

HEALTH EQUITY AND LGBT ELDERS OF COLOR

Recommendations for Policy and Practice

SAGE (Services and Advocacy for GLBT Elders)

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ACKNOWLEDGEMENTS

SAGE is deeply grateful to the many experts who informed this brief, including Mary Anne Adams, ZAMI NOBLA: National Organization of Black Lesbians on Aging; Loree Cook-Daniels, FORGE; Dr. Yanira Cruz, National Hispanic Council on Aging; Jeffrey Levi, PhD, Trust for America's Health; Jesus Ramirez-Valles, PhD, University of Illinois-Chicago; Doua Thor, Southeast Asia Resource Action Center; Daniel Tietz, AIDS Community Research Initiative of America; and Harper Jean Tobin, Esq., National Center for Transgender Equality.

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DESIGN: RD Design

Introduction

Over the next several decades, our country will grow increasingly older and more diverse. Consider the following figures:

WHAT DO WE MEAN BY “LGBT ELDERS OF COLOR”?

“LGBT elders of color” is used in this policy brief to describe lesbian, gay, bisexual and transgender (LGBT) communities of color that are diverse across race, ethnicity, country of origin, immigration status, sexual orientation, 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). Finally, we interchangeably use “elder,” “older adults” and “older people” to capture the diversity of older people across generations and age brackets (i.e., 50s, 60s, 70s, 80s).

- According to the 2010 U.S. Census, there are more than 40 million adults aged 65 and older in the U.S., a population that will more than double over the next four decades.
- By 2050, Latino, Black, Asian and Pacific Islander, and American Indian and Alaska Native people will comprise more than 40 percent of this elder population.¹
- The number of lesbian, gay, bisexual and transgender (LGBT) older adults will more than double in size to roughly 3 million people by 2050.²

Faced with these projections, policy makers and service providers around the country are increasingly interested in uncovering the best ways to support our country’s rapidly aging population, including those who are most vulnerable to poor health and financial insecurity. **LGBT elders of color are an important part of this demographic shift—yet the available research shows that they often face heightened health disparities and are largely rendered invisible in public policy discussions on aging.** Many LGBT elders of color enter retirement age without the supports necessary for healthy aging. And a lifetime of discrimination has adversely affected LGBT elders of color, based on multiple aspects of their identities, including racial inequality, anti-LGBT discrimination, challenges based on immigration status, and more.

For example, employment discrimination has shaped the long-term financial stability of many LGBT elders of color, many of whom are concentrated in sectors with low wages, few labor protections, routine discrimination and limited health and savings options. Economic security is core to the health and well-being of LGBT elders of color.

¹ United States Department of Health and Human Services, Administration on Aging. (2011). Population projections by race and hispanic origin, Persons aged 65 and older [Data file]. Retrieved from: http://www.aoa.gov/AoARoot/Aging_Statistics/minority_aging/Index.aspx

² This figure is based on a variety of different studies that have estimated the percentage of gay, lesbian and bisexual people to be between 4 and 8 percent. Few studies have measured the percentage of transgender people. However, measuring the number of LGBT people is difficult, given the undercounting caused by factors such as stigma, underreporting and a range of methodological barriers, such as inconsistent question formats. See Williams Institute, UCLA School of Law, *Poverty in the Lesbian, Gay and Bisexual Community*. (Los Angeles: Williams Institute, 2009).



The challenges facing LGBT elders of color intensify as they age into the long-term care system, where they often find environments that are unwelcoming. A 2010 national study of aging providers found that only one-third of the responding agencies had offered staff trainings on LGBT issues.³ Because of the general lack of LGBT-specific cultural competence training and nondiscrimination policies in long-term care settings, many LGBT older people fear the ignorance, discrimination and potential abuse they might face from staff and fellow residents. And many LGBT elders of color face additional challenges, encountering providers that lack the cultural or linguistic competence to manage their needs, offer few supports in their native languages and lack the knowledge and respect for their cultural customs.

These socio-economic challenges have profound consequences on the health of LGBT elders of color. According to a 2011 national study on LGBT older adults, LGBT elders of color deal with significant health disparities across areas related to physical and mental health, including high blood pressure, cholesterol, diabetes, heart disease, HIV/AIDS and more. This same study found that more than half of LGBT older adults have been told by a doctor that they have depression; 39 percent have seriously thought of suicide; and 53 percent feel isolated from others.⁴ In many similar studies documenting the health needs of LGBT people (including elders), LGBT people of color experience the worst outcomes and receive the least institutional attention. The aging concerns of LGBT elders of color are virtually absent in national policy discussions on aging, health and economic security.

In order to improve the health and wellness of LGBT elders, we must deal explicitly with the racial, economic and gender disparities facing LGBT elders of color.

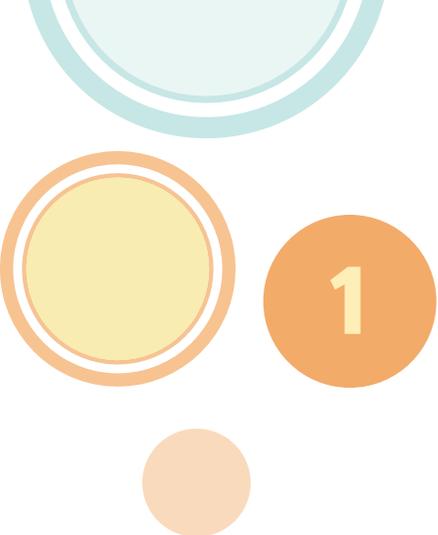
As a starting point, this policy brief offers 10 policy recommendations that can begin advancing health equity among LGBT elders of color. Not all of these recommendations are particular to LGBT elders of color; we recognize that as communities living with multiple identities and dealing with barriers rooted in various forms of discrimination, LGBT elders of color benefit from policy improvements that address the challenges they face as LGBT people *and* as people of color. More broadly, we believe that when we strengthen the health supports for the most vulnerable people, we strengthen the health system for all people.

³ Knochel, K.A., Crogan, C.F, Moore, R.P., & Quam, J. (2011). *Ready to Serve? The Aging Network and LGBT and T Older Adults*. Washington, DC: National Association of Area Agencies on Aging.

⁴ Fredriksen-Goldsen, K. I., Kim, H.-J., Emlert, C. A., Muraco, A., Erosheva, E. A., Hoy-Ellis, C. P., Goldsen, J., Petry, H. (2011). *The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults*. Seattle: Institute for Multigenerational Health.

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1

Include specific provisions for LGBT elders in the Older Americans Act (OAA), ensuring that vulnerable LGBT elders of color are able to age in good health and with broad community support

The OAA serves as the country's leading vehicle for delivering services to older people nationwide, providing more than \$2 billion annually in nutrition and social services. Unfortunately, little OAA funding goes to programs that explicitly target LGBT older people. Since its enactment in 1965, the OAA has placed its emphasis on vulnerable elders who face challenges related to social isolation. Yet despite ample evidence of their heightened vulnerability and their need for unique aging supports, LGBT older people are absent from this landmark law. As the OAA comes up for reauthorization, and as millions of LGBT people enter retirement age, Congress has an opportunity to ensure that the OAA supports all elders, including LGBT older people—and in particular, LGBT elders of color.

SAGE RECOMMENDATIONS: Ensure that the reauthorization of the OAA incorporates the amendments proposed in the “LGBT Elder Americans Act,” which would include LGBT older adults as a vulnerable population with greatest economic and social need; permanently establish SAGE’s National Resource Center on LGBT Aging, the country’s first and only national technical assistance resource center aimed at improving the quality of services and supports offered to LGBT older adults; improve data collection and analysis on the effectiveness of the state units on aging in targeting services to LGBT older adults; and prioritize research and development grants for organizations working to improve LGBT health. To learn more about LGBT older people and the OAA, please visit sageusa.org/oaa.

In 2010, SAGE helped co-found the Diverse Elders Coalition (DEC), a federal advocacy coalition made up of five national organizations representing millions of elders of color and LGBT elders. The DEC focuses on strengthening policies and programs to enhance the health and well-being of diverse elders, educating and connecting our older people and their loved ones to key policy debates on aging, and increasing public support for issues that affect our communities.



Since its inception, the DEC has garnered considerable attention and moved key policy wins at the federal level. Over time the coalition has focused on various areas of shared interest, including strengthening Social Security and educating our communities about the program; increasing funding for programs aimed at more marginalized elders (largely through implementation of the Affordable Care Act); and ensuring that the Older Americans Act, through reauthorization, directs more of its sizable resources to marginalized older adults around the country.

In 2011, the DEC led two successful advocacy efforts. In April of that year, the coalition worked with the influential Leadership Council of Aging Organizations (LCAO)—a consortium of more than 65 leading national aging organizations—to issue eight recommendations supportive of LGBT elders and elders of color in the LCAO’s “consensus document” for reauthorization of the Older Americans Act. From December 2010 to March 2011, policy leaders from the DEC met regularly with the sub-committee of the LCAO assigned to produce this committee. By March, the full Council had voted in support of the recommendations offered by the Diverse Elders Coalition.

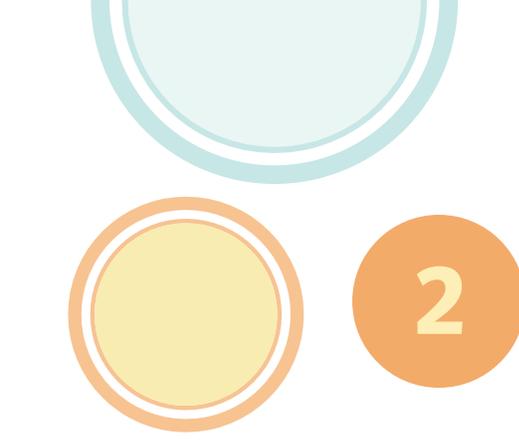
And a few months later in June 2011, the coalition successfully advised the National Prevention, Health Promotion, and Public Health Council—an entity established through health care reform—on its National Prevention Strategy to make it more inclusive of diverse older people. The coalition first submitted a research memo in early 2011 to the National Prevention Council that detailed the numerous health disparities facing elders of color and LGBT elders. A few months later, the coalition followed up with six precise recommendations. When the National Prevention Council released its National Prevention Strategy in June 2011, the coalition saw several of its recommendations integrated into the administration’s large-scale, multi-year health plan, including various references to age, sexual orientation, cultural and linguistic competence, and the need to address health disparities—all of which made this preeminent document more responsive to elders of color and LGBT elders.

In July 2012, the coalition released a policy report, “Securing Our Future: Advancing Economic Security for Diverse Elders,” and news blog on the issues facing LGBT elders and elders of color, and engaged in advocacy with Congressional members through a briefing. It continues to play a valuable role in Washington, DC on the key issues affecting diverse older people. It remains focused on health reform implementation, Social Security and the Older Americans Act reauthorization.

The Diverse Elders Coalition includes: the National Asian Pacific Center on Aging, the National Hispanic Council on Aging, the National Indian Council on Aging, Services and Advocacy for GLBT Elders (SAGE) and Southeast Asia Resource Action Center.

To learn more about the Diverse Elders Coalition, please visit diverseelders.org.





2

Ensure that community services and supports in the Older Americans Act (OAA) are offered in a culturally and linguistically competent manner, better reaching LGBT elders of color

“The face and culture of our elder population is changing. Their diversity is increasing. Black, Latino, Native American, and Asian LGBT older adults are joining the ranks. In the same manner our policies need to change. There is an urgent need for sensitive policy change to reduce and prevent further marginalization of aging LGBT people of color.”

JESUS RAMIREZ-VALLES, PHD
University of Illinois-Chicago

Approximately one in five older Americans over age 65 is a person of color and many speak English as a second language. For example, according to the National Asian Pacific Center on Aging, 60 percent of Asian and Pacific Islander (API) people age 65 and older have limited English proficiency—a concern that will become more pressing as the number of API elders grows from 1.6 million to 7.6 million by 2050.⁵ Likewise, Latino older adults experience multiple cultural and linguistic barriers to receiving needed services; by 2050, Latino older adults will make up 20 percent of the older adult population in the U.S.⁶ The OAA must evolve to meet the cultural and linguistic needs of elders of color to ensure that all its services are equitably accessed. Collaborating with community-based organizations that work with communities of color and LGBT communities is essential to creating culturally and linguistically competent services.

SAGE RECOMMENDATIONS: Enact the amendments introduced in the “Improving Services and Activities for Diverse Elders Act”—introduced in 2012 by Senator Michael Bennet (D-CO)—which would ensure that community services and supports in the OAA are offered in a culturally and linguistically competent manner by assessing State and Area plans on aging; require that the Assistant Secretary on Aging consult community-based organizations that specialize in working with low-income minorities to develop technical assistance frameworks, staff trainings and other forms of instruction; define culturally and linguistically competent services as an OAA objective; and urge states to provide culturally and linguistically appropriate resources on cases related to elder abuse.

⁵ Administration on Aging. (2010) *A Statistical Profile of Asian Older Americans Aged 65+*. Retrieved from: http://www.aoa.gov/Aging_Statistics/minority_aging/Facts-on-API-Elderly2008-plain_format.aspx

⁶ Administration on Aging. (2010) *A Statistical Profile of Hispanic Older Americans Aged 65+*. Retrieved from: http://www.aoa.gov/Aging_Statistics/minority_aging/Facts-on-Hispanic-Elderly.aspx

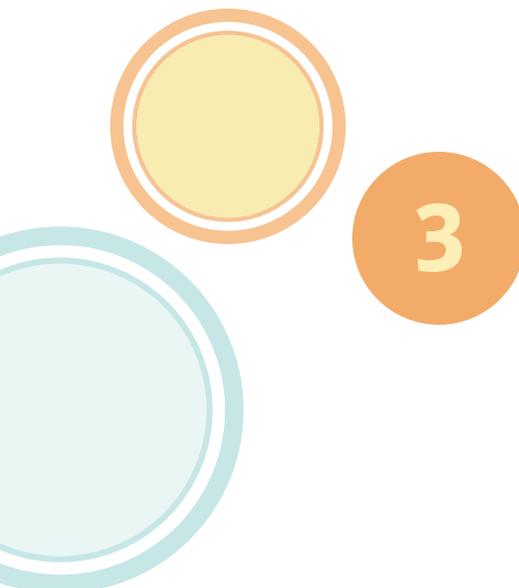


The diversification and exponential growth of the U.S. aging population demands an equivalent response and shift in terms of public policy and practice. Yet, we see diverse older adults facing disproportionate inequities that inhibit them from living their golden years with economic security and in the best health possible. Through groundbreaking research, NHCOA has discovered that among those in greatest need are Latino LGBT seniors who remain absent when it comes to addressing these issues at the local and national level.



DR. YANIRA CRUZ, President and CEO
National Hispanic Council on Aging (NHCOA)



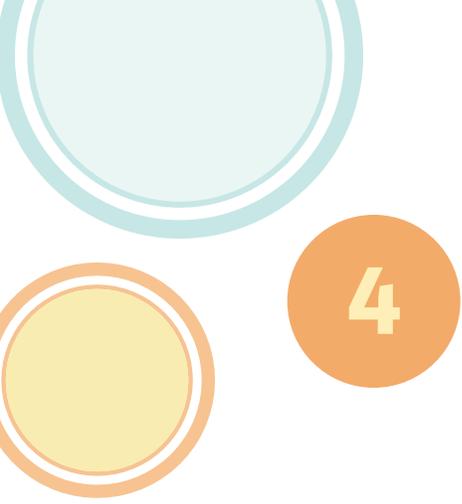


3

Increase federal funding for organizations and programmatic interventions targeting LGBT elders of color

As the need for supportive aging services continuously grows, many organizations serving elders of color and LGBT elders struggle to access funding for their critical programs. These organizations provide a range of essential services to their communities, at the local, state and national levels. And many of these unique supports are offered for free or at low-cost to reach poor and low-income older people. In order to ensure that all older people are able to access critical services, increased funding must be allocated to organizations and programs that target older adults who are LGBT and/or people of color.

SAGE RECOMMENDATIONS: The Administration on Aging (AoA) should amend regulations to add nondiscrimination protections on the grounds of sexual orientation and gender identity to grant criteria for key OAA-funded programs. AoA should issue immediate guidance to its grant recipients clarifying their obligations to marginalized communities of older people. AoA should recommend next steps that will help ensure that all eligible older adults have access to needed services, particularly vulnerable LGBT elders of color. Other federal agencies throughout the U.S. Department of Health and Human Services should exercise their authority to support programs that target LGBT older people and elders of color.



4

Ensure that implementation of the Affordable Care Act engages LGBT elders of color as advocates, so that new health reforms effectively reach communities of color and LGBT communities that are dealing with aging challenges

The Affordable Care Act (or ACA) provides numerous opportunities to address health disparities among LGBT elders of color. For example, the expansion of Medicaid and private insurance coverage, as well as the prioritization of preventive care, will have profound impacts on the health of marginalized older people. Further, beneficiaries who are dually eligible for Medicaid and Medicare are low-income and elderly/disabled individuals—and more likely to be women of color.⁷ As key healthcare reforms are implemented by states over the next few years, items such as health exchanges and the establishment of new community health centers will need to ensure that they leave no community behind. Given the importance of expanded insurance coverage and other benefits available through the ACA, the perspectives of diverse elders must be included as these reforms and initiatives are created and implemented. To ensure that LGBT elders of color access appropriate benefits, states must explicitly engage organizations and other advocates that work with these communities. While the ACA offers many opportunities to reduce health disparities, Health Navigator Programs and Community Assistance Programs, represent two avenues where age-sensitivity and cultural and linguistic competence can directly impact healthcare coverage and access for LGBT elders of color.

SAGE RECOMMENDATIONS: Ensure that the federal regulations on state exchanges established through the ACA account for the unique needs of elders of color and LGBT elders. Additionally, state exchanges should be implemented in ways that engage and address our diverse elder communities. Include the perspectives of organizations that serve LGBT elders and/or elders of color in planning processes that will shape the implementation of health reform, including state Community Assistance Programs, Health Navigator Programs, and stakeholder groups charged with helping states develop their Dual Eligible Demonstration Projects.

⁷ Leadership Council of Aging Organizations. (2011) Dual eligible integrated care demonstrations – Fact sheet. Retrieved from: http://www.naela.org/app_themes/public/PDF/Advocacy%20Tab/Health%20Care%20Reform/LCAO%20Dual%20Eligible%20Fact%20Sheet.pdf



As women marginalized by race, gender and sexual orientation, Black lesbian elders sit at the fence line of oppressions that increase invisibility and negatively impact health outcomes. Black lesbians speaking for themselves will facilitate the design of appropriate interventions that respond to their lived realities, meet their expressed needs and significantly ameliorate health disparities. ZAMI NOBLA: National Organization of Black Lesbians on Aging issues an urgent call for local, state and federal governments to strengthen and reinforce policies and practices that work toward filling the gaps in the public's knowledge about lesbian aging and health and helps make visible the lived experiences of Black lesbians. We believe a better understanding of both risk and resilience in this population is a critical step toward developing effective models for their care.



MARY ANNE ADAMS, Founder and President
ZAMI NOBLA: National Organization of Black Lesbians on Aging





5

Strengthen Social Security and increase access for LGBT elders and elders of color who experience diminished economic security in their retirement years. A stronger, more inclusive Social Security will enhance the lives of millions of LGBT older people of color.

DID YOU KNOW?

Many LGBT elders of color face heightened financial insecurity. Recent studies have found that more than 90 percent of Black and Latino elders do not have enough income to sustain them throughout retirement, while a separate study estimated that the lack of Social Security survivor benefits for same-sex couples can cost a surviving partner as much as \$28,152 a year in lost benefits. In addition, 60% of unmarried Asian Pacific Islander individuals rely on Social Security for 90% of their income.

Sources: Wheary, J., Meschede, T., Shapiro, T. M., & Sullivan, L. (2010). *Living longer on less: Severe financial insecurity among African-American and Latino seniors*. New York, NY: Demos.; SAGE and Movement Advancement Project. (2010) *Improving the Lives of LGBT Older Adults*; and Insight Center for Community Economic Development (2011). *Asian Americans, Pacific Islanders and Social Security: A primer*. Retrieved from: <http://www.insightcced.org/uploads/CRWG/APASocialSecurityPrimer.pdf>.

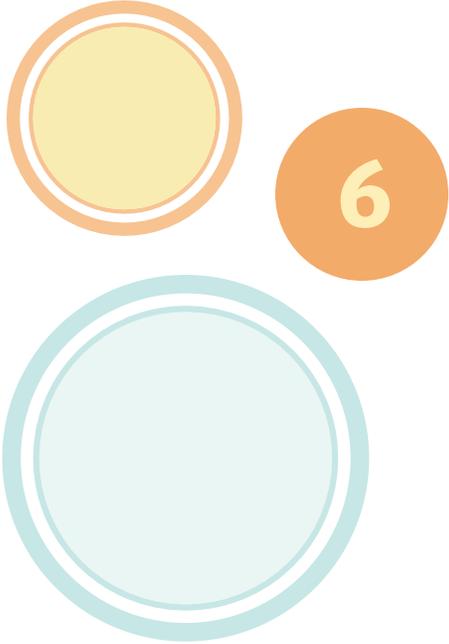
Social Security prevents millions of older adults from spiraling into poverty by providing elders with necessary income in their later years. Elders of color are especially reliant on Social Security, due in part to lower incomes, higher rates of long-term unemployment, lower lifetime earnings and a higher concentration in jobs that do not offer pensions or other retirement plans. Some research shows that Black and Latino elders are among the lowest income group of retirees, experiencing poverty at twice the rate of the general U.S. elder population.⁸ For LGBT elders, including many LGBT elders of color, a lifetime of employment discrimination translates into earning disparities, reduced lifelong earnings, smaller Social Security payments, and fewer opportunities to build pensions. And despite a similar reliance on Social Security and high poverty rates, same-sex couples are not equally eligible for Social Security benefits that are offered to heterosexual married couples. Learn more at sageusa.org/SocialSecurity.

SAGE RECOMMENDATIONS: Strengthen Social Security and create benefit formulas that provide adequate supports for lifetime low-wage earners. Additionally, policymakers should ensure that same-sex couples are able to receive Social Security spousal benefits, survivor benefits and death benefits.

⁸ Rhee, N. (2012) Black and latino retirement (in)security. University of California, Berkeley Center for Labor Research and Education.

⁹ Fredriksen-Goldsen, et al. (2011). *The aging and health report: Disparities and resilience among lesbian, gay, bisexual, and transgender older adults*.

¹⁰ United States Department of Health and Human Services. (2010) Healthy people 2020: Lesbian, gay, bisexual, and transgender health. Retrieved from <http://www.healthypeople.gov/2020/about/default.aspx>



6

Improve data collection on sexual orientation and gender identity to better identify and address health disparities among LGBT elders of color

The available research suggests that LGBT older adults, particularly LGBT elders of color, experience higher rates of illness, isolation, disability, premature death, and more.⁹ However, because questions on sexual orientation and gender identity are rarely asked in either federal surveys or by state and local aging providers, the public is limited in its ability to understand the nature of these health disparities among LGBT older populations, in particular LGBT elders of color. Additionally, there is a general dearth of health and social research focused on LGBT older people of color. Collecting data and focusing more research on sexual orientation and gender identity among older populations would significantly build the public's knowledge on health disparities among LGBT elders across the spectrum.¹⁰ As a methodological matter, too often the sample sizes of LGBT older people of color in data sets are too small for researchers to draw representative samples; special attention should be made to ensure robust samples that allow for this type of subgroup analysis. And for providers, improving data collection on LGBT health will help them to prevent, detect and treat health concerns among LGBT elders of color.

SAGE RECOMMENDATIONS: Federal agencies such as the Centers for Medicare & Medicaid Services and the Administration on Aging should include uniform questions on sexual orientation and gender identity in their national survey instruments, and encourage state and local governments to do the same through their aging systems. Also, the Office of the National Coordinator for Health Information Technology should include the collection of data on sexual orientation and gender identity within its meaningful use standards for electronic health records. More broadly, the National Institutes of Health, the Health Resources and Services Administration and the Centers for Disease Control and Prevention must begin to support and promote research specifically targeting LGBT elders of color. As research and data collection efforts include questions on sexual orientation and gender identity, researchers should devise and test methodologies that better capture larger samples of older people, particularly LGBT people of color and elders from diverse social, economic and geographic backgrounds; federal funding to test age-appropriate methodologies would help advance this goal.

7

Decrease elder abuse among more vulnerable and socially isolated elders by strengthening outreach and community supports to LGBT elders of color

DID YOU KNOW?

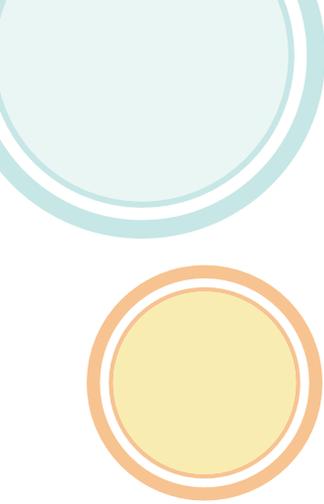
Elder abuse can take many forms, including verbal and physical abuse, sexual assault, financial exploitation and more. Reports shows that LGBT older adults face hostility from both family members, broadly defined to include friends, as well as aging staff and fellow residents in long-term care facilities. Some of these challenges include: denial of visits from family members or from friends without staff approval; refusal to allow same-sex partners to room together; and refusal to involve families of choice in medical decision making, even when there are legal directives in place. Hostility from residents and staff may cause LGBT elders to withdraw or be excluded from social activities, compounding feelings of anxiety, loneliness and social isolation.

Source: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention. (2010, June 9). Elder maltreatment: consequences. Retrieved from: <http://www.cdc.gov/violenceprevention/elder-maltreatment/consequences.html>

Elder abuse is a significant concern for all older adults, and one that increasingly affects LGBT elders of color. A recent national report on LGBT older adults in long-term care facilities found that more than half of the survey's respondents believed that staff or other residents would abuse or neglect an LGBT elder. The same study found that respondents reported more than 800 instances of mistreatment in long-term care facilities.¹¹ Older adults can also experience violence in the home. Abuse by loved ones and caregivers can manifest in the form of neglect, domestic violence or financial exploitation. Many LGBT elders of color do not report abuse for a variety of reasons, including a fear of bias-related backlash, language barriers or fear of retaliation related to citizenship status, and a reluctance to engage with law enforcement officials based on a history of mistreatment from the law. Unreported, elder abuse can persist and result in depression, delayed care-seeking, inadequate nutrition and even death.

SAGE RECOMMENDATIONS: Reauthorize the Older Americans Act, while integrating LGBT-inclusive provisions. Congress should appropriate funds to fully implement the Elder Justice Act. The U.S. Department of Health and Human Services should take appropriate steps to ensure that grant recipients under the Elder Justice Act are made aware of the prohibition of discrimination based on sex under section 1557 of the Affordable Care Act and its applicability to transgender people. Federal, state and local agencies should support the development and implementation of LGBT-inclusive cultural competence training for adult protective services, long-term care ombudsmen, and long-term care surveyors. Adult protective services agencies should make efforts to enhance their abilities to serve and protect LGBT older adults through training, outreach and agency policies.

¹¹ National Senior Citizens Law Center, et al. (2011) *Stories from the field: LGBT older adults in long-term care facilities*. Washington, DC: National Senior Citizens Law Center. Retrieved from: <http://www.lgbtlongtermcare.org>.


8

Increase federal funding for safe and affordable senior housing and housing supports, while expanding the development of culturally and linguistically competent senior housing communities

DID YOU KNOW?

Housing serves as the primary financial asset for most older people, yet 44 percent of Black and 37 percent of Latino older adult households are “at risk with respect to home equity”— meaning that they rent or have no home equity.

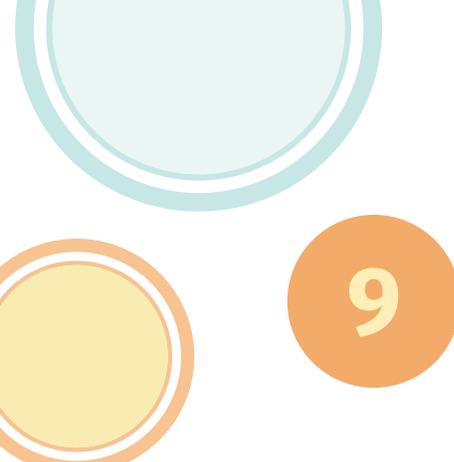
Source: Wheary, J., Meschede, T., Shapiro, T. M., & Sullivan, L. (2010). *Living longer on less: Severe financial insecurity among African-American and Latino seniors*. New York, NY: Demos.

The shortage of affordable senior housing is a significant problem for LGBT elders of color who face considerable disparities in income and savings, due to fewer resources, lifetimes of discrimination and less economic capital. In one study of nearly 500 LGBT older adults in San Diego, 45% reported varying levels of difficulty paying their monthly mortgage and rent, 37% reported having difficulty affording their monthly utility bills and 41% reported difficulty affording monthly food and household expenses.¹² Many LGBT elders report discrimination in renting and buying a home; others find that their living situation—whether at home or in a long-term care facility—becomes unsafe and unwelcoming the moment they encounter bias in the long-term care system. And these problems are especially acute for people of color and transgender people. A national survey on transgender people found that 19 percent of respondents had been refused a home or apartment and 11 percent had been evicted because of transgender-related discrimination.¹³ Targeted state and federal funds are needed to expand supportive housing and rental assistance and to create culturally and linguistically competent senior housing options for these communities. Additionally, LGBT elder advocates are developing LGBT-specific housing and housing supports in various parts of the country; policy makers should fund these efforts and remove the barriers that can complicate these processes.

SAGE RECOMMENDATIONS: Federal and state government leaders should increase funding and access to LGBT-specific housing developments and other housing support programs aimed at LGBT older people. The reauthorized and amended Older Americans Act must enable the Department of Housing and Urban Development, Centers for Medicare and Medicaid Services, and other public and private sector entities to develop senior housing communities that offer safe, affordable, supportive and skilled long-term services for all older people, including low-income LGBT elders of color. Further, the reauthorized OAA must continue to support integrated senior communities that promote independent life styles with supportive services already in place.

¹² Zians, J. (2011) *Trailblazing generation*. San Diego, CA: The San Diego Lesbian, Gay, Bisexual & Transgender Community Center. Retrieved from: <http://www.lgbtagingcenter.org/resources/pdfs/senior-needs-report.pdf>

¹³ Grant, J.M., Mottet, L.A., Tanis J., Harrison, J., Herman, J.L., & Keisling M. *Injustice at every turn: A report of the national transgender discrimination survey*. (2011). Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force.



9

Strengthen the federal response to HIV and aging, which includes building public awareness about the issue, equipping aging and health care providers with the skills to effectively serve older adults with HIV, and specifically addressing the impact of the epidemic on LGBT elders of color

DID YOU KNOW?

Elders of color are disproportionately affected by HIV/AIDS. The Centers for Disease Control and Prevention reports that among adults 50 and older African Americans and Latinos were 12 and 5 times more likely, respectively, to contract HIV than their white counterparts.

Source: Centers for Disease Control and Prevention . (2008) HIV/AIDS among persons aged 50 and older. Retrieved from: <http://www.cdc.gov/hiv/topics/over50/resources/factsheets/pdf/over50.pdf>

Due to the growing success of anti-retroviral treatments, many people with HIV are aging with the infection. As of 2010, nearly four in ten people with HIV in the U.S. are age 50 or older, many of whom are people of color and/or LGBT people. Within a few years half of all people in the U.S. with HIV will be age 50 and older.¹⁴ Additionally, new infections are rising among elders, and older people are more likely to be dually diagnosed with HIV and AIDS, due in part to delayed testing and diagnosis. Yet despite the profound impact of HIV on LGBT older people of color, there are virtually no federally-funded responses or community-based programmatic interventions that are specifically tailored to target older adults with and at risk for HIV. Additionally, health providers often fail to screen older people for HIV, and the surveillance data on HIV does not capture information in ways that help explain how aging, HIV and health-related behaviors interrelate. Without explicit supports, many LGBT older people of color are left without adequate community or medical attention.

SAGE RECOMMENDATIONS: Improve epidemiological surveillance systems and data collection at the Centers for Disease Control and Prevention on older adults with HIV; support demonstration projects and Special Projects of National Significance through the U.S. Department of Health and Human Services; institute routine HIV testing for all adults without regard to age or a provider's assessment of risk factors; and increase federal funding of research and tailored programmatic interventions aimed at older adults with and at risk for HIV.

¹⁴ United States Department of Health and Human Services, National Institutes of Health, National Institute on Aging. (2012) HIV, AIDS, and older people. Retrieved from: <http://www.nia.nih.gov/health/publication/hiv-aids-and-older-people>

TY MARTIN: A SAGE STORY

**I am black.
I am gay.
I am an older adult.
I am resilient.
And so is my community.**



I grew up during the civil rights movement, seeing powerful black activists around me fight for our civil rights as a people. I also grew up during the Stonewall Riots, feeling the hostility society harbored toward lesbian, gay, bisexual and transgender (LGBT) people. And I grew up during a time when I lost many loved ones due to HIV/AIDS, a disease that was viewed by the world as a critical epidemic.

Now it's 2013. Today as a black gay man, I enjoy more freedoms and rights (as a New Yorker, I have the right to marry my long-term partner Stanton). Yet, for older black gay men who are living with HIV/AIDS, it's still a difficult journey.

How do I know? Well, I run a support group called New Beginnings for older gay black men who have HIV/AIDS. We decided on the name New Beginnings, because being diagnosed with this disease is not a death sentence, but rather an opportunity to recommit to your health and well-being.

Since running the group, I've seen the battles my brothers face as they navigate this disease and society's view of people with HIV/AIDS. These are some of the lessons and themes I've learned.

One of the biggest topics that always comes up in group is social stigma. It's 30 years later, and many of the older men I work with still feel uncomfortable or scared to talk about the disease, yet the estimated rate (per 100,000 people) of new HIV infections in adults ages 50 and older in the United States is much higher among men.

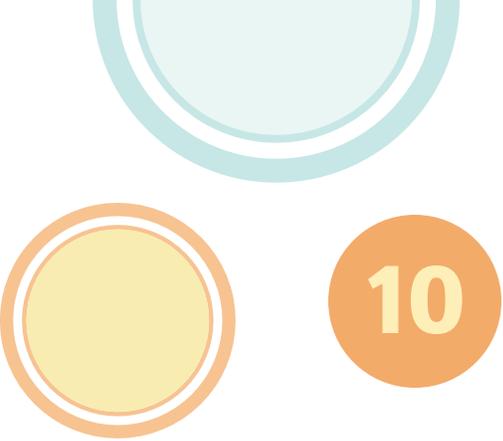
Because of this, it's important we talk about this disease. But what is stopping older gay black men from having open dialogue? Some say it's the church. There have been a number of LGBT-affirming churches popping up that welcome our community, but some historically black churches still hold homophobic attitudes. Church is an important part of African American history and many of us have been raised around it. Instead of finding an affirming church, many of the men I work with tolerate homophobic preachings because they don't want to be rejected. They fear rejection, because they have faced it so often. We have to remember that many older gay black men have been historically rejected by society for being black; by family, friends or outsiders for being attracted to other men; and by potential lovers for being positive. So when they enter an institution that is supposed to accept them and it doesn't, it stings. It hurts. But they stay quiet out of fear of rejection. Experiences like these discourage folks from opening up about their sexuality and sexual experiences. This silence contributes to the rise of HIV/AIDS infections.

“Church is an important part of African American history and many of us have been raised around it. Instead of finding an affirming church, many of the men I work with tolerate homophobic preachings because they don't want to be rejected.”

Another fear often discussed in the group is the acceleration of the aging process because of the virus. A growing body of evidence suggests that HIV positive people may experience faster than normal aging, characterized by premature progressive organ disease and frailty. While scary, this fear does not always lead to negative consequences. The majority of the older men in the group are more conscious about life because they have to deal with this long-term illness. They have the attitude of “don't take life for granted” and try to make positive changes in their lives such as eating better, joining a sports club or even becoming an activist in the community. In fact, one of the men in my group runs his own HIV+ group for older gay men outside of New Beginnings.

Talking about older gay black men who live with HIV/AIDS is a larger discussion than what I can fit here. These are just some of my observations as the group leader of New Beginnings. Whether we identify as gay, same gender loving or choose not to identify, HIV/AIDS is still an epidemic in the black community (and many communities). Despite the rejection we have faced, or the discomfort of talking about the disease, it is a conversation we need to have.

Ty Martin is the Harlem Community Liaison at SAGE. For more stories of LGBT older adults, visit sageusa.org/sagestory.



10

Eliminate discriminatory exclusions of medically necessary transition-related care from federally-funded health programs impacting LGBT older people of color

DID YOU KNOW?

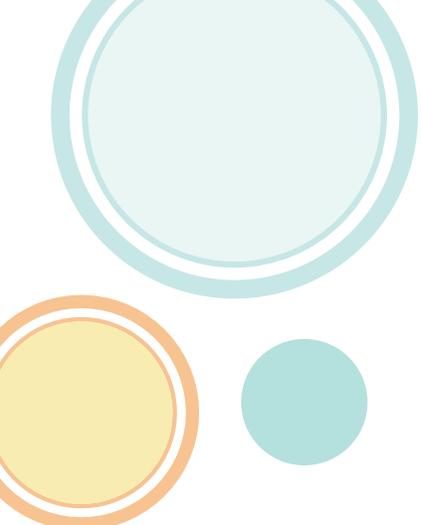
LGBT elders of color have notable rates of service in the military. Approximately 20% of the more than 23 million veterans are people of color, while a 2011 study of transgender-identified people found that 20% of respondents had served in some branch of the military, with figures as high as 40% for transgender elders aged 55-64 and 54% for those 65 and older. These rates are much higher than the general population's 10 percent rate of service.

Sources: Department of Veterans Affairs, Office of the Actuary, Veteran Population Projections Model. (2010). Veteran population projections: FY2000 to FY2036 [PowerPoint slides]. Retrieved from: <http://www.va.gov/vetdata/docs/quickfacts/Population-slideshow.pdf>; and Grant, J.M., et al. (2011). *Injustice at every turn: A report of the national transgender discrimination survey*.

Arbitrary and discriminatory insurance coverage limits access to safe and competent care, particularly for low-income transgender elders living on fixed incomes, many of whom are people of color. Private health insurance plans often exclude coverage for medically necessary care related to gender transition, which can range from psychotherapy to medication and surgical care. These exclusions, which are opposed by major medical associations, can lead to significant mental and physical health complications caused by untreated gender dysphoria, and can also impact transgender elders' access to routine primary care that is typically associated with one gender or another. Some research suggests that transgender men have an increased risk of endometrial and ovarian cancer, likely related to decreased rates of Pap tests and pelvic screenings, gender-specific exams that are rarely covered for transgender people.¹⁵ Access to coverage of safe, effective and medically necessary care will have a direct and positive effect on the health of transgender older people of color nationwide.

SAGE RECOMMENDATIONS: To ensure equal access to insurance coverage under the Affordable Care Act, it is critical that all State Health Insurance Exchanges prohibit arbitrary exclusions targeting specific health conditions such as gender dysphoria and comply with other relevant federal nondiscrimination regulations. Additionally, the Centers for Medicare & Medicaid Services should eliminate the arbitrary exclusion of transition-related surgical care from Medicare; and the Department of Veterans Affairs should amend regulations to eliminate a similar exclusion for health benefits for veterans and dependents.

¹⁵ Feldman, J.L., & Goldberg, J.M. (2007). *Transgender primary medical care*. *International Journal of Transgenderism* 9 (3-4): 3-34.



Additional Resources

More at lgbtagingcenter.org

Are you an aging provider or a staff member of an LGBT organization? Visit SAGE's National Resource Center on LGBT Aging to learn more about the challenges facing LGBT elders of color and access various practical resources for engaging LGBT older adults.

The Aging and Health Report: Disparities and Resilience among Lesbian, Gay, Bisexual, and Transgender Older Adults – November 2011

Karen I. Fredriksen-Goldsen, PhD;
Hyun-Jun Kim, PhD;
Charles A. Emler, PhD; Anna Muraco, PhD;
Elena A. Erosheva, PhD;
Charles P. Hoy-Ellis, MSW;
Jayn Goldsen, B;
S Heidi Petry, PhD

How to Close the LGBT Health Disparities Gap: Disparities by Race and Ethnicity – December 2009
Center for American Progress

Improving the Lives of LGBT Older Adults – March 2010
Authors: SAGE (Services and Advocacy for GLBT Elders) and Movement Advancement Project

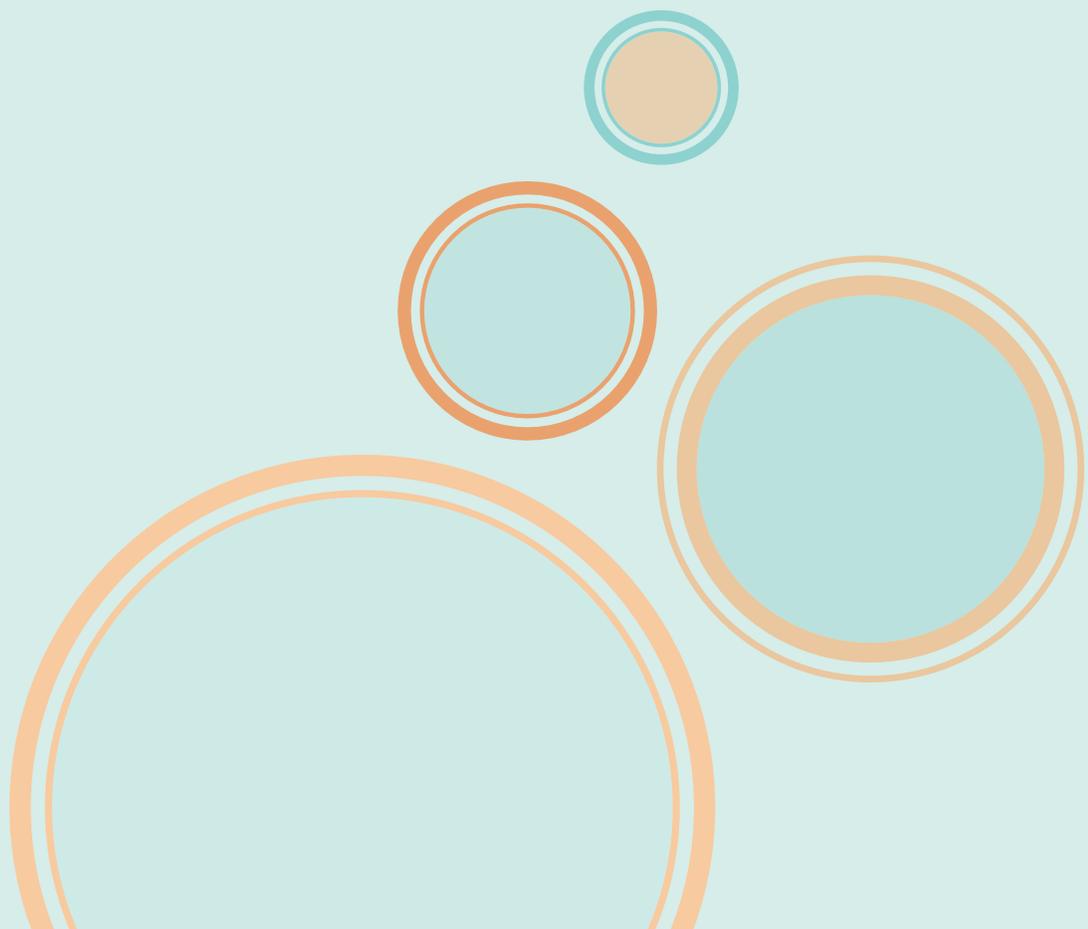
Improving the Lives of Transgender Older Adults – May 2012
SAGE (Services and Advocacy for GLBT Elders) and the National Center for Transgender Equality

LGBT Older Adults and Reauthorization of the Older Americans Act – March 2011
SAGE (Services and Advocacy for GLBT Elders)

Public Policy & Aging Report: Integrating Lesbian, Gay, Bisexual and Transgender Older Adults into Aging Policy and Practice – Summer 2011
National Academy on an Aging Society and SAGE (Services and Advocacy for GLBT Elders)

A State Advocacy Guide for Understanding Spousal Impoverishment Protections, Medicaid and Same-Sex Couples – February 2012
SAGE (Services and Advocacy for GLBT Elders)

Securing Our Future: Advancing Economic Security for Diverse Elders – July 2012
Diverse Elders Coalition and Insight Center for Community Economic Development





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About SAGE

SAGE (Services and Advocacy for GLBT Elders) is the country's largest and oldest organization dedicated to improving the lives of lesbian, gay, bisexual and transgender (LGBT) older adults. Founded in 1978 and headquartered in New York City, SAGE is a national organization that offers supportive services and consumer resources to LGBT older adults and their caregivers, advocates for public policy changes that address the needs of LGBT older people, and provides training for aging providers and LGBT organizations through its National Resource Center on LGBT Aging. With offices in New York City, Washington, DC and Chicago, SAGE coordinates a growing network of 22 local SAGE affiliates in 16 states and the District of Columbia.