

# The Diverse Elders Coalition and LGBT Aging: Connecting Communities, Issues, and Resources in a Historic Moment

Robert Espinoza

2011 represents a milestone for the aging sector. Referenced by many as the first year that baby boomers began turning 65 (based on a popular reference that places the origins of this generation at 1946), 2011 opened a massive demographic shift that will dramatically age the U.S. population over the next few decades. Yet for a coalition of seven national organizations representing millions of marginalized older adults nationwide, 2011 had a broader resonance. It was the year that the Diverse Elders Coalition entered the federal stage to highlight the policy needs of lesbian, gay, bisexual, and transgender (LGBT) older adults and elders of color.<sup>1</sup> It was the year that this visionary coalition achieved what rarely moves beyond theoretical circles; it seeded a multi-organization, advocacy apparatus that in less than a year has begun refocusing the mainstream policy conversation on our most disadvantaged communities.

This article begins with a brief literature review on the socioeconomic conditions facing LGBT elders and elders of color, noting significant disparities across multiple areas related to health and well-being in one's later years. It then describes the formation of the Diverse Elders Coalition, including an overview of the issues that emerged as its focus and its key achievements in both building an infrastructure for aging advocacy and achieving short-term advocacy wins. Finally, the article concludes with a discussion of the coalition's importance to policy makers concerned with enacting improvements for LGBT elders and elders of color (many of whom are LGBT elders of color), and the broader relationship to an LGBT aging political movement.

## Profound Disparities, Heightened Vulnerability

The available research shows that LGBT elders and elders of color experience profound disparities across similar areas with related consequences.<sup>2</sup>

**Discrimination across the lifespan and its economic effects.** The economic conditions of LGBT elders and elders of color have been shaped by discrimination they have encountered across the lifespan, which worsens as they enter old age. Historians note how an elder of color entering retirement age in 2011 likely first entered the workforce during a time of de jure and de facto discrimination shaped by racial segregation in schools, communities, and the workforce; had limited access to higher education; and was often concentrated in employment with low wages and no pensions or retirement benefits (Dumez & Derbew, 2011). Similarly, today's LGBT elders have lived through decades of discrimination, including years when homosexuality was criminalized and labeled a mental disorder, and overt

discrimination was encouraged. Even today, these realities describe the everyday experiences of many LGBT older adults, with notable hardship experienced by transgender and gender non-conforming older people.

**Economic vulnerability.** A lifetime of discrimination has destabilized the economic security of LGBT older adults and elders of color, as evidenced by higher poverty rates, diminished retirement supports, and the worsening wealth gap between elders of color and their non-white, non-LGBT counterparts—all of which continues into retirement age. As noted earlier, because many LGBT elders and elders of color have lived through decades where discrimination in the workplace was both legal and common practice, they are more likely to have experienced reduced lifelong earnings, earned less in Social Security benefits (exacerbated by regular employment interruptions), and are more likely to enter their older years with fewer financial options.

Many elders of color were (and still are) concentrated in jobs with low wages and few retirement options. For example, researchers have documented how hiring practices in the service and agricultural industries have disproportionately segmented Latinos into professions with low pay, limited benefits, and little access to health insurance; this has had serious consequences for the financial security and long-term health outcomes of Latino older adults (a percentage of whom are LGBT). Research shows that the median income for households headed by Latino individuals over age 65 is \$22,116 as compared to \$31,162 for households headed by non-Latino Whites in the same age range (Cummings, Hernandez, Rockey Moore, Shepard, Sager, & Brownstein-Santiago, 2011). Further, up to eight percent of elder Latinos in the United States are not able to receive Social

Security either because they have not paid into the system for a sufficient number of years or because they are immigrants who do not have the appropriate legal status to receive these earnings from their labor. Ineligibility for Social Security means that this portion of Latino elders is not eligible for Medicare benefits. These disadvantages are especially burdensome for Latino elders who have less access to federal benefit programs at a point in their lives when they are most likely to experience health complications associated with aging. And for those Latino elders who are also lesbian, gay, bisexual, and transgender, the LGBT-based discrimination they experience magnifies their economic vulnerability.

**Higher poverty rates.** Based on a revised federal formula that accounts for out-of-pocket medical and other living expenses, the U.S. Census Bureau estimates that 16.1 percent of elders in this country are in poverty, which includes hundreds of thousands of LGBT elders. Studies have found that 24 percent of lesbians and 15 percent of gay and bisexual men are poor, compared to 19 percent and 13 percent of heterosexual women and men, respectively—a disparity that persists as LGBT people age (Albelda, Badgett, Schneebaum, & Gates, 2009). In another study, same-sex elder couples face higher poverty rates than their heterosexual peers; 9.1 percent and 4.9 percent among elder lesbian and gay couples, respectively, in contrast to 4.6 percent among elder heterosexual couples (Movement Advancement Project & Services and Advocacy for Gay, Lesbian, Bisexual and Transgender Elders, 2010). As the number of people age 65 and older surges over the next few decades, so will LGBT older adults who live in or fall into poverty. Poverty has always disproportionately affected people of color, including elders. Two current examples: while blacks comprise only nine percent of the U.S. population, they make up 21 percent of the elder population living in poverty, and the Office of Minority Health estimates that one in four American Indians/Alaska Natives lives in poverty (Cawthorne, 2008).

**Poor health care and health disparities.** Heightened stress, culturally and linguistically incompetent healthcare and aging care, and other socio-economic factors contribute to health disparities among LGBT elders and elders of color. For older people of color, the consequences of inadequate care include higher rates of numerous chronic diseases as well as higher mortality rates from HIV/AIDS, diabetes, and cardiovascular disease, as compared to their white peers. For example, a 2010 report by the Alzheimer's Association showed that Latinos are one and a half times more likely than whites to have Alzheimer's and other dementias due in part to

factors such as lower income and education levels, heightened stress, and high blood pressure. (The broader literature suggests that these aforementioned disparities extend across other communities of color.) Compounding this problem is that many LGBT elders and elders of color also lack the necessary insurance coverage—or the information about available benefits—to make health care an affordable reality.

**Social isolation.** LGBT older adults are twice as likely to live alone as heterosexual older adults and more than four times as likely to have no children, meaning that the informal caregiving support structure we assume is in place for older adults might not be there for LGBT older people. For LGBT elders, social isolation compounds the physical and mental health concerns that many elders experience as they age. Research suggests that social isolation can lead to a number of mental and physical ailments such as depression, delayed care-seeking, poor nutrition, and poverty—all factors that greatly lessen the quality of life for both LGBT older adults and elders of color. Living in isolation, and fearful of the discrimination they could encounter in mainstream aging settings, many marginalized elders are also at a higher risk for elder abuse, neglect, and various forms of exploitation. For LGBT elders of color, this social isolation might be intensified, since they might also be isolated from their racial and ethnic communities as LGBT older people and isolated from the mainstream LGBT community as people of color.

**Cultural and linguistic incompetence.** The aforementioned lack of cultural and linguistic competence in healthcare and aging settings presents additional obstacles to healthy aging for LGBT older people. LGBT people routinely experience culturally insensitive and discriminatory treatment in mainstream healthcare settings. A 2011 report on transgender discrimination by the National Center for Transgender Equality and the National Gay and Lesbian Task Force documented pervasive insensitivity and violent treatment of transgender patients in emergency rooms, mental health clinics, and drug treatment programs (Grant, Mottet, Tanis, Harrison, Herman, & Keisling, 2011). Notably, the report found that transgender Latino respondents reported the highest rate of unequal care of any ethnic category. This trend extends into other institutional environments. A 2010 nationwide survey of Area Agencies on Aging found that only one-third of these agencies offered LGBT aging training to staff and very few offered LGBT-specific programs or outreach (Knochel, Corghan, Moone, & Quam, 2010). Among the general Latino population, advocates who work with Latino elders have routinely

pointed out how most aging programs and resources are not offered in culturally and linguistically appropriate ways, which makes them inaccessible to a culturally diverse, Spanish-speaking elder population. And without the proper information or care, the health and well-being of these communities deteriorates.

### A Coalition Emerges in Response

In December 2010, the seven organizations that would comprise the Diverse Elders Coalition (DEC) met in Washington, DC, to discuss the political possibilities of working together. The seven organizations included la Asociación Nacional Pro Personas Mayores, the National Asian Pacific Center on Aging, the National Caucus and Center on Black Aged, the National Hispanic Council on Aging, the National Indian Council on Aging, Services and Advocacy for GLBT Elders (SAGE), and the Southeast Asia Resource Action Center.

The event was historic for three main reasons. First, it was the first time that these seven organizations had come together to discuss their commonalities, their unique organizational focuses, and how to align the two in order to advance the policies that could improve the lives of marginalized older people nationwide. Second, while each of these organizations had placed their own issues on the policy agenda of the broader aging field (with varying levels of success), never before had a collection of organizations representing marginalized elders focused its collective attention on the mainstream aging debate. Third, it was the first time that LGBT aging issues were being discussed in tandem with a racial and economic issues framework—and an LGBT organization (Services and Advocacy for GLBT Elders) was in the lead.

A vision would quickly emerge for the coalition. Within the first meeting, the DEC would identify as its core purpose: to win policy gains that improve the lives of low-income people of color, American Indians, Alaska Natives, and LGBT elders, and to educate our communities on policies that improve our lives. This purpose affirmed that the coalition was as concerned about policy improvements as it was about building the necessary infrastructure to move and sustain those changes. The purpose also contained an overarching theme of economic hardship among older adults—a thread that ran through the societal problems articulated by the seven groups. Finally, this purpose spelled out differences that would require specialized analysis, notably the unique relationship of American Indians and Alaska Natives to the federal government and the specific needs of LGBT older adults across the seven organizations.

In the months that followed, the coalition would tighten its focus on three policy goals, each of which contained a unifying theme and has since served to build its advocacy strength. The first DEC priority is ensuring that the upcoming reauthorization of the Older Americans Act specifies elders of color and LGBT older adults as populations of greatest social need while preserving key funding for programs such as the Senior Community Service Employment Program (SCSEP), which promotes critical employment opportunities for poor and low-income elders. In support of this priority, the DEC worked with the Leadership Council of Aging Organizations (LCAO) to include eight recommendations specific to LGBT elders and elders of color in LCAO's official consensus document on reauthorization of the Older Americans Act. The document serves as LCAO's official stance on reauthorization with members of Congress, and for the first time in its history, it includes recommendations that would broaden definitions of greatest social need, minority and family to specify LGBT elders and elders of color, promote cultural and linguistic competence through the Aging Network, improve data collection to understand the reach of aging services into our communities, and more.

The coalition is also working with other organizations to protect Social Security using a combination of earned media, electronic outreach and social media, and town halls to connect marginalized elders to the national debate on entitlement programs and increase awareness about the unique ways that marginalized elders are affected by Social Security. For example, three organizations in the coalition—the National Hispanic Council on Aging, Services and Advocacy for GLBT Elders, and the Southeast Asia Resource Action Center—are coordinating a national community engagement effort that has hosted town halls around the country, created original videos and issue briefs on Social Security and their communities, and placed stories in ethnic and LGBT media outlets to reach underserved older adults better. And as the debt deal intensifies, the coalition has broadened its advocacy to include preserving Medicare and Medicaid.

Finally, the coalition has been educating its communities about the improvements made possible through health care reform while remaining active on discrete aspects of health care reform that could better target LGBT older adults and elders of color. For example, in early April, the DEC submitted various recommendations to the National Prevention Council, delineating where the draft of the National Prevention Strategy could better improve the health and quality of life

of our country's diverse elders and achieve significant life expectancy at age 65. Many of these recommendations made their way into the final draft of the National Prevention Strategy, which was released in June 2011.

### Progress for LGBT older adult advocacy

The emergence of the Diverse Elders Coalition signals an important shift for the aging policy landscape and for marginalized elders nationwide. As described in this article, although LGBT elders and elders of color face significant disparities in health and well-being, the public policies that are meant to support them often ignore these realities, underfund the programs that are improving their lives, and are often embedded with inequities that reproduce long-held disadvantage. In the last year, seven organizations have proposed ways to begin correcting this disconnect—from writing LGBT elders and elders of color into the federal framework of the Older Americans Act and ensuring that health care reform targets and reaches marginalized older adults to creating a political infrastructure where underserved communities can shape the policy debate about Social Security, Medicare, and Medicaid.

And for advocates concerned with the future of LGBT older adults, the coalition offers additional insights and possibilities. The coalition has advanced policy recommendations that explicitly name both LGBT elders and elders of color by (1) identifying common policy vehicles (e.g., Older Americans Act, Social Security, health care reform) and (2) distilling the themes that create a common interest (e.g., heightened vulnerability, a lack of explicit recognition and related funding in federal aging policies and programs, and more). From the LCAO consensus document to the National Prevention Strategy, the DEC's achievements reinforce the importance of broadening both the policy framework and the breadth of institutional actors to effectively place important yet often hidden LGBT issues on the policy agenda. Additionally, as the organizations have worked closely together, they have developed a better understanding of how each other's issues affect their own communities. For example, a formal evaluation of the coalition found that it was able to deal with some initial struggles with LGBT issues, which can feel charged for groups less familiar with the dynamics of LGBT-explicit advocacy. As a member of the coalition, SAGE has noted how many of the members now discuss LGBT elders as members of their own racial and ethnic communities—and likewise, SAGE has placed an overt emphasis on understanding where racial equity fits into its broader policy and programmatic agenda.

It might also be that the subject of LGBT aging carries with it a number of subject matters that facilitate an intersectional lens that links sexual orientation, gender and gender identity, race, class, and more. Unlike the policy issue silos or narrow identity politics that have compartmentalized many in the LGBT field (and the broader policy field), a proper understanding of LGBT aging requires a deliberate examination of issues such as housing, health, poverty and class, stigma and discrimination, and more—all of which reveal racial, economic, and gender disparities and intersections. More importantly, they also reveal common entry points, as evidenced by the three policy areas that are in the forefront for the Diverse Elders Coalition.

2011 will be remembered as the year this country began seeing a growing and more diverse older adult population. But for the Diverse Elders Coalition, 2011 will be remembered as the year seven organizations began seeing each other—and the aging field began seeing them.

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### Endnotes

1. "Elders of color" is used in this article to describe the range of racial and ethnic elder communities living in the U.S. that are diverse across race, ethnicity, country of origin, immigration status, sexual orientation and gender identity, and other characteristics. It also acknowledges that different communities have unique policy considerations (e.g., the unique federal status of American Indians and Alaska Natives, among others).

2. The empirical research on LGBT older adults is limited for a variety of reasons, including the lack of large-scale data and research on LGBT people. Even the estimates on LGBT people vary based on differences in definitions, differences in survey methods (which can affect the willingness of people to respond), and a lack of consistent questions in surveys over a period of time.

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## Improving the Lives of Transgender Older Adults

Harper Jean Tobin

Like all older adults, older transgender people—those whose gender identity or expression differs from the gender they were assigned at birth—face myriad challenges as they age. Transgender people in general experience high levels of discrimination, poverty and victimization, but little is known about the growing population of older transgender people and their needs (Institute of Medicine, 2011). Some older transgender women and men transitioned from one gender to another at a time when trans people were invisible, legal rights were nonexistent, and doctors recommended starting a new life and avoiding other trans people. Others come out and transition later in life, and may face the loss of existing sources of social and financial support. Trans people are commonly challenged and mistreated in all kinds of settings over what name they go by, how they dress, which restroom they use, and whether their ID matches their gender identity.

Many trans older adults have experienced abuse in long-term care facilities, including the denial of medication or personal care services, physical abuse, and psychological abuse such as being isolated from other residents, involuntarily outed, and prevented from dressing consistently with their gender identity. Still other trans people are simply refused admission into long-term care facilities. California law mandates training on lesbian, gay, bisexual, and transgender (LGBT) issues for nursing home staff, but these trainings have not yet been implemented. 2010 guidance from the Department of Housing and Urban

Development (HUD) states that anti-transgender discrimination may violate the Fair Housing Act (Department of Housing and Urban Development, 2011). In addition, the Centers for Medicare and Medicaid Services (CMS) is working to develop LGBT training for facilities and state surveyors, and advocates are urging CMS to provide additional guidance on older LGBT people's rights under the federal Nursing Home Reform Act.

These challenges are not limited to long-term care. A recent survey of 320 area agencies and state units on aging found that more than one in four reported that

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