and transform the systems charged with providing these services. At the same time, the growing number of lesbian, gay, bisexual, and transgendered (LGBT) seniors—and their increasing degree of openness and demands for fair and equal treatment—are further challenging the elder care system to meet the needs of *all* seniors, sparking transformations that are long overdue.

This informational packet promotes a positive vision of “successful aging” for LGBT elders, which encompasses a variety of quality-of-life issues that affect all senior citizens, regardless of their sexual orientation or gender identity. These quality-of-life issues include the ability to:

- ▶ Maximize one’s physical and emotional well-being throughout the aging process.
- ▶ Maintain the highest possible degree of autonomy and independence for as long as possible.
- ▶ “Age in place” in one’s own neighborhood or community within a context of respect, safety, and support.
- ▶ Remain actively engaged with social networks, including chosen and biological families.
- ▶ Pursue the social, recreational, intellectual, spiritual, and creative activities that provide a sense of stability, fulfillment, and vibrancy throughout the life cycle.

This information is designed to help funders recognize and resource this vision for healthy aging within the LGBT community, which faces numerous barriers to accessing the services and support systems that promote “successful aging” in our society.

Before describing these barriers and concerns, it is important to first understand the broader context of aging in America.

### CHANGING DEMOGRAPHICS BEHIND “THE GRAYING OF AMERICA”

In 2000, there were an estimated 35 million people age 65 or older in the United States,<sup>2</sup> representing 12 percent of the U.S. population—up from 8 percent in 1950.<sup>3</sup> In 2010, the post–World War II baby boom generation will begin to turn 65, so that by 2030, there will be about 70 million older persons—more than twice as many as in 2000. By 2030, people age 65 and older are expected to represent 20 percent of the U.S. population.<sup>4</sup>

Individuals age 85 and older are the fastest growing segment of the older population. The increasing size of this age group has major implications for the future of this country’s health care system, because these individuals tend to be in poorer health and require more

services than elders in their 60s and 70s (a group sometimes referred to as the “younger old”). In 2000, an estimated 2 percent of the U.S. population was 85 or older. By 2050, the percentage of persons in this age group is projected to more than double to nearly 5 percent of the population. The U.S. Census Bureau projects that the population of persons age 85 and older could grow from about four million in 2000 to 19 million by 2050.<sup>5</sup>

Increasing life expectancy rates contribute to the growth of the older population. In 1900, life expectancy at birth was about 49 years. By 1960, life expectancy had increased to 70 years.<sup>6</sup> In 2001, life expectancy at birth reached a record high of 77.27 years.<sup>7</sup> Life expectancies at 65 and 85 have also increased. Under current mortality conditions, people who survive to age 65 can expect to live an average of nearly 18 more years, while those who survive to age 85 can expect to live an average of seven years (for women) and six years (for men).<sup>8</sup> In broad terms, these life expectancy rates not only amount to an “elder boom,” but to large numbers of much older individuals with commensurate health care and other aging-related needs. On an individual level, these rates will translate into much longer periods of retirement for individual seniors, and more extended periods of reliance on housing, health care, and social services geared to their needs.

Older Americans are also growing more racially and ethnically diverse. In 2000, an estimated 84 percent of persons age 65 and older were non-Hispanic white, 8 percent were non-Hispanic black, 6 percent were Hispanic, 2 percent were Asian/Pacific Islander, and less than 1 percent were Native American/Alaska Native. By 2050, it is projected that approximately 64 percent of persons age 65 or older will be non-Hispanic white, 16 percent will be Hispanic, 12 percent will be non-Hispanic black, and 7 percent will be Asian/Pacific Islander.<sup>9</sup> Services for America’s seniors will need to take this growing diversity into account as they strive to provide services that truly meet seniors’ needs.

## PROMISING PRACTICES

### SENIOR ACTION IN A GAY ENVIRONMENT/RHODE ISLAND

Founded in 1995, Senior Action in a Gay Environment/Rhode Island (SAGE/RI) is an intergenerational membership organization that provides services to LGBT seniors in Rhode Island. Recently, SAGE/RI launched its Eldercare Services Non-Discrimination Awareness Project, which works to ensure access to care for Rhode Island’s approximately 10,000 LGBT elders. One of the project’s first activities was a collaboration with the state’s Department of Elderly Affairs, in which letters and posters were mailed to nursing homes, senior centers, subsidized senior-housing complexes, and meal sites to promote greater sensitivity toward LGBT elders. SAGE/RI also offered to facilitate supportive trainings for the staff and volunteers at the facilities. Thus far, SAGE/RI volunteers have led a series of technical-assistance workshops reaching more than 200 administrators, care providers, and students-in-training. For more information about SAGE/RI, visit their website at [www.sageri.org](http://www.sageri.org).

**The Rhode Island Foundation** recently awarded SAGE/RI a grant for its Eldercare Services Non-Discrimination Awareness Project.



## CORE ISSUES FOR LESBIAN, GAY, BISEXUAL, AND TRANSGENDERED ELDERS

A contemporary understanding of culturally competent service delivery for seniors must include LGBT issues. While LGBT elders and their heterosexual counterparts contend with many of the same aging-related issues (including challenges to their health, independence, and mobility; social isolation; the loss of peers and loved ones; and financial concerns, among others), LGBT seniors face special difficulties as well. These seniors are “twice-hidden” due to social discrimination on two levels: ageism and homophobia or heterosexism. LGBT seniors often face antigay or gender discrimination by mainstream elder care providers that renders them “invisible” and impedes their access to vitally important services. At the same time, LGBT elders frequently confront ageism within the LGBT community and the organizations created to serve the community’s needs.

Many older LGBT people respond to the pressures of discrimination by concealing their sexuality in settings where being “out of the closet” might hinder their access to quality care or even endanger their well-being. For many LGBT elders in their 70s and 80s, “passing” as heterosexual has been a lifelong survival strategy—one they are likely to carry with them when seeking long-term care, entering a nursing home, or speaking with a health care provider. This dynamic prevents many LGBT seniors from openly accessing the very programs that could be most beneficial to them—if only these programs were perceived as safe places to turn for help and if they were culturally responsive to LGBT elders’ needs. The gravity of this problem was even acknowledged on the federal level when, in 2001, the U.S. Office on Aging recognized that LGBT elders are underserved by the federally funded programs that receive support through the Older Americans Act to help elders remain independent and in their home environment and to prevent unnecessary or premature institutionalization.<sup>11</sup>

LGBT elders are vulnerable in another important area as well. Being closely linked with income, health status, and the availability of caregivers, living arrangements are an important indicator of well-being among older persons. The U.S. Census Bureau reports that older persons who live alone are more likely to be in poverty than older persons who live with their spouse.<sup>12</sup> Needs assessments of LGBT elders in Los Angeles, Milwaukee, New York City, San Francisco, and elsewhere have found that LGBT elders are far more likely to live alone than heterosexual elders.<sup>13</sup> LGBT elders are also less likely to have children than their heterosexual counterparts. Since life partners and children play an important role in caregiving, many LGBT elders become reliant on formal caregiving services sooner than elders who can turn to family members and partners for informal support.

LGBT elders who are partnered must contend with an array of discriminatory practices that arise from the lack of formal recognition of their personal relationships. LGBT couples face unequal treatment in hospital visitation, health decision making, nursing care policies, Medicaid regulations, Medicare and Social Security coverage, pension and tax regulations, housing rights, and a host of other issues that fundamentally affect their financial security, health status, and quality of life.

In this informational packet, we focus on how these intertwining issues affect four major areas of concern for LGBT seniors:

- ▶ Housing
- ▶ Health and wellness
- ▶ Economic issues
- ▶ Supportive services

*“I think it is important to put an old woman’s face with the word lesbian. It never occurs to people that we get old.”<sup>10</sup>*

Along with brief discussions of how LGBT seniors are faring in each of these areas, this packet describes “Promising Practices” of community-based organizations that promote the health, well-being, and dignity of LGBT elders. In addition, funding profiles demonstrate the various ways in which foundations can partner with innovative programs throughout the country to meet the needs of this vulnerable group. There is no question that greater involvement in these issues by the grantmaking sector will have a profoundly beneficial effect, now and in the years to come. Given the extraordinary changes on the horizon—in terms of longevity, the imminent “elder boom,” and exciting advances in LGBT rights—the urgency of this involvement has never been greater.



## PROMISING PRACTICES

### GRIOT CIRCLE

Based in Brooklyn, New York, GRIOT Circle is an intergenerational, multicultural group of individuals age 50 and older. The acronym stands for “Gay Reunion In Our Time.” The word *griot* refers to a person who perpetuates the oral tradition and history of a community through storytelling and music. Serving approximately 750 members per year, GRIOT Circle honors and preserves the histories and traditions of LGBT elders of color, aiming to help its participants to “reunite” the parts of themselves that have been fragmented by racism and homophobia. Most of GRIOT Circle’s members live on fixed incomes and are underserved when it comes to health and social services.

At GRIOT Circle, LGBT people of color find a place to meet, socialize, and access social programs that affirm age, gender, and sexuality alongside racial, spiritual, and ethnic origins. This “gathering of elders” began in 1996

as an informal group to lend support to a 60-year-old African American lesbian who was about to be evicted from her home. From there, a wider need was recognized and GRIOT Circle took hold. Today, the organization provides educational and community forums, health and mental health services, support groups, a “friendly visitor” program for the sick and homebound, computer training, fitness activities, recreational outings, social events, arts programming, discussion groups, and a monthly newsletter. For more information about GRIOT Circle, visit their website at [www.griotcircle.org](http://www.griotcircle.org).

**The New York Foundation** has provided general support for GRIOT Circle, New York City’s only community-based organization devoted to serving LGBT elders of color.

## HOUSING

*“There is a security in aging with others with whom one can be genuine and honest.”<sup>1</sup>*

Affordable housing is a fundamental need that cuts across the boundaries of age and sexual orientation, yet for older people living on fixed incomes, the need for such housing is particularly acute. Older Americans who lack affordable housing must spend a larger portion of their budget on housing, leaving fewer financial resources for health care, food, savings, and other essentials.

That housing is an enormously important issue for LGBT seniors is borne out in numerous studies, including a national needs assessment recently conducted by Senior Action in a Gay Environment (SAGE), in which housing ranked as the number one priority for action among LGBT seniors.<sup>2</sup> Another recent needs assessment—a partnership between the Alliance Healthcare Foundation and the San Diego Human Dignity Foundation funded by The California Endowment—surveyed LGBT seniors in San Diego and found that nearly one-third of these seniors reported concern about their ability to meet their housing needs during the next five years.<sup>3</sup>

LGBT elders face special challenges when it comes to housing. A vision of healthy aging would support the ability of LGBT seniors—and all seniors—to “age in place” in the communities in which they already reside. Yet as people advance in age, health problems and disabilities often impinge on their ability to continue living independently. In the United States, the majority of older persons with disabilities live in the community and receive assistance from a spouse, adult children, and other family members.<sup>4</sup> However, for the many LGBT elders who are not partnered, who did not have children, or who are estranged from (or closeted to) members of their extended family, such support systems are absent. Many LGBT seniors must therefore turn to formal long-term-care systems to help them remain in their homes for as long as possible.

Unfortunately, many LGBT elders are hesitant to access these services, having come of age at a time of acute homophobia at every level of society, including in social and health-related services. As such, there is often a concern that by accessing home health care or other assisted-living services, LGBT elders may be inviting judgmental or even hostile care providers into their homes. As the SAGE national needs assessment report observes, “in-home care is often preferred to institutionalization for all elders, but to an LGBT elder, having a stranger come into their home—maybe the only place that the elder was truly able to be out and express their gayness—can be...as terrifying as living communally with people who will presume that they are straight.”<sup>5</sup> This fear drives many LGBT seniors to avoid services that might enable them to remain in their homes and avoid premature institutionalization.

While nursing homes offer an important alternative to long-term care provided in one's home or in other community settings, LGBT elders share with their heterosexual counterparts an understandable dismay at the prospect of being confined to a nursing home or other long-term-care facility. Institutionalization brings disconnection from one's community and social network, diminished autonomy, and dependence upon institutional authorities—fearful prospects for LGBT seniors who have endured discriminatory treatment at the hands of traditional institutions for decades. In a survey of social workers in New York State nursing homes conducted in the mid-1990s, the majority (52 percent) reported intolerant or condemning attitudes toward lesbians and gay men.<sup>6</sup> Of the 29 nursing homes represented in the study, only one offered formal training to staff on

*“We need to attack intolerance. I’d prefer to live in a community where diversity was the norm. The fear is living in a community where we are shunned.”<sup>8</sup>*

sexuality and the rights of residents to express themselves sexually. Beyond this, there is an abundance of anecdotal information from service providers and LGBT elders alike describing anti-LGBT discrimination and the abuse or neglect of LGBT elders in nursing homes throughout the country.

LGBT elders in relationships face an additional layer of discrimination in institutional care settings, since their relationships are neither formally recognized nor legally protected. These seniors face the very real risk of being denied the visitation privileges that heterosexual spouses enjoy; they also risk being separated from their partner and forced to live in separate nursing homes or housing facilities. Numerous articles and studies on LGBT elders describe widespread prohibitions on same-sex partners living together in elder care and senior housing facilities.

Discrimination in housing and public accommodations is a major concern not only for lesbian, gay, and bisexual elders, but for transgendered elders as well. Only two states and a few dozen localities have enacted nondiscrimination statutes to protect transgendered individuals from discrimination in housing and public accommodations, leaving transgendered elders extremely vulnerable to discrimination by homeless shelters, retirement communities, nursing homes, assisted-living facilities, and other settings.<sup>7</sup> Housing-related policies and practices that respect the reality of gender diversity, as well as sexual orientation, are sorely needed.

The often “hidden” nature of the LGBT elder population means that many elder care housing and care providers are not aware that they are serving LGBT seniors, perpetuating the invisibility of these elders and the lack of attention to their needs. This in turn reinforces the perception among LGBT elders that these settings are not hospitable ones in which to live their lives openly. However, it is widely expected that as the baby boom generation ages, this pattern will change. LGBT elders of the baby boom generation have lived most or all of their lives out of the closet and will likely demand more accountability and responsiveness to their needs within elder care and in service settings of all kinds.

Already there are clear signs of progress. In 2003, for example, the Joint Commission on the Accreditation of Healthcare Organizations—a prominent national nonprofit agency that develops quality-of-care standards for health care organizations—added respect for “residents’ habits and patterns of living (including lifestyle choices related to sexual orientation)” to its accreditation requirements for assisted-living facilities, just as it had previously done in its accreditation standards for nursing homes.<sup>9</sup> These policies represent important steps in promoting more equitable care for LGBT elders in the mainstream care settings that many seniors rely on.

Meanwhile, in response to the gaps in specialized housing services for LGBT seniors, new models are being forged. A number of long-term care and retirement housing communities specifically marketed to LGBT seniors are in the planning stages in various parts of the United States, with one or two already under development. Most of these communities take an inclusive approach that welcomes all elders in an LGBT-friendly environment in which LGBT people can live openly. Many of these facilities plan to combine independent-living and assisted-living units with units for the infirm elderly. To foster intergenerational living environments, some of the designs include office and commercial spaces along with housing units for people of all ages.

While these emerging models hold promise, they are costly options beyond the financial reach of most elders. Comparable housing facilities for low-income and economically disenfranchised LGBT seniors must also be pursued. Most important of all is promoting cultural competency on sexual orientation and gender identity issues among housing providers of all kinds to ensure that LGBT elders can access these fundamental and essential services.

## PROMISING PRACTICES

### SENIOR ACTION IN A GAY ENVIRONMENT (SAGE)

Founded in 1977, Senior Action in a Gay Environment (SAGE) is the nation's oldest and largest nonprofit service provider for LGBT elders. SAGE works to improve the quality of life for LGBT seniors through local and national advocacy/education, as well as direct clinical, social, and recreational services to LGBT seniors in New York City. In designing its programs, SAGE uses a community-building model that fosters self-empowerment and wellness among LGBT seniors by promoting their capacity to enjoy fulfilling lives in their neighborhoods of choice.

The centerpiece of this model is a program called SAGE Neighbors. Launched in 2000, SAGE Neighbors creates peer support systems and builds community among LGBT seniors in their own neighborhoods. With a vigorous presence on Manhattan's Upper West Side, SAGE Neighbors has more than 175 active participants who implement an array of activities for LGBT seniors in their communities, including social events; "friendship circles"; and peer support teams to provide frail, homebound, or neighborhood-bound seniors with support, companionship, medical escorts, and help in meeting daily needs. SAGE Neighbors includes an advocacy component to promote neighborhood-based services that are responsive to the needs of LGBT elders. For more information about the SAGE Neighbors program, visit the SAGE website at [www.sageusa.org](http://www.sageusa.org).

A recent grant from the **Fan Fox and Leslie R. Samuels Foundation** is supporting the expansion of the SAGE Neighbors model into Harlem and East Harlem. The program will build supportive networks among LGBT seniors who reside in these neighborhoods by connecting them with social networks of other LGBT seniors and with LGBT-friendly services for the aged within their own communities. This program represents a replicable and economically sustainable model for supporting LGBT "aging in place"—a NORC Without Walls program for LGBT seniors.

### OPENHOUSE

Approximately 33,000 seniors—one-fifth of San Francisco's senior population—are lesbian, gay, bisexual, or transgendered. Of this number, approximately half qualify for some type of housing assistance. Openhouse (formerly Rainbow Adult Community Housing) is a nonprofit intergenerational community organization in San Francisco. Its mission is to create and sustain an inclusive residential community that welcomes all seniors and honors LGBT seniors and their relationships.

This senior retirement village is intended to become a multicultural hub that offers seniors—regardless of income level, gender, or sexual orientation—a positive environment in which to live. The community will include up to 225 units of senior housing with supportive services for low-, moderate- and upper-income seniors. The architectural style will rely on "universal design" to meet the needs of all people, regardless of age or physical ability. The location will be selected to ensure proximity to public transit and to services. Along with a service package that includes housekeeping, transportation, and meal services, efforts will be made to provide for the residents' long-term care as their needs change or intensify over time. It is anticipated that along with the 300 or so elders who will reside in the complex, another 2,000 or more will utilize Openhouse's health, wellness, and community services each year. For more information about Openhouse, visit their website at [www.openhouse-sf.org](http://www.openhouse-sf.org).

A recent grant from the **Evelyn and Walter Haas, Jr. Fund** has provided support for the planning of this innovative and pioneering model for senior living.

## HEALTH AND WELLNESS

*“If I’m ill, I just want to heal. If I’m stressed about whether or not [my care providers] are homophobic, that might impair my healing process. . . . I don’t want to think, ‘How would they receive me? Do they know I’m gay?’”<sup>1</sup>*



LGBT elders share the same health challenges as other aging adults, including the need for accessible and comprehensive health services, prescription drug coverage, and long-term care.<sup>2</sup> But LGBT seniors also face a variety of special health concerns and barriers to care. For many LGBT elders, access to appropriate health-assessment, treatment, and prevention services is hampered by the fact that most health care providers assume that patients are heterosexual. This assumption prevents practitioners from forming an accurate picture of each individual’s personal history, risk factors, and health-related needs—information that directly affects quality of care.

This places the onus on LGBT clients to “break the silence” by revealing their sexual orientation or gender identity in settings where heterosexuality is presumed, and where antigay bias is a very real possibility. For elders who have faced antigay discrimination in the past, disclosure of this kind is unlikely in all but the most overtly affirming environments (of which there are few). In a study conducted in 2001, fully 75 percent of LGBT elders reported not being completely open about their sexual orientation to health care workers.<sup>3</sup> Disclosure of sexual orientation in the health care setting is crucial to the ability to match services to patients’ needs. Difficulty communicating with primary care providers has been associated with delays in seeking health care,<sup>4</sup> increasing the likelihood of health problems becoming advanced or chronic. This results in very real health risks for LGBT seniors who, like other seniors, tend to require more frequent and more intensive health care services as they age.

Definitive studies on the relative risk of LGBT individuals for specific health problems such as cancer and other diseases are quite rare. In fact, there is currently no public health infrastructure for funding and supporting research on the health of LGBT communities.<sup>5</sup> What is clear, however, is that LGBT elders lack access to individualized health care that meets their needs. A 1994 survey of members of the Gay and Lesbian Medical Association

(GLMA) found that 67 percent of respondents believed they had seen gay or lesbian patients receiving “substandard” care because of their sexual orientation.<sup>6</sup> GLMA also cites evidence from several studies confirming that many lesbians and gay men report that their doctors are “not sensitive to or knowledgeable about their particular health risks and needs, and do not disclose pertinent information about treatments or prevention.”<sup>7</sup> This, of course, negatively impacts the physical health of LGBT seniors and their chances of accessing quality care.

While solid public health data on LGBT populations (including elders) is quite limited, a number of health issues have been identified as areas in which LGBT individuals exhibit distinctive patterns of need. These issues include HIV/AIDS, other sexually transmitted diseases (STDs), breast cancer, substance abuse, mental health, hate violence and elder abuse, and (for many transgendered individuals) the long-term health impact of hormone replacement therapy. Some of these key issues are briefly discussed below.

### HIV/AIDS

In 2002, HIV cases diagnosed in gay and bisexual men climbed for the third consecutive year in the United States, marking a resurgence of HIV/AIDS in the gay community after years of decline.<sup>8</sup> Between 11 to 15 percent of all U.S. AIDS cases occur in people over the age of 50.<sup>9</sup> Yet some older gay men view HIV/AIDS as a problem of the young and ignore HIV risk reduction messages—in part, because older gay and bisexual men are rarely targeted in HIV prevention and education campaigns. The misperception that risk is somehow diminished with age is often shared by health care providers who fail to discuss sexual health and HIV prevention issues with older patients. Physicians who do not realize their patients might be at risk for HIV may neglect to offer HIV testing, the precursor to early diagnosis and effective treatment. Meanwhile, HIV/AIDS drug treatment protocols and clinical trials often exclude people over the age of 45, so physicians prescribing HIV treatments to older persons with HIV/AIDS often do so without population-specific research to inform their decisions.<sup>10</sup> These are just a few of the many intersections between HIV/AIDS issues and the health of older gay and bisexual men.

### BREAST CANCER

In a report on LGBT health issues published in 2002, the New York City Department of Health and Mental Hygiene (DOHMH) observed that “[e]pidemiologic data suggest that lesbians are at elevated risk for breast cancer, but for reasons that have been widely misunderstood. While being a lesbian in itself has not been shown to be a risk factor for breast cancer, there are nevertheless some reasons why breast cancer is a particular health concern for lesbians.”<sup>11</sup> The major factors correlated with higher breast cancer rates—including never having given birth, heavy drinking, and being overweight—can apply to any woman, regardless of her sexual orientation. However, the Department of Health report also makes an important point about the ways in which lesbians make use of health care, which can impact access to early detection and successful treatment of cancer and other chronic diseases. “Another reason for enhanced risk,” as cited in the DOHMH report, “is that lesbians often avoid regular gynecological exams, which means some may miss early detection and therefore be at greater risk of dying from breast cancer. In a large national study, 35 to 45 percent of lesbians lacked regular gynecological care.”<sup>12</sup> Additional research is needed to develop better data on the risk factors for lesbians, including for older lesbians. And there is a major need for sensitive, individualized care that promotes instead of discourages the use of health care services among lesbian and bisexual women of all ages.

## MENTAL HEALTH

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The availability of culturally competent mental health services is another important aspect of promoting healthy aging among LGBT elders. Few recent studies on mental health issues have included research on LGBT individuals in any age group. Some of the available research suggests that lesbian, gay, and bisexual populations may be at increased risk for mental distress, mental disorders, substance use, and suicide because of exposure to stressors related to societal antigay attitudes.<sup>13</sup> Other research shows little overall difference between lesbian/gay elders and their heterosexual counterparts, while still other studies find relatively high levels of life satisfaction and low levels of depression among older gay men and lesbians.<sup>14</sup>

While many mental health issues affecting LGBT elders parallel those of the heterosexual community, others are based in the distinctive experiences that characterize many LGBT lives, including estrangement from families, the challenges of adjusting to a minority sexual orientation or gender identity, the hostility or abuse many LGBT individuals experience throughout their lives, and the lack of social support for same-sex relationships and family structures.<sup>15</sup>

Several of these factors—along with reduced mobility and the deaths of longtime partners and peers—increase isolation among LGBT elders, which can in turn foster depression. The DOHMH reports that isolation and concomitant depression are major issues for lesbian and gay seniors, although these issues often go unrecognized.<sup>16</sup> One reason for this lack of recognition is widespread heterosexual bias on the part of medical and mental health providers, who often presume heterosexuality in their patients—especially older ones. Another reason is the wariness of many LGBT seniors about accessing mental health services given the fiercely repressive treatment of LGBT people by the psychiatric establishment in the past, which many LGBT seniors remember all too clearly.

For transgendered elders, access to mental health services is constrained by an ongoing tendency of the mental health establishment to pathologize transgendered individuals. While homosexuality was removed from the American Psychiatric Association's diagnostic manual in 1973, "Gender Identity Disorder" remains. This categorization is viewed by many LGBT health and mental health professionals as nothing more than a reinforcement of gender roles that do not fit the dominant norm—i.e., a tool of social control. Transgendered elders—like their younger counterparts—must contend with considerable social stigma and discrimination when accessing health care and mental health services. Since most health professionals and mental health providers lack the knowledge and skills to provide appropriate care, transgendered patients must educate their providers repeatedly about transgender issues<sup>17</sup>—a dynamic that poses a serious barrier to their ability to access care.

Along with formal mental health services designed to meet the special needs of LGBT elders, informal opportunities to reduce isolation are another important vehicle for promoting physical and mental well-being. This includes opportunities to socialize with other LGBT seniors, opportunities to forge intergenerational bonds with younger LGBT friends, and opportunities to socialize with other elders regardless of their sexual orientation without the fear of encountering discrimination. Social opportunities and community-building are important components of a "whole person" approach to health care and mental hygiene services for LGBT elders and a hallmark of healthy aging.

## HATE VIOLENCE AND ELDER ABUSE

Hate violence against LGBT people is a major public health issue. A report from the National Coalition of Anti-Violence Programs found that hate crimes committed against LGBT people continued to rise throughout the United States, despite overall decreases in violent crime throughout the 1990s.<sup>18</sup> Surveys of victim populations show violence to be a significant mental and physical health issue for LGBT persons.<sup>19</sup> Quality data on the specific impact of hate violence against LGBT elders is not available, but various studies show that LGBT people are routinely victims of violence, and a report on bias sponsored by the National Institute of Justice found that “homosexuals are probably the most frequent victims.”<sup>20</sup> More data on the impact of violence on LGBT seniors, and interventions to address this problem, are needed.

Violence also includes abuse and neglect at the hands of caregivers. Elder abuse is defined as harm to a person over the age of 65 by someone in a position of trust or authority, and can take many forms, including physical, psychological, or financial abuse. Neglect may take the form of being inadequately clothed or nourished, or having untreated medical conditions or injuries. Elder abuse and neglect can happen to anyone, but isolated seniors are considered at higher risk. The fear of institutionalization may discourage elder-abuse victims from reporting the problem. Having lived during times when homosexual behavior was illegal and heavily stigmatized, with gay people subjected to harassment from the law-enforcement community, many LGBT elders distrust law-enforcement authorities and are thus unlikely to report instances of abuse or neglect. Targeted interventions are needed to better identify cases of elder abuse and neglect among LGBT elders, to educate LGBT seniors on this issue, and to reach out with services that meet the special needs of LGBT elders who are at risk for elder abuse or neglect.

## THE ECONOMICS OF HEALTH

Unfortunately, healthy aging is often directly correlated with economic status. Health care (including physicians' services, hospitalizations, home health care, nursing home care, prescription medications, etc.) is a major area of expense for many older Americans, posing a serious burden to persons on limited incomes and those living with a chronic condition or disability. A study on out-of-pocket health care costs among older Americans published in 2000 found that elderly Americans spend, on average, 19 percent of their total income on medical expenses annually, and that elders in the lower-fifth income level (up to \$6,720 per capita family income) spend 32 percent of their income, compared to those in the top tier, who pay less than 9 percent.<sup>22</sup> These economic realities are shared by all senior citizens, but for LGBT elders, the burden is worsened by unequal treatment of same-sex couples under Medicaid regulations, which allow one member of a married heterosexual couple to retain a jointly owned house without jeopardizing his or her spouse's right to Medicaid coverage. LGBT elders in committed, long-term relationships are not afforded these same protections, even though they, like heterosexual married couples, have supported the Medicaid infrastructure as taxpayers throughout their lives. As observed in a policy report by the National Gay and Lesbian Task Force in 2000, “[t]his unequal treatment can force same-sex couples into a Hobson's choice of getting the medical coverage to meet a partner's health care needs versus giving up a couple's home and life savings.”<sup>23</sup>

*“Many of us survived by practicing personal secrecy, some of us grew up when almost everyone was homophobic, and some of us have neglected our health because of discrimination and fear.”<sup>21</sup>*



*“We need to feel safe discussing issues with doctors, we should not be pushed to fit the provider’s mold, we should be listened to and not judged.”<sup>24</sup>*

## PROMISING PRACTICES

### SENIOR SERVICES AT FENWAY COMMUNITY HEALTH

For 30 years, Fenway Community Health has provided high quality medical and mental health care to Boston’s LGBT community and to local residents. The Fenway provides comprehensive care in a welcoming environment, including primary health care, specialty care, mental health and substance abuse services, complementary therapies, violence prevention and recovery programs, and family and parenting services. The Fenway also provides gerontology services to meet the health and mental health care needs of LGBT seniors.

These specialized services for seniors are delivered by the Fenway’s Board-certified geriatricians, staff nutritionist, dermatologist, and podiatrist, as well as by

medical social workers. For home-bound patients, providers are available to make house calls. For the past two years, the Fenway has also sponsored a weekly support group for LGBT elders age 60 and over. This group provides a safe and supportive small-group setting in which to discuss the challenges and rewards associated with LGBT aging, including relationships, sexuality, health and illness, reduced income, social isolation, and loss of friends and family members. For more information, visit the Fenway’s website at [www.fenwayhealth.org](http://www.fenwayhealth.org).

A grant from the **Blue Cross Blue Shield of Massachusetts Foundation** has helped to support this work.

## PARTNER RECOGNITION

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Unequal treatment of LGBT relationships leaves elders vulnerable in other ways as well. Because lesbians and gay men cannot legally marry, they are not considered “immediate family” in the eyes of the law. If an LGBT individual becomes incapacitated or otherwise unable to make his or her own medical decisions, health providers turn to the patient’s “traditional” family members to determine the patient’s wishes and needs—a process that typically excludes gay or lesbian partners. Many states allow individuals to execute health care proxies that designate the person of their choice to make medical decisions on their behalf, but most people—heterosexual and LGBT alike—fail to do so. Thus, in times of crisis, lesbian and gay partners can be excluded from intensive health care settings, and later excluded from the care plan, even when they are the primary care givers at home.<sup>25</sup> Similarly, many hospitals, nursing homes, substance abuse treatment programs, and other health settings fail to recognize LGBT relationships, excluding partners from visitation, key decision-making processes, and the development of care or treatment plans. The unequal status of LGBT couples under the law also impedes their ability to obtain health benefits when a partner dies, take sick leave or bereavement leave to care for a partner, and enjoy full access to inheritance and property rights—issues that directly and indirectly affect health, financial stability, and well-being.

## PROMOTING HEALTHY AGING FOR LGBT SENIORS

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This brief overview of the major health issues affecting LGBT seniors highlights the need for a multilayered approach to ensuring that LGBT seniors can access the health services they need to support healthy aging:

- ▶ Improved cultural competency in serving LGBT elders throughout the mainstream health care delivery system (including elder-care services, home health attendants, hospitals, mental health providers, nursing homes, hospices, and all other settings in which older adults are likely to seek care);
- ▶ Increased availability of services for older persons within LGBT-specific health care settings;
- ▶ Increased access to health care services that encourage and affirm LGBT elders by respecting their family structures, understanding their needs, and nurturing patient-provider relationships that support trust and personal disclosure;
- ▶ More research on the impact of various health issues upon LGBT seniors (including cancer, substance abuse, mental health, transgender health, HIV/AIDS, sexual health, violence and abuse, etc.);
- ▶ Expedited development of specialized health care services that respond to the needs identified by research on the major issues affecting LGBT elders; and
- ▶ The adoption of equitable policies in Medicaid coverage, health benefits, medical decision-making, and other fundamental protections for *all* seniors, regardless of sexual orientation or gender identity.

## ECONOMIC ISSUES

*“I feel puzzled about my future. I came out to myself only eight years ago, at age 58....I worry about finances and having a stimulating social life and finding a loving partner.”<sup>1</sup>*



LGBT adults face a series of lifelong economic disadvantages rooted in a variety of factors, including:

- ▶ Little or no access to the health insurance coverage, family leave coverage, disability benefits, Social Security survivorship benefits, pension benefits, and employee benefits that provide economic security and support to married spouses;
- ▶ Unequal treatment under the tax code, resulting in greater estate (inheritance) tax burdens; and
- ▶ Lack of protection from job discrimination in most parts of the country.

As the years accrue, many LGBT elders find that their lifetime relationships have put them at a disproportionately high level of financial risk.<sup>2</sup>

In numerous surveys throughout the country, LGBT elders express fears about financial stability in old age. These findings parallel the wider problem of economic vulnerability among the aged. For example, in a recent needs-assessment report on LGBT seniors in San Diego County, “financial problems” was the leading concern raised by respondents.<sup>3</sup> Forty-two percent of the LGBT elders surveyed cited financial issues as a problem in their lives, while one-third reported being poorly prepared for retirement.

This economic fragility belies the myth of LGBT affluence—a stereotype used to bolster the argument that, far from being the victims of discrimination, LGBT people are actually wealthier and more privileged than their heterosexual counterparts.<sup>4</sup> Studies have shown the opposite to be true. In actuality, the preponderance of national data reveals that gay men and lesbians earn less than heterosexual men and women.<sup>5</sup>

As LGBT people age, these economic disparities become even more deeply felt. A recent report by the Human Right Campaign (HRC) analyzed data from the 2000 Census to illuminate the relationship between marital status and income as it affects LGBT elders. The report found that married senior couples earn 4.3 percent, or \$1,056, more in combined household retirement income on average each year than same-sex unmarried couples.<sup>6</sup> Married couples earn a combined household retirement income of \$25,799 compared to \$24,743 for same-sex unmarried couples. As the HRC report observes, this is a significant difference, but one which pales in comparison to the disparity between how same-sex unmarried couples and heterosexual married couples are treated when one member of a couple dies.<sup>7</sup>

Since the overwhelming majority of public laws do not recognize same-sex partnerships and narrowly define “couples” as married heterosexual couples, LGBT people have no rights or protections when it comes to benefits that heterosexual spouses are entitled to under state or federal law. A report published by the Policy Institute of the National Gay and Lesbian Task Force entitled “Outing Aging: Public Policy Issues Affecting Gay, Lesbian, Bisexual, and Transgender Elders” summarizes these economic inequities as follows:

- ▶ Social Security pays survivor benefits to a widow or widower, but not to the surviving same-sex life partner of someone who dies. This may cost LGBT elders approximately \$124 million a year in unaccessed benefits.
- ▶ Married spouses are eligible for Social Security spousal benefits, which allow them to earn half of their spouse’s Social Security benefit if it is larger than their own benefit. Unmarried partners in lifelong relationships are not eligible for spousal benefits.
- ▶ Tax laws and other regulations of 401(k)s and pensions discriminate against same-sex partners, costing the surviving partner in a same-sex relationship thousands of dollars a year, possibly more than \$1 million over a lifetime.

*“Same-sex couples pay the same taxes as heterosexual couples throughout their working lives, yet they are denied the same protections when they most need it—in old age and when faced with the death of a family member. That’s taxation without compensation.”<sup>8</sup>*

## PROMISING PRACTICES

### THE ELDER LAW PROJECT AT THE NATIONAL CENTER FOR LESBIAN RIGHTS (NCLR)

Founded in 1999, the NCLR Elder Law Project’s mission is to provide affordable legal resources for LGBT individuals age 60 or older and to shed light on the legal issues affecting these seniors. The project engages in numerous activities to eradicate discrimination based on gender identity and sexual orientation in housing, long-term care, nursing home facilities, health care, and other service sectors. These activities include: making legal-education presentations to LGBT elders in local communities; training mainstream legal-service providers on the legal needs of LGBT elders; providing leadership to the aging network for better inclusion of LGBT issues; and participating in national advocacy efforts. The project also publishes informational materials, including a report on “Legal and Public Policy Issues

for Transgender Elders,” available on the NCLR website ([www.nclrights.org](http://www.nclrights.org)).

The Elder Law Project also seeks to strengthen partnership protections and advocates for civil unions and tax equity for same-sex couples. These issues of tremendous concern to all same-sex couples are especially consequential for LGBT elders, who are left unprotected at a particularly vulnerable time of life by the denial of basic protections and benefits afforded to married couples. The project provides free legal advice and guidance to help LGBT elders make the most of the legal remedies that are available to them through documentation, estate planning, domestic partnership agreements, wills and trusts, health care directives, and end-of-life decision-making directives.

Funding from the **Horizons Foundation** helps to support the NCLR Elder Project’s varied activities.

*“A substantial majority of the general public supports laws to protect gays and lesbians from prejudice and discrimination in employment (76%)...Most also support providing benefits to lesbian and gay partners, including inheritance rights (73%), employer-provided health insurance (70%), and Social Security benefits (68%).”<sup>9</sup>*

- ▶ Medicaid regulations protect the assets and homes of married spouses when the other spouse enters a nursing home or long-term care facility; no such protections are offered to same-sex spouses.<sup>10</sup>

More recent data from the HRC report lends additional weight and detail to this accounting of economic inequity. According to the HRC report:

- ▶ A surviving partner's loss of Social Security survivor benefits amounts to an average annual loss of \$5,528.
- ▶ Lesbian and gay surviving partners pay far more in taxes than surviving spouses do when one member of the couple dies and leaves a retirement account to the other. Indeed, surviving partners are routinely forced to pay tens of thousands of dollars in taxes when they inherit a retirement plan from an unmarried partner; while married spouses in the same situation are charged no taxes at all.
- ▶ When one member of a same-sex couple dies and leaves the home to his or her partner, the surviving partner is hit with a second tax burden that a surviving spouse in the same circumstance does not face. The surviving member of the same-sex couple is charged an estate tax on the inheritance of a home, even if the home had been jointly owned. By contrast, a surviving spouse in the same situation is charged no estate tax at all—even if the home had been singly owned by the deceased spouse.<sup>11</sup>

These discriminatory policies prevent LGBT elders in long-term, committed relationships from accessing basic economic protections afforded to married heterosexual couples—protections aimed at reducing needless vulnerability to financial hardship later in life, particularly if a partner is “widowed.” This lack of legal recognition of same-sex married couples essentially means that LGBT workers pay higher income taxes, on average, than their non-LGBT peers.<sup>12</sup>

The financial well-being of many LGBT seniors is also threatened by the risk of workplace discrimination—a significant issue given recent U.S. Census data reporting a rise of nearly 50 percent between 1980 and 2000 in the number of Americans past retirement age who are working or seeking work. Ironically, while the federal Age Discrimination in Employment Act (ADEA) protects LGBT seniors from age-related discrimination, employers in most states can still fire or refuse to hire them because of their sexual orientation or gender identity.<sup>13</sup>

These are just a few of the many ways in which the financial well-being of LGBT elders is adversely affected by what the Massachusetts Supreme Judicial Court has recently described as the “unconstitutional, inferior, and discriminatory status”<sup>14</sup> of same-sex couples who are denied marriage rights and the attendant benefits and responsibilities. Efforts to support the economic stability, dignity, and autonomy of LGBT seniors must incorporate strategies to address and overcome these disparities.

## ACCESS TO SUPPORTIVE SERVICES

*“When I call for services, I want to be connected with someone who is comfortable with my being gay.”<sup>1</sup>*



The LGBT Aging Project reports that in the United States each week, 10,000 LGBT individuals reach retirement age without equal access to the aging services and economic safety nets their neighbors take for granted.<sup>2</sup> This aging-services infrastructure includes case-management services to facilitate and coordinate care; social and recreational programs; support groups; legal services; religious or spiritual programs; information and referral services; meal programs; transportation services; employment programs; community programs (including senior centers and Councils on Aging); friendly visitor programs for the frail, homebound, or hospital-bound; adult day health programs; end-of-life services (including hospice care); and many others. Through this spectrum of services, senior citizens are assisted in maintaining their independence and quality of life, reducing isolation, avoiding premature institutionalization, and coping with illnesses and crises as they arise.

Unfortunately, fear of discrimination makes LGBT seniors five times less likely than non-LGBT seniors to access services,<sup>3</sup> depriving them of the support they need. For LGBT elders of color and transgendered elders, additional layers of discrimination impede access to services. In 2003, a national survey of LGBT aging services and advocacy conducted by Senior Action in a Gay Environment (SAGE), found that LGBT seniors of color, as well as transgendered elders, feel unwelcome even among other lesbian, gay, and bisexual elders, and that many view existing LGB elder programs as hostile to their participation.<sup>4</sup> Efforts to improve inclusivity in these settings are clearly needed.

Another major finding of SAGE's national survey was that the majority of people surveyed “believe that mainstream senior service programs do not understand the unique and specific needs of LGBT seniors, that transgendered seniors would not be welcome, and that senior sexuality overall is neither discussed nor acknowledged in either mainstream or LGBT-specific programs.”<sup>6</sup>

The perception among LGBT elders that most mainstream service providers are under-prepared to meet their needs is corroborated by an earlier study of 24 Area Agencies on

*“[We need to] develop programs and ideas that keep older LGBT persons involved in the community. Tap into their experience, networks, and resources.”<sup>5</sup>*

Aging (AAA), which found that 96 percent of the AAA's did not offer any services specifically designed for LGBT elders and did not target outreach efforts to LGBT seniors.<sup>7</sup> The same study found that only 17 percent of the AAA's reported having received staff training on sexual orientation issues, but half thought such training was needed.

While mainstream providers are often ill-prepared or even unwilling to serve LGBT elders, very few LGBT-specific programs exist for elders, and those that do are generally found in large urban settings. SAGE's national survey found that the majority of LGBT elders live in communities with no LGBT-specific or explicitly LGBT-sensitive services. As the survey report observes, "[t]his is especially problematic given that today's elders came of age in an era of widespread hostility toward LGBT's. This has caused many elders to turn away from mainstream services, do without services entirely, return to the closet, and isolate. As the majority of LGBT elders have no children of their own, and no or little support from their families of origin, this is of great concern to those who care about their well-being."<sup>8</sup>

What would it take to make mainstream services more welcoming of and culturally appropriate for LGBT elders? According to the LGBT Aging Project, a first step would be to create nondiscriminatory workplaces that promote staff sensitivity to and awareness of LGBT issues. Once this foundation has been laid, service organizations will be better situated to conduct outreach and provide services that meet the needs of LGBT elders.<sup>9</sup> Another recommendation involves the revising of intake and assessment tools to gain a more complete and accurate understanding of each individual's personal circumstances, support systems, and needs. Since most traditional intake and assessment forms are heterosexually biased, they fail to elicit the information needed to deliver culturally appropriate services to LGBT elders. Moreover, intake forms and the questions asked

## PROMISING PRACTICES

### OLD LESBIANS ORGANIZING FOR CHANGE

Old Lesbians Organizing for Change (OLOC) is a national grassroots organization created by and for lesbians over age 60. Based in Houston, Texas, OLOC developed out of the growing sense of isolation and invisibility experienced by old lesbians, particularly in rural areas. OLOC works to raise consciousness about ageism and its effect on both individuals and the wider society, and to confront the problem of ageism wherever it arises. The organization also confronts other forms of oppression, including racism, homophobia, sexism, and classism. The venues for doing so include a Speakers' Bureau whose members deliver keynote addresses at major conferences, conduct staff trainings, and provide workshops on ageism. OLOC's trainings have been presented at a variety of organizations, including the

American Society on Aging, the National Gay and Lesbian Task Force, the National Coalition on Aging, and local and statewide organizations throughout the country. OLOC also publishes tools for social change, including a quarterly newsletter (available on OLOC's website at [www.OLOC.org](http://www.OLOC.org)), educational brochures, and a training manual entitled, "Confronting Ageism: Consciousness Raising for Lesbians 60 and Over."

A grant from the **Astraea Lesbian Foundation for Justice** helped to support the 2003 National Gathering by and for Old Lesbians, a conference that offered a forum for education and analysis on the effects of ageism on old lesbians. At this unique event—the only conference of its kind—participants shared stories and resources, while networking and strategizing on ways to end the range of oppressions facing old lesbians and other groups.

during intake and assessment send clear messages to LGBT seniors about whether or not the provider is likely to be sensitive to their needs.

Other methods for promoting inclusion of LGBT seniors within the traditional elder-services infrastructure include proactive outreach by publicizing services in publications read by the LGBT community and openly demonstrating a commitment to nondiscrimination by displaying posters and resource information in prominent locations at service facilities. As one service provider in a focus group on the needs of LGBT seniors remarked, it is important “to make it more obvious from the second [clients] walk in the door” that the environment is sensitive to and welcoming of LGBT individuals.<sup>10</sup> Other activities to increase accessibility and service quality for LGBT elders include training staff, volunteers, and administrators to become culturally competent in this area; developing referral networks of LGBT-sensitive services as part of routine case-management and service-coordination activities; and implementing policies that recognize and respect LGBT couples and family networks.

Changes such as these will improve the quality of services for LGBT elders while increasing the likelihood that they will access and remain engaged with the services they need. Access to the broad network of elder services is not merely a privilege but a fundamental right. In the words of one community advocate, “...LGBT people pay taxes to support much of this infrastructure and we have a right to use it.”<sup>11</sup> The implications of continuing to deny LGBT elders full and equal access to the service-delivery system are too dire to ignore.

## PROMISING PRACTICES

### THE LGBT AGING PROJECT

Based in Boston, the LGBT Aging Project aims to reduce fear and isolation among LGBT seniors and to improve the quality of life for this underserved group. The project pursues these goals by fostering changes to create a more welcoming and culturally appropriate service network for LGBT elders within the mainstream elder services system. Activities include: enhancing the involvement of LGBT elders in their own service planning and self-advocacy; presenting policy recommendations to legislators, nonprofit managers, philanthropists, and other decision makers; forging collaborations among aging, health, and LGBT networks; and training elder service agency staff in providing culturally competent services. The project is also in the process of establishing Boston’s first congregate meal program for LGBT elders. Recently, the LGBT Aging Project has launched

various policy-oriented initiatives that directly affect LGBT seniors’ ability to access care. These initiatives include the development of a model LGBT-inclusive intake process and a service-rating system to assess the level of LGBT-friendly service delivery in various settings. The project is also challenging Medicaid’s refusal to protect the jointly owned homes of same-sex couples when one member of the couple needs to live in a nursing home. While the homes of married couples are protected when one spouse seeks Medicaid reimbursement for long-term care placement, LGBT couples are excluded from this protection, leaving them vulnerable to financial crisis when one partner’s health begins to fail. For more information, visit the group’s website at [www.lgbtagingproject.org](http://www.lgbtagingproject.org).

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## REFERENCES

### INTRODUCTION

1. Quoted in Shari Brotman, et al., "Mental Health Issues for Particular Groups: Gay and Lesbian Seniors," Division of Aging and Seniors: NACA Writings in Gerontology on Mental Health and Aging, (2002): 4. [www.hc-sc.gc.ca/seniors-aines/naca/writings\\_gerontology/writ18/writ18\\_5\\_e.htm](http://www.hc-sc.gc.ca/seniors-aines/naca/writings_gerontology/writ18/writ18_5_e.htm). Quotation taken from a nationwide focus group study of Canadian gay and lesbian seniors, their families, and workers in mainstream care organizations.
2. U.S. Census Bureau, "Age: 2000, Census 2000 Brief," Table 1, *Population Change by Age: 1990 to 2000*, (October 2001): 4.
3. National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, "Health, United States, 2003: Highlights," *Population Characteristics* (2003): 1.
4. Administration on Aging, U.S. Department of Health and Human Services, "A Profile of Older Americans: 2000," (2001): 3.
5. Federal Interagency Forum on Aging Related Statistics, "Older Americans 2000: Key Indicators of Well-Being," Indicator 1: Number of Older Americans. [www.agingstats.gov/chartbook2000/population.html](http://www.agingstats.gov/chartbook2000/population.html).
6. Ibid., Indicator 12: Life Expectancy. [www.agingstats.gov/chartbook2000/healthstatus.html](http://www.agingstats.gov/chartbook2000/healthstatus.html).
7. National Center for Health Statistics (NCHS), *Mortality Trends* (2003): 6. (Life expectancy rate for 2001 based on preliminary data.)
8. Federal Interagency Forum on Aging Related Statistics, "Older Americans 2000," Indicator: 12.
9. Ibid., Indicator 2: Racial and Ethnic Composition. [www.agingstats.gov/chartbook2000/population.html](http://www.agingstats.gov/chartbook2000/population.html).
10. Skip Neal, quoted in Lisa Marshall, "Invisible Community: Support Services, Social Opportunities Few for Gay Seniors," *The Daily Camera*, Boulder, CO, January 6, 2002, section D, p. 3D.
11. National Center for Lesbian Rights (NCLR), *Elder Law (Advocacy)*, (1999-2001), [www.nclrights.org/projects/el-advocacy.htm](http://www.nclrights.org/projects/el-advocacy.htm).
12. Federal Interagency Forum on Aging Related Statistics, "Older Americans 2000" Indicator 5: Living Arrangements. [www.agingstats.gov/chartbook2000/population.html](http://www.agingstats.gov/chartbook2000/population.html), citing J. Dalaker, "Poverty in the United States: 1998" Table 2. U.S. Census Bureau, *Current Population Reports* (1999): 60-207. Washington, DC: U.S. Government Printing Office.
13. Patrick D. Hoctel, "Community Assessments Show Service Gaps for LGBT Elders," *Aging Today*, January-February 2002: 5-6.

### HOUSING

1. Jean K. Quam and Gary S. Whitford, "Adaptation and Age-Related Expectations of Older Gay and Lesbian Adults," *The Gerontologist* 32, no. 3 (1992): 367-374.
2. Marj Plumb and Associates, "SAGE National Needs Assessment: A report prepared for Senior Action in a Gay Environment," (2003-2004): 4.
3. Jim Zians, "The San Diego County LGBT Senior Healthcare Needs Assessment," Alliance Healthcare Foundation, (2003): 10.
4. Federal Interagency Forum on Aging Related Statistics, "Older Americans 2000: Key Indicators of Well-Being," Indicator 31: Home Care. [www.agingstats.gov/chartbook2000/healthcare.html](http://www.agingstats.gov/chartbook2000/healthcare.html).
5. Marj Plumb and Associates, "SAGE National Needs Assessment," 18.
6. National Gay and Lesbian Task Force, "Family Policy" (2002): 141, citing S.K. Fairchild, et al., "Social Workers' Perceptions of Staff Attitudes Toward Resident Sexuality in a Random Sample of New York Nursing Homes: A Pilot Study," *Journal of Gerontological Social Work*. 26(1/2).
7. Shannon Minter, National Center for Lesbian Rights, "Legal and Public Policy Issues for Transgender Elders," 2002, 2003. [www.nclrights.org](http://www.nclrights.org).
8. JSI Research and Training Institute, Inc. in Collaboration with The Boston LGBT Elder Planning Project, "Addressing the Needs of LGBT Seniors," (2001): 21.
9. American Society on Aging (ASA), "Public Policy Link: Assisted Living Standards to Recognize Sexual Orientation," *ASA Connection*. (2003) [www.asaging.org](http://www.asaging.org).

### HEALTH AND WELLNESS

1. JSI Research and Training Institute, Inc. in Collaboration with The Massachusetts LGBT Aging Project, "Lesbian, Gay, Bisexual, and Transgender Elders of Massachusetts: Focus on Home Care," (2003): 20. Comment by a focus group participant.
2. National Gay and Lesbian Task Force, "Outing Age: Public Policy Issues Affecting Gay, Lesbian, Bisexual and Transgender Elders," (2000): 57.
3. National Gay and Lesbian Task Force, "Family Policy," (2002): 138, citing R.A. Shippy, et al., "Patterns of Support for Lesbians and Gays as They Age." (2001) In M.H. Cantor (chair), "Social Support Networks," symposium held at the 54th Annual Scientific Meeting of the Gerontological Society of America, Chicago, IL.
4. Laura Dean, et al., "Lesbian, Gay, Bisexual, and Transgender Health: Findings and Concerns," New York: Gay and Lesbian Medical Association and Columbia University Joseph L. Mailman School of Public Health (2000): 14, citing J.C. White and V.T. Dull, "Room for Improvement: Communication Between Lesbians and Primary Care Providers," *Journal of Lesbian Studies* (1998); 2(1):95-110.
5. Laura Dean, et al., "Lesbian, Gay, Bisexual, and Transgender Health: Findings and Concerns," 9.
6. Ibid., 12, citing B. Schatz and K. O'Hanlan, "Anti-gay Discrimination in Medicine: Results of a National Survey of Lesbian, Gay, and Bisexual Physicians," American Association of Physicians for Human Rights/Gay and Lesbian Medical Association (San Francisco), (1994).
7. Ibid.
8. *The New York Times*, "Cases of HIV Rise in 2 U.S. Groups," July 29, 2003.
9. National Association on HIV Over Fifty, "Educational Tip Sheet on HIV/AIDS and Older Adults," [www.hivoverfifty.org](http://www.hivoverfifty.org).
10. National Gay and Lesbian Task Force, "Outing Age," 61.
11. New York City Department of Health and Mental Hygiene, HIV Prevention Program, "Gay and Lesbian Health Report," (2002). [www.ci.nyc.us/html/doh/html/ah/glreport.html](http://www.ci.nyc.us/html/doh/html/ah/glreport.html).
12. Ibid., citing C. Ryan and R. Bogard, "What Every Lesbian and Gay American Needs to Know About Health Care Reform," Human Rights Campaign Foundation, Washington, D.C. (1994).
13. Laura Dean, et al., "Lesbian, Gay, Bisexual, and Transgender Health: Findings and Concerns," 25.

14. National Gay and Lesbian Task Force, "Outing Age," 62.
15. NYC Department of Health and Mental Hygiene, "Gay and Lesbian Health Report".
16. NYC Department of Health and Mental Hygiene, "Gay and Lesbian Health Report".
17. Laura Dean, et al., "Lesbian, Gay, Bisexual, and Transgender Health: Findings and Concerns," 38, citing W.O. Bockting, et al., "Transgender HIV Prevention: A Qualitative Needs Assessment," *AIDS Care* (1998); 10(4):505-526.
18. NYC Department of Health and Mental Hygiene, "Gay and Lesbian Health Report," citing the National Coalition of Anti-Violence Programs, "Anti-Lesbian, Gay, Bisexual, and Transgendered Violence in 1998," unpublished (1999).
19. Laura Dean, et al., "Lesbian, Gay, Bisexual, and Transgender Health: Findings and Concerns," 34.
20. NYC Department of Health and Mental Hygiene, "Gay and Lesbian Health Report".
21. Dennis Beauchamp, Jim Skinner, and Perry Wiggins, "Growing Older: LGBT Persons in Chicago—A Survey of Needs and Perceptions," Chicago Task Force on LGBT Aging (Chicago, IL), (2003): 9.
22. Stephen Crystal, et al., "Out-of-Pocket Health Care Costs Among Older Americans," *Journal of Gerontology: Social Sciences*, January 2000.
23. National Gay and Lesbian Task Force, "Outing Age," 58, citing L. Dean, et al., "Lesbian, Gay, Bisexual, and Transgender Health: Findings and Concerns," New York: Gay and Lesbian Medical Association and Columbia University Joseph L. Mailman School of Public Health (2000).
24. Dennis Beauchamp, Jim Skinner, and Perry Wiggins, "Growing Older: LGBT Persons in Chicago—A Survey of Needs and Perceptions," Chicago Task Force on LGBT Aging (Chicago, IL), (2003): 5.
25. NYC Department of Health and Mental Hygiene, "Gay and Lesbian Health Report," citing C. Ryan and R. Bogard, "What Every Lesbian and Gay American Needs to Know About Health Care Reform," Human Rights Campaign Foundation, Washington, D.C. (1994).

#### ECONOMIC ISSUES

1. Dennis Beauchamp, Jim Skinner, and Perry Wiggins, "Growing Older: LGBT Persons in Chicago—A Survey of Needs and Perceptions," Chicago Task Force on LGBT Aging (Chicago, IL), (2003): 15. Comment by a focus group participant.
2. Ellen Ensing-Brodsky and Nancy Spannbauer, "Brief: Lesbian and Gay Issues," Project 2015: The Future of Aging in New York State, New York State Office for the Aging, [www.aging.state.ny.us/explore/project2015/briefs03.htm](http://www.aging.state.ny.us/explore/project2015/briefs03.htm).
3. Jim Zians, "The San Diego County LGBT Senior Healthcare Needs Assessment," Alliance Healthcare Foundation, (2003): 6.
4. New York City Department of Health and Mental Hygiene, HIV Prevention Program, "Gay and Lesbian Health Report," (2002). [www.ci.nyc.us/html/doh/html/ah/glreport.html](http://www.ci.nyc.us/html/doh/html/ah/glreport.html).
5. *Ibid.*, citing M.V. Lee Badgett, "The Wage Effects of Sexual Orientation Discrimination," *Industrial and Labor Relations Review* (1995).
6. Lisa Bennett and Gary J. Gates, "The Cost of Marriage Inequality to Gay, Lesbian, and Bisexual Seniors: A Human Rights Campaign Foundation Report," (January 29, 2004): 4. [www.hrc.org](http://www.hrc.org).
7. *Ibid.*
8. Human Rights Campaign, "Denial of Marriage Rights May Cost Gay and Lesbian Seniors Tens of Thousands of Dollars," February 2, 2004 Press Release. [www.hrc.org](http://www.hrc.org).
9. The Henry J. Kaiser Family Foundation, "Inside-OUT: A Report on the Experiences of Lesbians, Gays, and Bisexuals in America and the Public's View on Issues and Policies Related to Sexual Orientation," (2001): 8. Publication #3193. [www.kff.org](http://www.kff.org).
10. National Gay and Lesbian Task Force, "Outing Age: Public Policy Issues Affecting Gay, Lesbian, Bisexual and Transgender Elders," (2000): 1–2.
11. Lisa Bennett and Gary J. Gates, "The Cost of Marriage Inequality to Gay, Lesbian, and Bisexual Seniors," 4–6.
12. JSI Research and Training Institute, Inc. in Collaboration with The Massachusetts LGBT Aging Project, "Lesbian, Gay, Bisexual, and Transgender Elders of Massachusetts: Focus on Home Care," (2003): 63.
13. Senior Action in a Gay Environment (SAGE), "Lesbian, Gay, Bisexual, and Transgender (LGBT) Aging: A Fact Sheet for Funders," (May 2001): 2.
14. MSNBC, "Green light for gay marriages in Massachusetts: State's high court insists on full rights," February 4, 2004. [www.msnbc.msn.com/id/161820/](http://www.msnbc.msn.com/id/161820/).

#### ACCESS TO SUPPORTIVE SERVICES

1. JSI Research and Training Institute, Inc. in collaboration with The Boston LGBT Elder Planning Project, "Addressing the Needs of LGBT Seniors: Focus Group Findings, June 2001," (2001): 20. Comment by a focus group participant.
2. LGBT Aging Project website ([www.lgbtagingproject.org](http://www.lgbtagingproject.org)).
3. Senior Action in a Gay Environment (SAGE), "Lesbian, Gay, Bisexual, and Transgender (LGBT) Aging: A Fact Sheet for Funders," (May 2001): 3, citing the Milwaukee County Department for the Aging, 1997.
4. Marj Plumb and Associates, "SAGE National Needs Assessment: A report prepared for Senior Action in a Gay Environment," (2003–2004): 3.
5. Dennis Beauchamp, Jim Skinner, and Perry Wiggins, "Growing Older: LGBT Persons in Chicago—A Survey of Needs and Perceptions," Chicago Task Force on LGBT Aging (Chicago, IL), (2003): 14. Comment by a focus group participant.
6. Marj Plumb and Associates, "SAGE National Needs Assessment," 4.
7. National Gay and Lesbian Task Force, "Family Policy" (2002): 141, citing R. Behney, "The Aging Network's Response to Gay and Lesbian Issues," *Outword*, newsletter of the Lesbian and Gay Aging Issues Network of the American Society on Aging, p. 2.
8. Marj Plumb and Associates, "SAGE National Needs Assessment," 4.
9. LGBT Aging Project, "A Call For Action: LGBT Aging Project, 3 Year Plan": 8.
10. JSI Research and Training Institute, Inc., "Addressing the Needs of LGBT Seniors": 25.
11. Marj Plumb and Associates, "SAGE National Needs Assessment," 11.



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